

Section 24a of the NHS Act, 2006

**Duty to Involve & Consult on Commissioning Decisions
April 2009 – March 2010**

**Director: Alison Knowles, Communications & Strategy
Report prepared by: Jo Howes, Head of Community Engagement**

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1. Introduction

Primary Care Trusts have a statutory duty, under Section 24A of the NHS Act 2006, to report, once a year, on all consultations that have been undertaken, are underway or are planned, which impact on their commissioning decisions during 2009/10. This must be completed within six months of the end of the financial year.

Consultation is the word used in the legislation, although this is normally deemed to refer to a formal twelve week period that follows Cabinet Office guidelines. However, NHS Wiltshire has reported on all engagement, involvement and consultation activity that has led to commissioning decisions during the period covered by this document.

“Section 242(1B) of the NHS Act 2006 is not prescriptive about what constitutes involvement. The term is not defined, but the provision makes it clear that users may be involved by being consulted, or by being given information, or in other ways. Users may be involved directly or by representatives. Engagement, consultation and participation are all words that can be used to describe different types of involvement activity.”

References/documents for information:

Real Accountability, Department of Health, November 2009

Real Involvement, Department of Health, November 2008

2. Consultations undertaken by NHS Wiltshire

- a) What consultations has the Primary Care Trust undertaken during the period of this report, include any that started before 1 April 2009, and were completed?
- b) What consultations does the Primary Care Trust have underway during the period of this report, but are not yet completed?
- c) What consultations are planned for 2010/11? (Beginning after 1 April 2010 for the forthcoming year).

Consultation 1: Primary Care Centre Developments for Devizes, Trowbridge, Salisbury & Westbury

The proposal to develop Primary Care Centres was widely consulted on in 2005/06. However, as NHS Wiltshire has moved into the implementation phase it has been necessary and desirable for service users and local communities to be involved in the planning and decision making for each of the town projects. Therefore, consultation has been ongoing, with activity increasing at certain key points in the process for each project. Each of the projects is at a different stage, with Westbury and Trowbridge moving through the planning process more quickly than Devizes and Salisbury.

During 2009/10 NHS Wiltshire organised a visit to a similar facility in Shepton Mallet, which was attended by members of the Overview & Scrutiny Committee, the Local Involvement Network, and members of the Health & Social Care Forums from the four communities. There have been open days in Devizes and Westbury (Trowbridge having happened in the previous year), where local people have been able to look at plans and discuss issues with clinicians, representatives of the PCT and developers. This has highlighted a number of areas for further work, including transport, parking and disability access. Local groups have also influenced the services to be included, with an increase in the number of services to be provided in the Westbury Centre in particular.

Local people have been consulted and informed via public meetings, local council meetings, open days and through written monthly updates that go to each community area in Wiltshire. We have asked for views on transport, locations and community services. Views have been recorded through surveys, through question and answer sessions at public meetings and the ongoing dialogue we have with representative groups as part of our community engagement activity.

Engagement has been ongoing, although where surveys have been carried out suitable timeframes have been set. We have fed back to local people through public meetings, in particular the council's Area Boards and through written updates.

The plans for each of the projects has changed and evolved as they have moved closer to the planning stage, reflecting the views given by local people as well as commercial and business needs.

Consultation 2: Strategic Framework / Strategic Commissioning Intentions

NHS Wiltshire runs a number of regular events aimed at engaging and consulting on its overall strategic aims and objectives. The largest event is the Stakeholder Assembly, which runs twice yearly and brings together around 80 delegates from the voluntary sector, community groups, local government, partner organisations, clinicians and interested individuals. In 2009/10 the Stakeholder Assemblies looked at inequalities as identified by the Joint Strategic Needs Assessment and the priorities set by the PCT's ten principle health outcome indicators. In each instance the Assembly has carried out work to help set and refine priorities in light of national and local constraints and pressures. Feedback from each Assembly is given in the form of written notes and details of decisions taken by the PCT's Commissioning Committee. The Stakeholder Assembly is an integral part of the PCT's decision making process and priorities set at the Assembly are directly reflected in Commissioning decisions.

