

# Annual Engagement Report for 2016/17

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# 1. Welcome

Welcome to our annual engagement report for 2016/17. This report describes the work we have done during that reporting year to put patients first and to genuinely involve them in our work.

I'm proud that there is such a strong commitment throughout Bromley CCG to work closely with patients and ensure their experiences, feedback and views inform the work we do. Last year, NHS England assured us as *outstanding* for our work to involve the public both in our commissioning work and in the care they receive. We are working hard to ensure that these high standards are maintained.

In this year's report we share examples of how patients have influenced our work including large scale programmes of work such as our community procurement, the redesign of children's emotional and mental wellbeing services, our work to provide proactive joined up services for our most vulnerable patients and to improve mental health services in Bromley.

In December 2016, we published our south east London five year [Sustainability and Transformation plan \(STP\)](#), which sets out how we will deliver the national Five Year Forward View. Our STP footprint covers six boroughs (Bexley, Bromley, Greenwich, Lambeth, Lewisham, and Southwark) and brings together local authorities and providers of healthcare services to work together and narrow the gaps in quality of care, health and wellbeing of different people, and in NHS finances. The extent of public involvement in our STP is well recognised and I'm delighted that the Bromley patient voice is influencing this important programme of work.

Finally, a huge heartfelt thanks to all of our patient advisory group members, the public and other patients who give up their valuable time, on a voluntary basis, to share their views and get involved in our work. There are some wonderful examples in this report of how their voice is being consistently heard in what we do.

**Dr Andrew Parson**  
**Clinical Chair**  
**NHS Bromley Clinical Commissioning Group**

## 2. Context and Background

NHS Bromley Clinical Commissioning Group was established on 1 April 2013 and put general practitioners (GPs) in charge of working with their local population and other partners to improve local health and to plan, purchase and monitor (commission) most of the NHS services their residents need. We are a membership organisation made up of all the GP practices in Bromley. We serve a rising population of over 320,100 and manage an annual budget of £420 million.

Our mission is to commission health services that will enable longer, healthier and happier lives for the people of Bromley. We use evidence from the Joint Strategic Needs Assessment to understand our population and their health needs. This is particularly important in our engagement work as it helps us better understand who to target and reach out to.

We continue to discharge our duty to have regard to the need to reduce inequalities both in access to and outcomes of the services we commission. When embarking on service reviews and new developments, we consider the health needs of people affected and the impact on reducing health inequalities. This information is drawn from the JSNA and is part of our business planning process.

## 3. Vision for Engagement

Our organisational values set out our commitment to public and patient involvement and participation and run through everything that we do. These are:

### **We prioritise patients in every decision we make**

All our developments are reviewed for clinical quality, access and impact on patients.

### **We listen and learn**

We use mechanisms such as our Patient Advisory Group to engage broadly across the spectrum of potential changes and the priorities of local people, and we engage with relevant groups on specific interventions.

### **We are evidence based**

All our schemes are tested against national best practice, benchmarking, and where most innovative a structured pilot period, to ensure the maximum benefit follows investment.

### **We are open and transparent**

We are committed to being open and transparent in all that we do. Our Governing Body meets in public and is well attended by local people and partners. We also hold a question and answer public session prior to these meetings and post responses to other questions received on our website. We strictly follow guidance on declaration of conflicts of interest.

### **We are inclusive**

We seek out opportunities to engage with seldom heard communities, including settled gypsy travellers, minority ethnic groups and teenagers.

### **We strive for improvements**

Our outcome ambitions set out a major scale of improvement, which seeks to ensure that we are better than average for all measures of performance, and in the upper quartile for many.

We also have a set of guiding principles for our public engagement work. These are:

- Engagement is intrinsic to everything we do.
- Development and use of our patient advisory group.
- Sustain our strong relationships with partners and the voluntary sector, including Healthwatch Bromley and Community Links Bromley.
- Ensure our standards for engaging the public and patients are used by all our staff.

## **4. Public Engagement Strategy and Plan for 2017 – 2018**

In 2017, we published our [Public Engagement Strategy and Plan for 2017-18](#) which sets out the context in which we work and our commitment and approach to involving the public and patients. It sets out the following:

- Our vision and commitment to public engagement
- How we aim to meet our legal public engagement duties
- Our infrastructure for delivering these duties
- An understanding of our population and local health needs
- How our engagement activity will inform the development and delivery of local services.
- How we engage – the systems, process and partnerships
- Our future plans for engagement

This annual engagement report for 2016/17 provides an account of the engagement activity that we have undertaken during the reporting year and how the outcomes from this work is

impacting on service delivery and providing wider value and benefit for other patients in Bromley.

In order to ensure we are engaging appropriately and in a timely way, we use our online business planning tool to develop project mandates and business cases for service improvements, redesigns or new initiatives. This requires the completion of both an Equality Impact Assessment and a Communications and Engagement plan.

Together with a set of standards for approaching engagement, these tools and systems enable us to ensure that appropriate and timely public engagement is planned right from the start of a project.

We ensure that all patients who are involved in our work receive feedback on how their contributions have been used. This includes direct emails and a quarterly stakeholder bulletin which is distributed widely to stakeholders and patient representatives across Bromley and published on our website. It provides updates on key developments and uses a 'you said, we did' approach to explain how we have responded to engagement and feedback. It is also used to raise awareness of how individuals can get involved and join our PAG.



**You said, we did:**

## 5. How we have engaged in 2016/17

In 2016/17 we continued to use a wide range of processes to engage with and involve the public and gather feedback in a consistent and systematic way. The approach we have used depends on what we are engaging on and who we need to engage with. Examples include engagement events, surveys, social media and website, focus groups, direct contact and through using partner networks. Our patient advisory group, established in 2013, continues to grow in membership (155 members in October 2017) and we have a Maternity Services Liaison Committee (Bromley Maternity Voices) which includes local women and a lay chair. We also reach out and work with representatives from the voluntary sector and local charities.

We consider equalities throughout our approach to engagement and ensure representation from affected groups when engaging about service change, in order to promote equal access to services. The CCG has an equalities and diversity group, chaired by our Chief Officer and includes membership from Healthwatch Bromley and Community Links Bromley. This group monitors the CCG's approach to equality and diversity to ensure it is meeting all statutory duties and taking a proactive approach to ensuring we capture the views from diverse groups through our engagement and patient experience. We have strengthened the development of equality impact assessments (EIA) to help inform our engagement

approach. More staff across the CCG have been trained on how to complete an EIA. We also routinely collect protected characteristic information on the people and communities we engage with and ensure activities are targeted at groups who will be most impacted.

We also work closely with Healthwatch Bromley and through our quality assurance processes such as the Clinical Quality Review Groups, to consider patient experience and feedback received from a number of monitoring systems (including complaints, key performance indicators, contract monitoring, Healthwatch reports, provider data, feedback etc). This triangulation of information collection enables us to build up a comprehensive picture of patient experience of the services we commission and to use this to feed back into our commissioning processes. Our Integrated Governance Committee (IGC) receives regular reports on the outcomes of this intelligence and this is also reported at each of our Governing Body meetings through the IGC report.

The following section covers further ways in which we reach out and engage with local people.

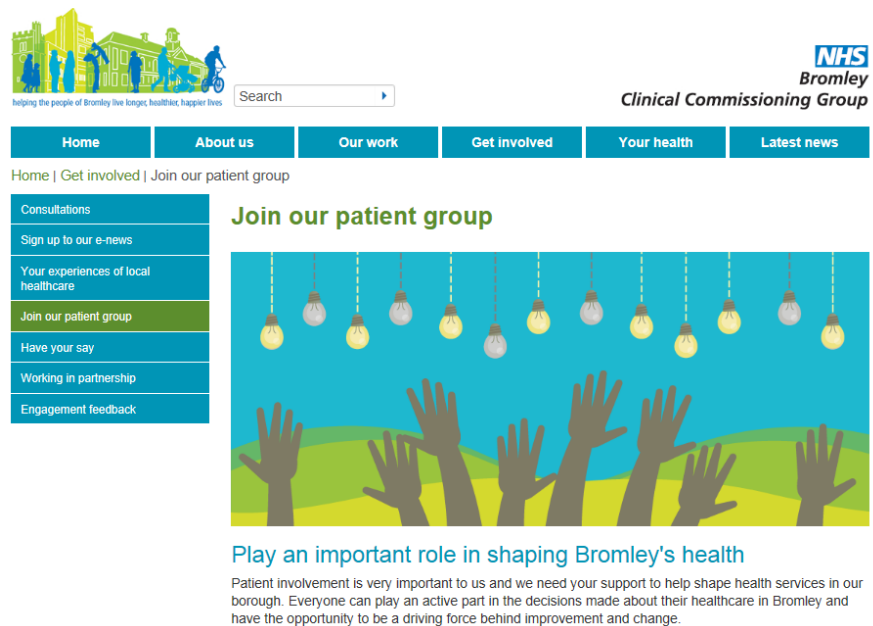
## 5.1 Patient Advisory Group

Our Patient Advisory Group (PAG) is made up of Bromley residents. Our PAG is always our first port of call when seeking a public opinion or view on our plans.

Our PAG is a very effective group and members are influencing many areas of our work. Their involvement includes attending focus groups, meetings and workshops, being part of service redesign and procurement panels and responding to surveys etc. We continue to recruit new members and in 2016 commissioned Healthwatch Bromley to help us recruit more members from seldom heard communities.

Members of the public are informed about the PAG

and how to join through social media, local press adverts, advertising through partners, leaflet dropping at local events and website advertising. Once recruited, members can get involved as much as they like and in a number of different ways. This flexibility attracts a



The screenshot shows the NHS Bromley website interface. At the top right is the NHS Bromley Clinical Commissioning Group logo. Below it is a search bar. A navigation menu includes Home, About us, Our work, Get involved, Your health, and Latest news. The 'Get involved' section is expanded, showing options like Consultations, Sign up to our e-news, Your experiences of local healthcare, **Join our patient group**, Have your say, Working in partnership, and Engagement feedback. The 'Join our patient group' section features a graphic of hands raised under string lights and the text: 'Play an important role in shaping Bromley's health'. Below this, it states: 'Patient involvement is very important to us and we need your support to help shape health services in our borough. Everyone can play an active part in the decisions made about their healthcare in Bromley and have the opportunity to be a driving force behind improvement and change.'

wider range of individuals such as full time workers, who would normally be unable to give their time to a scheduled regular meeting and/or day time meetings. Recruits are also able to choose their method of engagement – such as:

- Feedback views through email or surveys
- Attend project meetings, focus groups and other CCG meetings
- Join procurement panels
- Attend day time or evening PAG events.



*“What is important is that you feel you are being listened to, that your opinion counts and that you can contribute to future service improvements. I see it as giving something back to my community”.*

**PAG member**



*“I have been part of various projects, in particular cardiac and stroke matters as I have a heart condition. The projects have been interesting and important. They involved focus groups and workshop and even being interviewed for a video. I was an evaluator on the community health services re-procurement. The*

*views of service users and patients are most important and if people can make time their experiences are essential to those looking to improve services”.*

**PAG member**

## 5.2 Healthwatch Bromley and the Voluntary Sector

We work closely with Healthwatch Bromley and the voluntary sector to carry out joint engagement activities and share information. This enables us to have greater reach across our local population. We meet with them regularly and over the past year commissioned Healthwatch Bromley to undertake engagement activity on our behalf – particularly with seldom heard communities. You can read more about this work in section 6.

## 5.3 Bromley Maternity Voices



We commission a Bromley Maternity Services Liaison Committee (MSLC) – known as Bromley Maternity Voices, which includes and is chaired by lay representatives. The group use social media including Twitter and Facebook to promote their work and undertake ‘walk the patch’ sessions to get feedback on



local services. This is fed back through the MSLC and is informing plans for the future of maternity services.

## 5.4 Communications and Engagement Network

The Bromley Communications and Engagement Network was established in 2014 and is made up of communications and engagement representatives from health and care organisations within Bromley.