The refresh of the NHS Wiltshire Strategic Framework clearly outlines how engagement and consultation have influenced commissioning intentions. The full document can be access via this link:

http://www.wiltshire.nhs.uk/Downloads/Publications/Strategies/NHSWiltshireStrategicFramework_2009-2014.pdf

NHS Wiltshire engages people in its strategic commissioning intentions through Community Area Boards, Community Area Partnerships, Community Health & Social Care Fora, Chairs Briefings and other regular meetings. There have also been a series of Health Fairs and presentations on the Joint Strategic Needs Assessment in each of the community areas in Wiltshire, aimed at highlighting local health needs and promoting understanding, both of the local picture and of the strategic direction the PCT must take in order to successfully deliver better health outcomes. Information from these events was captured and reported back individually to each community area and has again been used to influence commissioning decision, in particular Public Health. Full details of the JSNA, and the shorter community specific versions, can be found here:

<http://www.wiltshirejsna.org/>

Consultation 3: Wheelchair Services

During 2008/09 The NHS Wiltshire PALS team recorded a number of complaints relating to the Wheelchair Service. The complaints mainly focused on waiting times for delivery of new wheelchairs, waiting times for repairs to existing chairs and quality of information provided to service users. The Provider Services Committee decided a service user group could usefully work with commissioners and providers to address the concerns raised.

The Service User Group has carried out a survey of all users to understand more about customer satisfaction levels and this has in turn resulted in improvements to waiting times and new customer standards that have been designed in partnership to ensure the service is responsive to user needs.

At the same time NHS Wiltshire began a process to tender for a new Wheelchair Service and carried out a number of engagements with service users to establish a base line assessment of how the service was delivered and how improvements could be achieved through the tendering process. This piece of work was eventually superseded by a regional review of Wheelchair Services, which recommended a regional approach to procurement. However, the local engagement work was fed into the regional review, which was undertaken by the Chief Executive of NHS Wiltshire, and work will be progressed in consideration of all of the findings of the review, including the local engagement.

The Wheelchair Service User Group will continue to meet to help the service commissioners and providers address issues raised by users and deliver improvements to the service.

Consultation 4: Urgent Care / Out of Hours Services

NHS Wiltshire has had an Urgent Care Strategy in place since 2007.

<http://www.wiltshire.nhs.uk/Downloads/Publications/Strategies/UrgentCareStrategy.pdf>

However, through 2009/10 there has been a requirement to tender for a new Out of Hours service. A series of consultation events had been held in 2008, and the information captured was still relevant and used to form the basis of the patient experience element of the Out of Hours tender process. However, it was necessary to carry out a check and balance exercise

to ensure that no new issues had arisen and to gather an up-to-date picture of how people have been accessing the service.

NHS Wiltshire attended a number of scheduled meetings, including Community Area Boards, the Wiltshire Involvement Network, Community Area Partnerships and local Health & Social Care Forums. The Health Overview & Scrutiny Committee was also regularly briefed.

Members of the Wiltshire Involvement Network were present on the evaluation panel and involved in the decision making that resulted in the award of the new contract to Wiltshire Medical Services.

Due to the rural nature of the County, people were keen to discuss wider issues related to Urgent Care. Views and concerns about Ambulance Services, Minor Injury Services and Out of Hours Pharmacy services were gathered and used to shape commissioning intentions.

Clear concerns about Ambulance Response times have resulted in a targeted campaign in the East and South of the County to develop Community First Responder Schemes in partnership with Great Western Ambulance Trust and local community groups.

Feedback is regularly given to Area Boards and other local groups. Local people continue to be interested in all aspects of Urgent Care and NHS Wiltshire uses this information to understand how performance against targets is reflected in patient experience.

Consultation 5: Maternity Services

During 2009/10 NHS Wiltshire has worked with providers, the voluntary sector and service users to revitalise and regenerate the Maternity Services Liaison Committee.

The MSLC and NHS Wiltshire then went on to survey 341 women who gave birth in the Community Midwifery Service run by Wiltshire Community Health Services as part of the national patient survey. The survey included 77 questions on antenatal care, experiences during the pregnancy, labour and birth, postnatal care, feeding the baby and care at home after birth. The survey covers the period 2009/10 and 71% of questionnaires were completed and returned.

The survey results will be available later in 2010 and will be used to inform commissioning decisions for community maternity services.

3. Consultations undertaken by NHS Trusts and NHS Foundation Trusts

The duty requires a Primary Care Trust to report on consultations undertaken by **NHS Trusts** or **NHS Foundation Trusts**, where the outcome of a consultation has influenced the commissioning decisions taken by the Primary Care Trust.

Nil Return

4. Consultations undertaken by the Specialist Commissioning Group

The duty requires a Primary Care Trust to report on consultations undertaken by the **Specialist Commissioning Group** for the Strategic Health Authority area, where an outcome of a consultation has had an impact on the commissioning decisions taken by the Primary Care Trust.