The Network is chaired by Healthwatch Bromley. It meets every two months to discuss opportunities to work together on shared priorities. Good practice and approaches to effective engagement are shared. By working together in this way we are able to reach many more patients and the public as we are committed to sharing each other's initiatives across all our systems including websites, bulletins and social media. The Network also encourages joint working and pooling of staff resources between organisations, as well as ensuring there is no overlap on campaigns or events.

## 5.5 Events and meetings

We use events and meetings to support our engagement activity. This includes our Annual General Meeting, patient workshops and focus groups. We also attend stakeholder events to help promote our PAG and any engagement activity we are undertaking.

At our AGM in September we held a market place event prior to the formal meeting which provided lots of interactive displays on our priority areas. We promoted the event through all our local networks, in the local paper and through a leaflet drop. Attendees could have simple health checks done and we offered a free healthy raffle with two fruit basket prizes to encourage people to share their views on our commissioning plans. Their feedback was used to inform our priority areas.

## 5.6 Digital and social media

Our website provides a lot of information about how to get involved in our work. We also use twitter to promote opportunities, events and explain how to give views. People are redirected back to our website where they can find out more information. You can read more in section 7 about how we use twitter and digital platforms to engage patients and the public and the success we have had in 2016/17.

## 5.7 Information campaigns

We undertake a programme of regular ongoing campaigns using the website and press releases to create awareness; the campaign topics and themes aim to reflect local health priorities and feedback we have received through our engagement work. This includes cancer awareness campaigns as local people have asked us to do more to make the public aware of the signs and symptoms of cancer.

## 5.8 South east London Sustainability and Transformation Partnership

We have been leading, alongside other CCGs in south east London, (Bexley, Greenwich, Lambeth, Lewisham and Southwark) and NHS England (London region) and in partnership with local councils, providers of NHS services, patients, carers and local people the south east London Sustainability and Transformation Partnership. The programme's approach has a strong focus on engagement, aiming to co-design with partners, including patients and local people. You can read more about the engagement we have done to support this programme in section 7.

# 6. Engagement & Participation Activity

This section provides a record of the engagement we have undertaken in Bromley over the last year. The outcomes of the engagement have informed our priorities, and help us to plan and design services, procure services and evaluate and monitor their effectiveness.

## 6.1 Integrated care networks and frailty care

### Purpose

In 2015, we published our Out of Hospital Strategy which included recommendations for how we will deliver more integrated care in the community. The aim was to deliver a system of care which removed barriers between primary, community and hospital care so that we focus on people and not organisations. As patients are at the heart of the new integrated model, it was critical that they were involved. Our focus has initially been on developing proactive and frailty care pathways.

*“The first phase is to identify patients with the greatest need. These are usually patients with complex long-term conditions who need services from many organisations. These patients will get care delivered by a team of professionals from these organisations, who will work together to meet all their health needs and identify any additional needs that could benefit from support from voluntary sector services”.* **Dr Ruchira Paranjape, Principal Clinical Lead at the CCG and a Bromley GP.**

## Activity

Building on the engagement we did in 2015/16 which saw the experiences of patients informing the early development of the new model of care, we held workshops and met with key partners such as Healthwatch Bromley to provide more information and take their views on what was proposed. We also held a frailty workshop for clinicians and programme staff which two patients attended and in December held a further frailty patient focus group to get views on the frailty pathway and respond to any questions.

In September 2016, in a first for Bromley, local health organisations and the third sector (voluntary and community organisations) signed a formal agreement<sup>1</sup> to provide these joined-up services for patients. This formal agreement means that hospital, community, mental health, third sector and GP services work together in a collaborative way to improve outcomes for the people of Bromley.

## Outcomes

Patient involvement has informed the new model of care and also the development of the new Older People's Integrated Care Unit at Orpington Hospital which provides short term care for frail patients prior to going home from hospital. Patients have contributed to the information patients receive about the community based integrated care and if they are admitted to the Orpington Unit. More information on this engagement work is available on our [website](#).

*"I can't thank you enough for everything you have done for my family. It was such a relief for me personally to be able to hand over the management of mum's various problems to someone knowledgeable and competent, instead of travelling through unfamiliar territory on my own when much was at stake for us".*

*Daughter of a patient being care for though the new Integrated Care Network model*

## You said, we did:

Information for patients needs to explain how social care will work with health services if they are not part of the multidisciplinary teams working in the integrated care networks.

Social care services are provided when needed and are working closely alongside clinicians and voluntary services to ensure a complete package of care is provided for patients. This will be made clear on patient information

Not enough preventative care.

The new care model emphasises proactive care, identifying high-risk patients and proactively managing their care.

<sup>1</sup> Known as a Memorandum of Understanding

## 6.2 Informing our future priorities

### Purpose

In the autumn of 2016, we tested our commissioning priority areas with local people to help inform our commissioning plans and intentions. We wanted to get their views on whether we were focussed on the right priority areas, what they thought of the improvements made so far and what else was missing.

### Activity

We used an online survey to gather views and promoted it in the local newspaper. We also used our 2016 Annual General Meeting and other events to gather feedback.

### Outcomes

The feedback we received generally agreed with our priority areas and much of what was raised was already in our planning. Suggestions made were considered and used by programme clinical and managerial leads as part of ongoing service planning and delivery.

#### You said, we did:

More funding is needed for children and adolescent mental health services (CAMHS).

Our five year CAMHS transformation plan has already delivered a number of improvements. This includes further enhancing the single point of access to emotional and mental health wellbeing services through Bromley Y, increased capacity and reduced waiting lists.

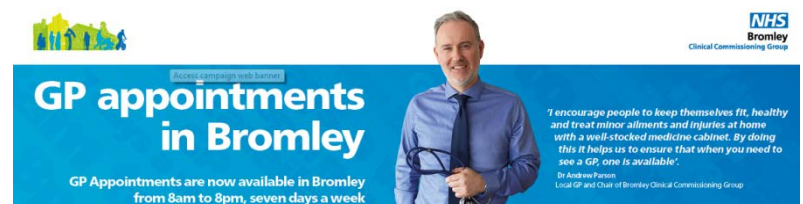
There should be further integration of IT systems across health and social care and borders to avoid repetition, duplication and waste.

We have introduced new shared care electronic records. This is a new secure electronic record which allows GPs, hospitals and community healthcare staff to see relevant information about their patients which informs decisions about their treatment.

## 6.3 GP appointments

### Purpose

The Bromley GP Alliance was commissioned to provide additional primary care appointments for patients. This pilot service was delivered from two primary care access hubs. One at the



Beckenham Beacon and the other at the Poverest Medical Centre in Orpington. The CCG commissioned Healthwatch Bromley to evaluate the service to inform future commissioning of the pilot.

### Activity

Face to face interviews were held with patients attending for hub appointments. The aim was to capture; how users access the service, their experiences of using the service and where improvements could be made. 130 patients were questioned over a period of two weeks. More information on the work is available on our [website](#).

### Outcomes

The vast majority of patients (95%) were happy or extremely happy with the service they received.

The three main areas for improvement were to:

- Make more appointment slots available.
- Provide a wider range of appointment times.
- Increase awareness of the service.

These outcomes were used to introduce a new permanent extended primary care service in January 2017. GP appointments are now available from 8am to 8pm, seven days a week. These additional appointments are provided by the Bromley GP Alliance and available from three primary care access hubs.



#### You said, we did:

You need to improve access to GP appointments in Bromley

We have introduced a new extended primary care service which means GP appointments are available from 8am to 8pm, seven days a week.

Make people more aware of the extended services.

An advertising campaign has helped to promote the availability of these services. This has included posters in flyers in public places and advertising in the newspaper.

## 6.4 Community Health Services Procurement

### Purpose

In 2016, the CCG commenced a re-procurement of community health services for children, adults, and rapid response and rehabilitation services. This was the largest procurement of health services that had ever been undertaken in Bromley and provided the perfect opportunity to test how services were working and introduce new and improved models of care. Involving the public in this procurement was essential so that services could be commissioned that would meet local needs.

### Activity

Due to the scale and complexity of the engagement required, the CCG commissioned external support to carry out a thorough engagement process. Following a competitive tendering process, [Healthwatch Bromley](#) was commissioned to undertake the engagement on children's services and [Membership Engagement Services](#) to undertake the engagement on adult and rapid response services.

Detailed engagement plans were developed and patients were primarily engaged face to face in community and clinical settings. The work was closely managed by the CCG's Communications and Engagement team to ensure that it provided the information needed to inform the procurement process.

There was a mixed approach to gathering feedback to ensure a wide range of people were engaged. This included outreach sessions, face to face interviews, telephone interviews surveys, visual tools, social media and focus groups.

Patients were also directly involved in the decision making process for the new provider/s. In order to make sure they could fully participate they attended briefing and training meetings. Their involvement included:

- Attending briefing meetings.
- Being trained on the Delta Procurement system.
- Reviewing responses from bidders and submitting clarification questions.
- Evaluating the bids and the extent to which bidders have demonstrated they have met the requirements for agreed key areas.
- Attending moderation meetings to review scores and contribute to the decision making process.

## Outcomes

Comprehensive reports on the outcomes of the engagement were produced and were used to inform the service specification for the procurement of community health services.

The majority of feedback was positive about the services provided, in particular about the staff delivering those services.

For children's services, 263 people were engaged. 69% were parents, 24% were young people and 7% were carers. Headlines included:

- Some patients felt that the communication between different members of staff providing care could be improved.
- Staff are very well received with patients who praised their professionalism, knowledge, personal approach and attitude.
- Need to see improved waiting times and appointment availability.
- People preferred to access services in community settings, such as Children and Family Centres, as they perceived them to be a safe and neutral space for children.
- More support for parents between diagnosis and accessing treatment could be provided, as well a support and information for parents to implement and practice at home.

### **For adult, rehabilitation and transfer of care services:**

279 people were engaged. 83% were patients and 17% were carers. The headlines from the engagement were:

- More appointments to be made available especially out of working hours.
- More joined up working.
- Reduced waiting times.
- Need to reduce the number of times patients have to tell those caring for them the same thing.
- Improved information about who a patient is going to see and what time they are going to arrive (for home visits).
- Improved information about ongoing care.

Summary reports on the outcomes of the engagement were published on our [website](#) and used to inform the service specification and procurement process.



**You said, we did:**

More appointments need to be available especially outside of working hours

The children's community nursing team is now operating from 8am to 10pm, seven days a week.

There needs to be more joined up working and reduced waiting times.

Additional capacity in some services will help to reduce waiting times and all referrals are now made through a single point of access in order to make things easier for GPs and patients.

## 6.5 Cardiac patient support group

### Purpose

Following feedback from patients a cardiac patient support group was set up. The purpose was to provide clinical advice and support to people with heart conditions. It would also provide a forum for people with these conditions to share experiences and information on their condition.

### Outcomes

Now known as the 'Heart Support Group', it continues to meet and is facilitated by the CCG. The CCG has also supported the group to get accreditation from the British Heart Foundation and there is a high demand for places at each meeting.

*The opportunity to put questions to experts is priceless and the two consultants talking to us were first class"*

*Attendee at the Heart Support Group*

We asked members how useful they found the group. 100% of the 40 attendees at that meeting said they found it helpful with 96% saying extremely or very helpful.

It was extremely helpful to have questions answered by medical professionals, but we would like to hear more from nurses.

Nurses have been provided with more opportunities to speak at future heart support group meetings.



## 6.6 Eye care services

### Purpose

We wanted to provide more specialist eye care in primary and community settings rather than in hospital in order to improve access, reduce waiting times and deliver more seamless care.

### Activity

New models of care were developed based on feedback already received from patients. A member of the patient advisory group was involved in the whole process. Further views were sought to help refine and support the service model. This included an online survey and telephone and face to face interviews to gather views. The survey was promoted through a range of methods including social media.

462 people responded to the survey. Of these 59.94% said they would be happy to receive eye care treatment in the community rather than hospital with 16.57% preferring to keep this in hospital. 86.74% rated eye care services in Bromley as satisfactory, good or very good.