Consultation 1 - Expansion of Bariatric Surgery Service

The South West Specialised Commissioning Group (SW SCG) identified the need to expand bariatric surgery to meet the immediate pressure caused by increased morbid obesity in the population in July 2008. The SW SCG immediately started working extensively with patients and carers who were members of the British Obesity Surgery Patient Association (BOSPA) to obtain their views on current service provision and their ideas for how the service could be improved. Various engagement methods were adopted to give people information about the work programme and to obtain their views including attending a BOSPA meeting at which 60 people attended; running 3 stakeholder events across the region that were attended by a mixture of 48 clinicians and patient reps; talking to patients who were attending a local dietetic weight management clinic; and by inviting BOSPA members to submit questions they wanted the review team to ask when assessing the providers who bid for the service. The review team also included a patient representative, who was also a member of the panel that interviewed shortlisted providers. This enabled the SW SCG to identify the model of care that local stakeholders preferred, and led to the service being expanded within the region from two to six providers in compliance with this model. The SW SCG's designation

recommendations were presented to, and agreed by, the region's 16 overview and scrutiny panels between March and July 2009, which enabled this service expansion to commence in August 2009. Hence, the outcome of this work improved and expanded the service, reducing the distance that future patients would have to travel to receive their surgery and enabling the NHS to treat more patients than previously.

Consultation 2 - Neuromuscular Service Improvement (N.B. This work is ongoing)

Following the publication of the "Building on Foundations..." report by the Muscular Dystrophy Campaign (MDC) in December 2007, the SCG commissioned a review of current Specialised Neuromuscular Disorders (NMD) service provision throughout the South West. This highlighted a need to develop a strategy to improve the region's NMD services. The SW SCG formed a steering group comprised of clinicians, the MDC, and a carer to develop a strategic improvement plan. The first version of this plan was presented to 30 (mainly) patients and clinicians in July 2008. The strategic plan was further developed in line with feedback obtained at this and another stakeholder event aimed at patients and carers (attended by 40 people) in July 2009. This helped the SW SCG develop an investment plan and service improvement proposal.

One of the issues highlighted by the review was the need for a managed clinical network to develop care pathways that would provide better continuity of care for patients in the community and acute settings. Patients and carers also highlighted a desire for additional care advisors who could provide non-clinical advice and support, and additional psychological support and specialist physiotherapy. Hence, the region's 14 Primary care Trusts (PCTs) agreed to provide additional annual investment of just over £1 million, which has enabled the SW SCG to employ a Neuromuscular Network manager and administrator, three additional peripatetic care advisors, three consultants, 3.5 physiotherapists and additional psychology sessions. The network manager, administrator, three care advisors and one of the three consultants were employed between October 2009 and March 2010. Work is ongoing to fill the remaining vacancies as soon as possible.

Since the network was formed in October 2009, existing providers were asked to invite all their patients to join the network. This is ongoing but has currently resulted in the recruitment of 300 patients and carers spread across the region who have already received the network's first quarterly newsletter which informed them of the network's achievements so far and the SCG's desire to continue to improve current provision with their help. A copy of this newsletter is located at <http://www.swscg.nhs.uk/consultation/>

Each network member was also invited to complete a questionnaire to obtain a baseline measure of patient satisfaction with the existing service so the impact of future service improvements can be assessed. 138 completed questionnaires were returned and the results of this work will be published in the network's second newsletter in August 2010. In addition, a stakeholder event for network members is planned for September 2010. This event was planned and designed following advice from lay members who took part in a survey to express their views about what the event should contain. Hence, the programme of engagement being conducted for neuromuscular services is ongoing and will continue to grow.

Consultation 3 - Implementation of Soft Tissue Sarcoma IOG (N.B. This work is ongoing)

The SW SCG was charged with implementing the Improving Outcomes Guidance for Soft Tissue Sarcoma on behalf of the 14 PCTs in the South West in July 2007. Five public and patient engagement events were held across the region between December 2008 and March 2009 to publicise the proposed service model and to obtain people's views of what the service should include. In total 59 people attended, including Local Involvement Network (LINK) members and some representatives from the region's 16 overview and scrutiny (OSC) panels. In addition, a questionnaire was circulated to LINKs, OSCs, PCT PPI leads, cancer networks, relevant 3rd sector organisations and existing providers to obtain the views of people who were unable to attend any of the public events. The information provided via the 80 questionnaires that were returned was collated with the views that had been expressed at the events. A full report on the results of this engagement work can be downloaded at <http://www.swscg.nhs.uk/consultation/> This information was then included in the final service specification and used to inform the assessment and shortlisting of providers. OSCs were formally asked to support the preferred model of care that emerged from this work between September and November 2009. Having received this support, the procurement phase of the designation commenced in December 2009.