### Outcomes

A new model for eye care was developed, informed by the views collected through the engagement. The model focuses on strengthening the existing eye care services provided on the high street and building community eye care services that complement hospital eye care services and improve capacity. Optometrists would treat more patients for minor eye conditions, detect and refine referral of patients with glaucoma and ensure patients are referred for cataract treatment at the correct time. A further engagement event was held in December 2016 to test the model and service specification. In light of risks highlighted by this testing, the decision was made to pilot the new eye care model for two years in order to assess feasibility and financial modelling before formal procurement.

Jon Doyle, Clinical Director and Bromley GP said, "Sight loss has a wide reaching effect on a person's health and mental wellbeing. In Bromley we have high rates of hospital outpatient attendances for eye care and an older population. Therefore it is important we have a service that meets the needs of those with deteriorating eye health and provide services that are sustainable in the longer term."

The new pilot service is now running.

I would like faster access to eye care, ideally located closer to my home

We have invested in a new pilot eye care service which will deliver faster access to eye care more locally to patients and with improved access.

## 6.7 Transformation of emotional and mental wellbeing services for children and young people

### Purpose

Following the development of our five year transformation plan for emotional and mental wellbeing services for children and young people and the successful application for additional funding to deliver these plans, investments were made in services to improve access and reduce waiting times. However, we wanted to review whether the current models of services were meeting the needs of our young people.

### Activity

Following a competitive tendering exercise, we commissioned the New Economics Foundation (NEF) to lead a co-design and co-production process with young people, communities and partners from across Bromley. We agreed to take this approach so that young people, families, schools, providers and other stakeholders were all actively involved in designing how services should be delivered to meet needs, improve outcomes and help build resilience in our younger population. This approach also supports delivery of the national CAMHS transformation priorities as set out in *Future in Mind (2015)*.

Following a 'kick off' meeting in August with a wide range of local stakeholders, a programme of activity commenced working alongside young people and other stakeholders. This included workshops with young people through primary and secondary schools, in local health services, in libraries and a survey to gather more views. In addition, 'ideas stations' were set up in a number of places to collect views.

### Outcomes

247 young people and stakeholders were involved in the co-production work. 69% of the young people were girls and 31% were boys.

The co-production outcomes recommended a course of action to deliver what is needed to meet the needs of young people. It also illustrated that there is much more that needs to be done to build resilience and have in place a system of care that identifies and responds quickly to the needs of our young people and reduces the risk of them needing intensive intervention to meet their needs now and into adulthood.

The CCG is supporting the continuation of this co-production approach with young people and local communities in order to gather more views and get more people involved. This is particularly important if the outcome is a redesigned model of care. The priority is to develop something together that not only builds greater resilience in young people but provides them

with the right services at the right time and in the right place. This work will continue in 2017 and 2018.

## 6.8 Improving GP Services

### Purpose

In order to inform our plans for transforming GP services in Bromley, we wanted to get views from local people. In particular we wanted to explain the changes to GP services that were planned over the next year, the challenges facing these services, the improvements already being made and to gather views on three main areas of development. These were: access, use of technology and working closer with the voluntary sector.

### Activity

A patient workshop was held and attended by 34 people. Following presentations, a Q&A session was held and then people broke out into groups to consider the three priority areas. This feedback was pulled together and a report was published on the website describing the process and outcomes from the workshop.

### Outcomes

Outcomes from the workshop have helped to inform the following areas of work:

- The CCG's primary care strategy, plans and priorities for 2017/18
- Finalising GP contracts during early 2017
- Shaping how we take up full responsibility for primary care from April.
- Embedding integrated care networks
- Buying better services for patients from the wider health system.

Participants told us:

- Seven day GP services were welcomed.
- They were concerned about the pressures on GPs and practice staff.
- Online and telephone consultations welcomed (albeit not accessible for all) and it was noted this may be better for ongoing issues rather than serious immediate problems.
- Positive experiences of using the voluntary sector were shared, and it was suggested that training could be offered to GPs to explain the range of voluntary services available.

A detailed report on the event is available on our [website](#).

## 6.9 Shared care records

### Purpose

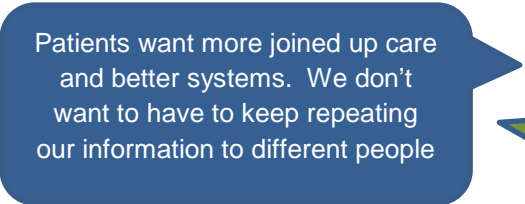
During 2016, plans for shared care records were developed. The aim was to improve care for patients by enabling staff from a range of services that are providing care for them having accessible to relevant information about their care. The shared care record would also be essential to enable our new Integrated Care Network model to work well and provide more integrated care for patients. In addition, patients have consistently told us that they don't want to keep repeating information about their care to different people who are treating them.

### Activity

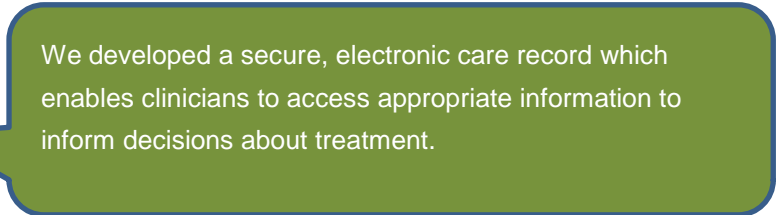
Two of our patient advisory members were closely involved in the development of our shared care record. They attended clinical education workshops and informed the production of clear and accessible information for the public on the shared care record, including information on how to opt out. Leaflets and posters were distributed to GP practices and there were presentations at GP meetings to explain how it works.

### Outcomes

The new shared care record was launched in 2017 which enables healthcare staff to have appropriate access to clinical information about the patients in their care.



Patients want more joined up care and better systems. We don't want to have to keep repeating our information to different people



We developed a secure, electronic care record which enables clinicians to access appropriate information to inform decisions about treatment.

## 6.10 Improving heart health

### Purpose

In order to identify more patients with undiagnosed atrial fibrillation (AF), a working group was established to consider how this could be done. A member of the PAG shared their personal experience of AF which helped to make this a priority area of work. The aims were to:

- Improve outcomes for patients with undiagnosed AF.
- Ensure all providers have the right information to deliver this work.
- Promote the initiative throughout Bromley in order to increase take up.

### Activity

PAG members were involved in the production of an information leaflet for patients with the aim of more people coming forward for pulse rate testing.

### Outcomes

Testing is done through holding onto an electronic wand which measures the pulse rate. Testing was undertaken through a number of ways including at Health Checks, Live Well checks, through a local pharmacy when administering flu jabs and through Bromley GPs. It has been undertaken at local community events and at festivals.

The information leaflet should be more direct in its approach, include space to record results and provide people with an option to call for more information.

We incorporated all these changes onto the patient information leaflet.

## 6.11 Diabetes

### Purpose

The Bromley integrated diabetes specialist service is a community and advanced primary care service provided by Bromley Healthcare. Rather than include this rather complex and multifaceted disease area to be part of the main re-procurement of community health services, a separate process was undertaken. The aim was to ensure there was an improved model of care which focused on innovation technology, prevention and empowering patients to better manage their illness.

### Activity

The CCG commissioned Healthwatch Bromley to support the engagement process. An online survey was set up to gather views on the current service provision and patients were engaged in service settings and through a focus group. Two patient representatives were also part of the design and procurement process.

### Outcomes

There were 141 responses to the online survey. The vast majority of patients said that their diabetes care was absolutely being met. Patients also valued care being delivered closer to

home and by their GP. The patient focus group in February 2017 raised the issue of needing to help prevent the disease as well as prevention of long term complications.

A revised model of care developed with the input of patients has been procured to meet the needs of patients with this complex condition. There is greater focus on prevention of disease at all levels, patient education and support patients to manage their diabetes.

## 6.12 Blood Testing

### Purpose

The CCG needed to make some improvements to the community blood testing service as waiting times were too long and there needed to be better access.

### Activity

Patients have told us that they wait too long to have their blood taken and the CCG has worked hard to make improvements in this area. A thorough engagement exercise was undertaken in 2015 which provided lots of intelligence about what patients wanted to see from the service.

### Outcomes

As a short term measure, the CCG commissioned the Bromley GP Alliance to set up pre-bookable phlebotomy clinics that are accessible to all patients and thereby offering an alternative to walk in clinics. This has been put in place whilst the CCG works with King's to agree a longer term plan to improve phlebotomy provision in Bromley.

Patients using the clinics have been very positive. 146 completed feedback forms which indicated they were satisfied or very satisfied and would recommend the service. Many patients have commented on its convenience and the friendliness and professionalism of the phlebotomists.

## 6.13 Local Offer for Special Educational Needs and Disabled children (SEND)

### Purpose

We had already worked closely with Bromley Parent Voice (a forum that aims to be a voice to inform service providers of the needs of children and young people with a disability or additional need) to produce information about the support available to families to help care

for their children who have specific needs. This had led to improved information which was more accessible and easy to find.

### Activity

This work continued in 2017 when we held a session with parent representatives to go through all the information and make live changes to what was available on the website. Information was projected onto a large screen so that direct changes could be made.

### Outcomes

Information on the website was improved and there was an opportunity to explore how the content and resources could be made easier to access. There are currently plans in place to centralise all the information onto one site and further promote what is available.

## 7. Our Healthier South East London – the Sustainability and Transformation Partnership

Our Healthier South East London is the Sustainability and Transformation Partnership for South East London covering Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, and the NHS providers in the area.

In December 2015, NHS organisations in 44 areas of England were asked to work together to produce a five-year plan (covering up to March 2021) to implement the NHS Five Year Forward View. These plans are called Sustainability and Transformation Plans – now partnerships (STPs).

Our STP is called Our Healthier South East London. It has evolved from a commissioner-led strategy – established in 2013 – into a partnership between local commissioners and providers, working with local authorities, patients and the public.

The STP is not a blueprint for the next five years: it is a series of plans for different clinical areas that are at different stages of development.

The south east London STP was published on 4 November 2016 and was one of the first in the country to be made public.

The plan aims to address a number of challenges, including:

- a growing and aging population living with long term conditions like diabetes, high blood pressure and mental illness
- quality of care and outcomes of treatment differs depending on when and where people access services

- patient experience differs and some people find it difficult to get an appointment or feel they do not have enough information about their condition
- NHS funding increases in line with inflation but the costs of providing care are rising much faster – which, at the moment, could mean an overspend for South East London of around £1bn by 2021 if we were to do nothing. Our plan is designed to help us avoid spending more than we receive, while making sure services are high quality, more joined up and available closer to home

### What does the plan mean for local people?

- **Better community based care** including an extra £7.5 million a year to ensure that people in South East London can book a GP appointment at a time that suits them – including more evening and weekend slots.
- **No closures of any A&E and maternity departments** – we want to make sure they all meet high standards of care in the future.
- **Better maternity care** – dedicated midwives supporting mothers throughout pregnancy, better advice and choice on birth options.
- **Developing an Orthopaedic Clinical Network** – to oversee the delivery of the quality and efficiency benefits set out in Professor Tim Briggs' Getting it Right First Time (GiRFT) report over our three main elective sites across south east London
- **Faster cancer diagnosis** – new £160 million purpose built cancer centres at Guy's Hospital and £30 million centre at Queen Mary's Sidcup, launch of dedicated oncology support phone line, dedicated clinical nurse specialists for all patients.
- **All the different parts of local health and care services working together** to use available money and resources in the best way possible – helping us avoid a £1bn overspend by 2021.

### How people have been involved

The models of care developed through Our Healthier South East London are the product of several years of partnership working between clinicians, commissioners, council social care leads and local hospitals, and have been informed by extensive engagement with local communities, patients and the public.

During 2016/17 our biggest piece of engagement focussed on the potential consolidation of elective orthopaedic services. Pre-consultation engagement took place between August and September 2016 across all six boroughs in South East London. Following a scoping equalities analysis, we aimed to target those groups most likely to be affected by the suggested changes, this included older people, carers, people with physical disabilities, learning disabilities, people living in areas of deprivation, refugees, black and minority ethnic groups and transgender people. People were invited to public meetings and focus groups or to respond online. In total, over 400 people took part, with most of these attending a face-to-



face engagement activity at around 29 different meetings. You can read the full feedback report and response on our programme website.