The review panel tasked with deciding which two providers would be recommended for designation also included a patient and carer. The results of this work will formally be made public once the SCG has obtained approval on the location of the recommended provider from OSCs in the region. The scrutiny process cannot start until GPs have been consulted about the service proposal and the designation recommendations that emerged from the review process, in line with David Nicholson's recent instructions (DH Gateway Ref: 14335).

Consultation 4 - Designation of Burn Care Services for Adults and Children – Service expansion and implementation of Burn Care Standards

The South West UK Burn Care Network that serves approximately 10 million people living in the South West, South Wales and parts of South Central, charged the SW SCG with designating (both specialised and non-specialised) Burns Care Services to implement the recommendations that came out of the National Burns Care Review in 2001. Prior to designation, a network steering group was established to examine existing care pathways and to agree the designation process. This included representatives from patient support groups such as BUGS, as well as clinicians. Leading up to and during the designation process seven public engagement events were held across the South West (5 events), S Wales (1 event) and S Central (1 event) between May and July 2009. In total, fifty people attended.

In addition, a questionnaire was circulated to existing providers, LINKs, OSCs and relevant charities such as Changing Faces for people who could not attend any of these events. This provided useful information that was collated with the event data and the National Burns Care Standards to ensure the resulting service specification reflected the needs and wishes of the local community. A full report on the results of this engagement work can be downloaded at <http://www.swscg.nhs.uk/consultation/>

Further to this, the SCG team conducted pre-designation visits to each of the providers who tendered for the service and spoke to their current and ex-patients to get their views of the service and to ask them what issues they felt it were important for the designation review team to raise with bidding providers. The review teams that scored providers also included patients, patient support group reps and OSCs. The SW SCG's designation recommendations were presented to, and agreed by, the South West's 16 overview and scrutiny panels, a joint OSC representing the four South Central PCTs covered by the proposals, and Community Health Council in South Wales between January and March 2010. This enabled the service to be expanded from three to four providers, reducing the travel distance for many people in the South West. In addition, development plans for these providers reflected many of the improvements that had been suggested by local people (where safe to do so).

Consultation 5 - Designation of Medium Secure Mental Health

As part of an ongoing* programme of public and patient engagement to designate and improve medium secure mental health services in the region the following engagement work was undertaken between September and November 2009: OSCs, LINKs, user groups and 3rd sector organisations (MIND) were contacted to inform them of the designation process and to ask them to submit questions or raise issues they felt were important for the review team to assess existing provision against. This resulted in six organisations submitting questions that could be used. In addition, focus groups were conducted with current patients at

both of the existing providers in the region to elicit further issues of concern. The two focus groups included 12 patients in total. The focus groups highlighted issues that enabled the SW SCG to identify and implement some service improvements within 24 hours of holding the focus groups. Information obtained from focus group participants was also used to inform the designation assessment process conducted by the review team. A patient and a carer were valued and active members of the review team and helped the SW SCG make a number of recommendations for how the service could be improved before designation would be awarded.

* The final designation recommendation cannot be presented to OSCs for their support, and full implementation of all of the improvements required by the SCG cannot be finalised, until later in 2010 due to ongoing discussions regarding the need to build new premises on one of the sites.

5. Consultations undertaken by GP practices as part of the Practice Based Commissioning programme.

The duty requires a Primary Care Trust to report on consultations undertaken by **GP practices** as part of the **Practice Based Commissioning** programme, where the outcome of a consultation has influenced the commissioning decisions taken by the Primary Care Trust.

Nil Return

6. Consultations undertaken jointly with another organisation.

The duty requires a Primary Care Trust to report on consultations undertaken **jointly with another organisation through an integrated management arrangement**, such as with a local authority, where the outcome of a consultation has influenced the commissioning decisions taken by the Primary Care Trust.

Consultation 1: End of Life Care

During 2009/10 NHS Wiltshire & Wiltshire Council developed an End of Life Care Strategy that reflects the standards of care, aims and objectives captured in the national End of Life Care Strategy, but also gives consideration to locally agreed priorities

following extensive public consultation.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086277

Formal public consultation was carried out in Wiltshire between September and November, and included a large scale public meeting, hosted by Wiltshire Involvement Network (the Wiltshire LINK), and twelve focus groups that were aimed at hard to reach groups and included people from different ethnic backgrounds, people living disabilities and long term conditions, terminally ill people, families and carers.

Service users were members of the steering group that developed the Strategy, and the working group that planned all the engagement and consultation events.

The public consultation sought ideas about how to raise awareness of the need to plan for end of life care, how to switch the emphasis from hospital bed provision to community settings, the need to reflect cultural and religious beliefs in the delivery of care and support needed to help families and carers cope with a loved one being at home at the end of their life.