Two to three patient and public voices and Healthwatch representatives sit on each of our clinical work streams and there is a programme of local engagement in each borough. We have also carried out a series of equalities analyses and created a dedicated Equalities Steering Group to ensure our work takes account of equalities issues.

Our approach has been informed and endorsed by The Consultation Institute, who advise on best practice engagement at national level. The engagement programme was also shortlisted for a national award by the Association of Healthcare Communications and Marketing (AHCM).

All of our engagement activity and information on how we use feedback is routinely published on the OHSEL website. You can find out how to get involved by visiting [www.ourhealthiersel.nhs.uk](http://www.ourhealthiersel.nhs.uk).

## Looking forward

In summer 2017, the Our Healthier South East London programme plan to run an event in each south east London borough to raise awareness of the content of the STP and provide an opportunity for the public to ask questions.

## 8. Individual participation duty

As well as ensuring that patients are actively involved in our commissioning work, patients also need to be involved in decisions which relate to their care or treatment.

Our understanding of patients' individual needs through our engagement activities has provided insight that has been used to develop self-management initiatives to empower patients to take more control over their care.

This section describes some of the work that is in place to support patients to take better care of their health and have more of a say about their own care.

### 8.1 Self- management and self-care

A range of programmes to support people to manage their own health, treatment and care were provided in Bromley during 2016/17. Bromley Council also provide [My Life](#), a website that provides lots of information, advice and guidance about keeping well; help around the home; personal care services; dealing with money worries and keeping safe. My Life has been designed to support people in deciding what help they may need, by showing them a

range of options and services which can help meet those needs, as well as giving guidance so they can choose the right service or support.

Schemes included:

- NHS health checks (6,738 Bromley residents received a check in 2016/17).
- Self-care support to care homes. This new programme recognises that people living in care homes, including nursing, residential and extra care housing, can be empowered and supported to manage their own care in many cases to achieve a better quality of life, more independence for longer and better health outcomes.
- Promoted self-care week in November 2016 and provided information on our website about managing minor ailments at home.
- Ran a number of public health campaigns to promote awareness and self-care. These are promoted through our website, social media, and publications such as the local newspaper and through local stakeholders. The aim is to provide people with information about how they can improve their health, take better care of themselves and support self-care.
- Introduced a number of healthy initiatives into the CCG as many of our staff live in Bromley.

The winter period is always a time when more people fall ill. This is an important time of the year to promote advice on keeping well over winter. We ran the national stay well this winter campaign across Bromley during the winter months. This included encouraging people to get their flu jab. The campaign was focused on people over 65, those with long term conditions and people with young families. We also ran a Twitter campaign to raise awareness of winter messages. This involved using images of our clinical directors promoting winter messages and based in various clinical locations. People who follow us on Twitter were asked to share the images with their followers. This helped us to get important information out about keeping well over winter.

## 8.2 Patients in control of their condition

Patient education is a recurrent theme through a lot of our engagement and we know how important it is for patients to be equipped with the right information and knowledge about their health condition so they can manage these better. Some examples over the last year include:

### **Diabetes**

The public health team at Bromley Council have led on the implementation of the new Type 2 Diabetes Prevention Plan. This was established following a successful pilot and supports

people to get back to a healthier weight and become more active in order to prevent the development of diabetes.

A weight management programme has also helped more than half of those referred to curb their risk of developing diabetes. Of the 149 patients who were eligible, 117 attended the induction session and 115 started a weekly programme with Weightwatchers. This is a high take up rate for a lifestyle intervention initiative.

Patients with diabetes are supported to manage their condition through the DESMOND and DAFNE programmes. This service supports people with Type 1 and Type 2 diabetes, who have been referred for specialist support - which includes gestational (during pregnancy) diabetes. The service supports adults and young people from the age of 16 years upwards.

### **Heart conditions**

Our Heart Support Group has been running now for almost two years. It was set up in response to patient feedback. It meets every two months and the demand is so high that places have to be offered on a first come first served basis. The group enables people with heart conditions to share their experiences and get information on their condition so that they can take better care of their health.

### **Musculoskeletal**

Our adult community physiotherapy services provide a web based portal for patients to access information about follow up treatment they might need. Self-management packs are issued to GPs and patients to enable them to take control of their treatment.

## **8.3 Shared decision making**

Patients are supported in a number of ways to have an equal say in how they are cared for by local health services. Examples include:

- Shared decision making around discharge from hospital. This is co-ordinated through the Transfer of Care Bureau at the Princess Royal University Hospital.
- Bromley Care Co-ordination Service which is enabling patients with progressive and advanced illness or frailty to receive timely and coordinated care. More people are involved in decisions about treatment and care at the end of their life and able to die at home if they choose.
- We have implemented shared care records which are essential to delivery of integrated care. This is improving joint working and information sharing between services caring for patients.

- Integrated case management is part of our transformation work and includes the identification of the most vulnerable patients by services working with those patients. A multi-disciplinary team works together to support those patients through our Integrated Care Network model.

## 8.4 Personalised care planning and personal health budgets

Personal health budgets enable people to have more say and control over their own care and treatment. We have a process for personal health budgets for Continuing Health Care clients and a joint policy has been developed with Bromley Council to cover both adults and children.

## 9. Using digital tools to support engagement

We use a number of digital tools to support the engagement work we do. This includes our website and social media.

Our website provides clear and accessible information about the CCG and the work we do. In 2016 we overhauled the whole site to improve and update the content and help people to navigate and find information quickly.

We have a Getting Involved page which explains how to get involved and give feedback on what we do. It also promotes the PAG and how to join. Our website is now easier to navigate and we respond directly to feedback and queries submitted through our 'contact us' page. Over the last year we have also included much more information on the site about self-care schemes and advice on taking better care of your health.

In May 2016 we introduced Browse-aloud to our website. This is web screen reader software that is available on every page. It adds speech, reading and translation functions which aim to improve access and participation for people with Dyslexia, low literacy levels, English as a second language and those with mild visual impairments. Online content can also be read aloud in multiple languages. We will continue to use the software to support delivery of the Information Standard requirements and provide data on usage in regular reports to our Governing Body.

We monitor how many people are using our website and which pages they are looking at. This provides us with a better understanding of the most popular pages and the best place to upload content to increase readership and involvement. The website has allowed for clearer information to be available to people about local services, how to get involved and the results of their feedback is available all in one place.

Through local partnerships and our Bromley Communications and Engagement Network, we are also able to regularly share information about getting involved and the work we are doing on a range of other partner websites including the local authority MyLife site, Healthwatch, healthcare providers and the voluntary sector. They provide links to our surveys which enable us to get a much wider reach to the local population.

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

Our social media activity is focused on the use of Twitter. The number of people following the CCG regularly increases and we have used it to promote opportunities to get involved, promotion of events, healthy lifestyle information, self-care campaigns and recruiting more PAG members.



Twitter enables us to reach out to a wider audience through our own followers and through retweets by followers and partners. It allows us to also reach

people who do not usually engage and enables us to build effective relationships with those who follow us. We monitor activity daily to enable us to respond quickly to comments received and feed these back quickly into the organisation.

Many of our tweets direct people back to our website where more information can be found.

## 10. Patient Experience

### 10.1 Monitoring patient experience

It is important that we have a good understanding of patient experience of the services we commission.

We manage this through local monitoring boards and Clinical Quality Review Groups (CQRG) which review patient experience and feedback. As well as local reports from the providers, external reports are also reviewed such as the Macmillan Cancer Patient Experience Survey and the National Patient Experience Survey.

Complaints are also monitored in each of the CQRGs. Each provider produces a themed report on a quarterly or annual basis providing assurance on how patient experience gathered through the complaints process, has been listened to and how changes have been made. We also monitor incidents and serious incidents, and work with the Care Quality Commission (CQC) around soft intelligence; monitoring of CQC reports and action plans as necessary.

Friends and Family test results are scrutinised in each CQRG and also reported through the CCG's Integrated Governance Committee to the Governing Body.

We use this triangulation of information (data, soft intelligence and complaints/quality alerts) to inform a programme of visits to providers. This is brought together in our Quality Assurance sub-committee which is chaired by the CCG Nurse Member and includes a lay member, GP clinical lead and our Director of Quality and Governance. The panel undertaking this programme of visits includes patient representatives.

Our Commissioning Services Intelligence Group, run by the local authority but which includes the CCG, CQC and providers is used to share intelligence on care homes. We also met with the CQC and NHS England around reports for Bromley practices and ensured support was provided to practices from the medicines management and safeguarding teams to complete the action plans required for the CQC.

We also do Quality visits to providers with teams that include patient representatives. During the year this included a visit to the two urgent care centres in Bromley which are provided at Beckenham Beacon and the Princess Royal University Hospital. The visits focus on 'walking the patient's journey and included discussion with patients and their relatives and observation of the environment from a patient perspective.

## **10.2 Learning from complaints and quality alerts**

The CCG oversees the outcomes of complaints and quality alerts regarding the services we commission. During the year a number of improvements were made based on issues raised through complaints and quality alerts. These included:

- A patient's toe was amputated due to lack of recognition of a deteriorating ulceration. The podiatry service underwent a whole system review and restructure. A new diabetic foot assessment tool was developed and there are now daily reports on the

completion of these assessments. The patient was involved in a provider learning event for staff.

- An appeals process was put in place following a complaint from a patient who was not able to access diabetes care in a community setting. The process now has to consider both clinical and social circumstances that would require patients to remain having treatment in hospital.
- The CCG noted a cluster of suicides in an hospital mental health facility. The provider underwent a 12 week improvement plan which led to an organisational wide culture programme. No further inpatient suicides have been reported subsequently.
- Improvements made to workflow patterns and audit trails in a GP surgery following issues with referral requests.

## 11. Our plans for 2017/18

Our approach is to ensure our engagement activity is timely, meaningful, and comprehensive and is representative of our local population. We have undertaken a lot of participation activity over the last year and have a strong culture within our organisation where no decisions on service developments, redesigns or procurements are ever made without the meaningful involvement of patients.

Our future areas of focus to meet our engagement duties include:

- Testing our commissioning plans with the public – Winter 2017
- Extending the integrated care network model into other areas of work including heart failure services.
- Involving patients in the mobilisation of the new community health services contracts.
- Co-production programme to support the transformation of children and young people's emotional and mental wellbeing services.
- Re-procurement and service redesigns for a number of services including anticoagulation, musculoskeletal and the tailored dispensing service.
- Engage with young people regarding their health and wellbeing and understanding of safeguarding services.
- Transforming care for people with learning disabilities and autism.
- Promoting information campaigns around self-care, social isolation, extended primary care access, winter health and a range of public health campaigns.
- Engaging with the public on proposed changes to prescribing guidance for over the counter medications to treat short lived minor illnesses.
- Involving local people in the development of the new Bromley Health and Wellbeing Centre including site option proposals and the services that will be available in the centre.

## 12. Comment from Healthwatch Bromley

Healthwatch Bromley is pleased to comment on NHS Bromley Clinical Commissioning Group's (CCG) Annual Engagement Report for 2016/17. We are also pleased with their commitment to produce this report every year to evidence how they are meeting their legal duties to engage with the local population. Healthwatch Bromley commends Bromley CCG for this report.

Over the last year, we have continued to have a constructive working relationship with Bromley CCG and acknowledge the good work that has taken place to engage with patients and to ensure they have a voice in the development and delivery of local services. The CCG has also recently published an Engagement Strategy and Plan which clearly sets out their approach to engaging patients and how the outcomes of this work is used to inform and improve local services.

During the reporting year, we worked closely with the CCG in a number of areas, not only on direct engagement with patients but also as part of their governance and quality assurance processes. There are many examples in this report of how patients have genuinely influenced and informed the design and delivery of services. We have been pleased to have been commissioned to support some of that work, in particular around the re-procurement of children's community health services.

We look forward to continuing to work with the CCG in 2017-18.

**Folake Segun**

**Director of Healthwatch Bromley**