The consultation period was twelve weeks and followed Cabinet Office guidelines.

The outcomes of the consultation were captured in a Patient & Public Involvement Report that summarised the outcomes from the large public meeting and the focus groups.

<http://cms.wiltshire.gov.uk/mgConvert2PDF.aspx?ID=7310>

The twelve focus groups were captured more extensively in a separate document.

<http://cms.wiltshire.gov.uk/mgConvert2PDF.aspx?ID=7311>

The Wiltshire Involvement Network also published a full report from the public meeting.

<http://cms.wiltshire.gov.uk/mgConvert2PDF.aspx?ID=7312>

The Patient & Public Involvement Report was made available to everyone who attended a meeting or focus group who had expressed an interest in receiving it. Details of how to access information online has also been given.

The views and ideas captured during the consultation were used to finalise the Wiltshire End of Life Care Strategy, and to assist the service providers, voluntary sector and other partners in the implementation of priorities.

The Overview & Scrutiny Committee has undertaken a Task Group Review of the process and the implementation of the Strategy. This review is due to conclude in November 2010. Details of the Task Group's activities can be found here: <http://cms.wiltshire.gov.uk/ieListMeetings.aspx?CId=830&Year=2010>

The link to the full Wiltshire End of Life Care Strategy is attached below.

http://www.wiltshire.nhs.uk/Downloads/Publications/Strategies/Wiltshire_End_of_Life_Strategy_v5.pdf

Consultation 2: Single Equality Scheme and Action Plan

NHS Wiltshire worked closely with three of its key partners, Wiltshire Council, Wiltshire Police and Wiltshire Fire & Rescue Service, to formally consult on its Single Equality Scheme and Action Plan. This consultation was carried out jointly as each organisation has a requirement to develop and consult on a SES and Action Plan; the timescale suggested suited each organisation and it was an opportunity to share costs and resources.

The consultation document was sent to 120 separate organisations, and from there distributed to over 300 more via the Council for Voluntary Services newsletters. The consultation was advertised in the local press and was available from each of the participating statutory sector organisations in hard copy or via their websites. Each of the organisations contacted directly was invited to a public meeting, and separate meetings were held to enable people with disabilities to attend.

Those consulted included the voluntary sector, organisations representing the strands of equality, individuals, community groups, local councillors, partner agencies and staff.

The consultation questions focussed on how people want to be involved in the work of NHS Wiltshire, issues raised relating to any of the strands or any discrimination experienced and ideas of how to improve our services and our overall performance with regard to equality and diversity issues.

Responses to the consultation were captured in a Patient & Public Involvement Report which was submitted to the Board along with the SES and Action Plan in March 2010.

http://www.wiltshire.nhs.uk/Downloads/Board-Papers/March10/1680309-10_Single_Equality_Scheme_and_Action_Plan_2009-2012.pdf

Comments received were used to shape the Action Plan, an iterative document designed to develop over its lifespan.

A “You Said, We Did” even it planned with for all those who contributed to the consultation in October 2010, six months after the consultation closed.

Consultation 3: Care Services Efficiency Delivery Programme

NHS Wiltshire worked with Wiltshire Council, the South West Development Centre and the Department of Health on a programme aimed at improving care, health and support for older people in Wiltshire through improved care pathways. The work was carried out over a series of five workshops, with a follow up session to feed back and agree recommendations.

Participants included the statutory sector agencies, voluntary sector organisations representing, or with links to, older people, and individual service users. A series of interviews with service users enabled commissioners to develop a more detailed picture of life as an older person or a carer in Wiltshire.

Particular areas of work that resulted in recommendations were: carers issues, continence and bowel conditions, mental well-being, falls and fractures and a one stop shop for information. This set of recommendations will be taken forward by the Joint Commissioning Board of NHS Wiltshire & Wiltshire Council.

Consultation 4: Support Services for Carers

NHS Wiltshire is again working in partnership with Wiltshire Council and the voluntary sector to update and develop the Carers Strategy for Wiltshire. This work has involved extensive engagement work with carers, through their support agencies and directly. GP Surgery Patient Groups, other voluntary sector organisations and Health & Social Care Forums have also been involved. There has also been a BME carers event, which promoted health and wellbeing as well as providing an opportunity to engage with BME carers about services they access and their experiences.

Engagement with carers happens regularly and on an ongoing basis. This has enabled full engagement in the development of carers’ registers at GPs surgeries.

Regular feedback is given through the Carer's Support Agency meetings and a more coordinated approach between NHS Wiltshire and Wiltshire Council has ensured that carers issues are more routinely considered and included in commissioning decisions.