

Involving You:

An annual report on CCG engagement activity
2017-18

OUR **AIM** IS TO
MAKE SURE THE

VOICE



IS
HEARD



Welcome

As your local clinical commissioning group (CCG) it's our job to plan and fund (commission) health services in Leeds. It's a job we couldn't do without your support, your constructive feedback and your ideas that help bring a fresh perspective to the way we work. This report is about how we've involved and engaged with our local population from 1 April 2017 to 31 March 2018.

The last 12 months has been a period of significant change for us as on 1 April 2018, we moved from three CCGs covering the city to a single CCG for Leeds called NHS Leeds CCG. However we have maintained our focus on continuing to help our providers to deliver the best possible services for local people. To do this we have continued to engage with our patients, carers, staff, health and care professionals and the wider public so that we can understand what your future needs might be, consider your ideas that could help improve services and identify any areas of concern.

We are aware that there can, occasionally, be criticism that engagement is 'tokenistic'. We want to assure you that when we ask for your support to help us commission services, what you tell us really does make a difference. This document demonstrates how we have taken your feedback and used this to have a real impact on the lives of people living in our communities.

2018 is a special year for the NHS as we celebrate the 70th anniversary. There have been considerable changes since it was first established in 1948, resulting in better outcomes for patients. For example, significant improvements have been made in treating conditions that would have been seen as terminal in older age, such as cancer or heart disease, through to world-class maternity care to give children the best possible start in life.

Leeds has been at the heart of some of these ground-breaking developments, such as colleagues at Leeds Teaching Hospitals NHS Trust performing the first ever double hand transplant. While we acknowledge the achievements of our clinical experts, it is also a chance to reflect on how our relationship with patients and the wider public has changed - it is all about working with you and long may that continue.

Thank you for your support; we look forward to working with you in 2018-2019.

Gordon & Phil

Dr Gordon Sinclair, Clinical Chair and Philomena Corrigan, Chief Executive.



Dr Gordon Sinclair



Philomena Corrigan

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1.

Introduction to 'Involving You'

1. Introduction to 'Involving You'

Welcome to 'Involving You', our annual report on engaging with our communities activity over the last year.

We know that understanding the needs and preferences of local people and acting on their feedback is essential if we are to provide high quality, safe and compassionate services in Leeds.

Over the last year, we have sought patient and public views about a range of NHS services in Leeds. This document provides an overview of the engagement activities that have taken place over the past year and includes a summary of what people told us and what we did in response to hearing those views.

We have produced this document because we feel it is important to showcase how we have engaged with our population during the course of the year. It gives us the chance to show our responsiveness and accountability to our patients.

'Involving You' covers engagement activity that the CCG has undertaken between 1 April 2017 and 31 March 2018. It provides the following details on each activity:

- Brief summary of project
- Who did we ask?
- What did we ask?
- What did we find out?
- What did we do?
- Where can you get more information about this work

'Involving You' also outlines some of the things we have put in place to make sure that our engagement processes are meaningful. We will outline the different ways we engage with local people and what we do to make sure that all the different communities in Leeds get an opportunity to share their views.

This year we worked together with patients and volunteers to design the 'Involving you' report. We held a workshop in May that was attended by patients and volunteers who have helped us to develop an attractive, engaging and accessible document. In previous years this document was referred to as the 'Statement of Involvement'. Our work with patients suggested that this title is not easily understood by the wider public.

"Statement of Involvement" doesn't mean anything to the public"

Patient representative

Following discussion with patients we have chosen a title that is more accessible to the public: 'Involving You: an annual report on CCG engagement activity'. They also wanted to include information that celebrates Leeds.

If you want to know more about our patient work to develop this document you can find a report that outlines the activities and feedback from the day on our website.

<https://www.leedsccg.nhs.uk/get-involved/your-views/involving-you-1718/>

2.

Introducing Leeds

2. Introducing Leeds

a. Leeds' health: an overview

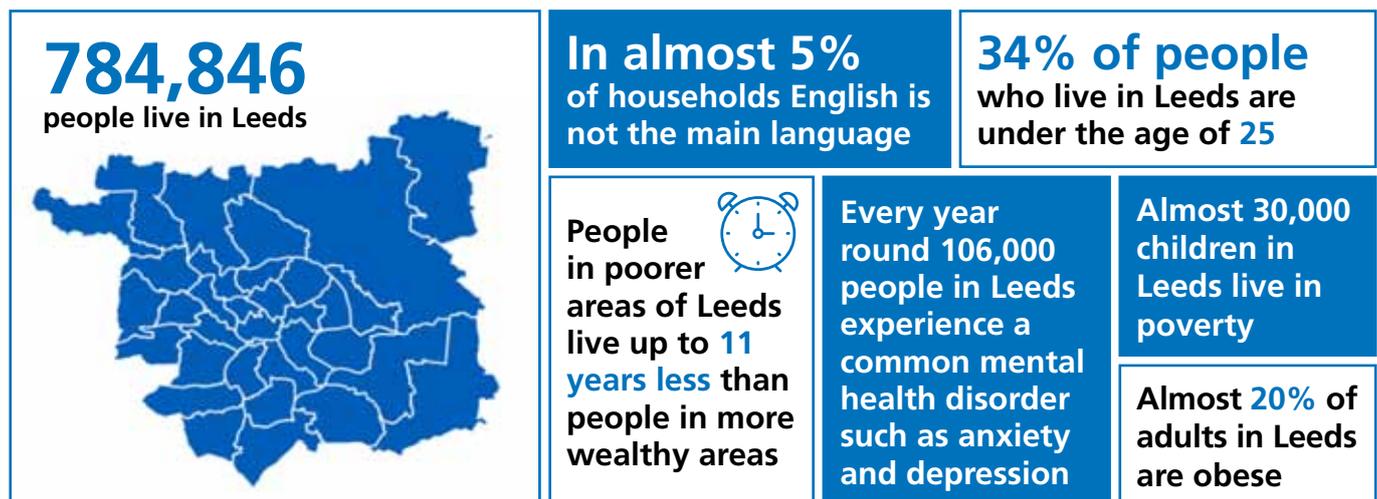
Leeds has an estimated population of 780,000, which makes it the third largest city in the United Kingdom.

- Leeds is an attractive place to live; over the next 25 years the number of people is predicted to grow by over 15 per cent.
- We live longer in Leeds than ever before. The number of people aged over 65 is estimated to rise by almost a third to over 150,000 by 2030. This is an incredible achievement but also means the city is going to need to provide more complex care for more people.

The NHS is facing three key challenges

1. Health inequalities

We know that there are significant health inequalities in our area.



2. Quality of care

Peoples' health and wellbeing needs are changing and so the way health and care services are delivered needs to change to meet them.

3. Financial

The cost of our health and care system is rising faster than the money we pay for health and care services. Rising costs are partly because of extra demand (such as greater numbers of older people with health needs) and partly because of the high costs of delivering modern treatments and medicines.

Improving the health of the city needs to happen alongside delivering better value for taxpayers and more efficient services to ensure our financial sustainability. This is a major challenge. If we make no changes to the way we manage health and care services across the city, we would be facing a financial gap. Adding up the difference each year between the money available and the money needed, by 2021 the total shortfall would be around £400 - £450 million across Leeds.

b. Celebrating Leeds

Leeds, originally known as Liodis, is a city with a story that spans back hundreds of years. During the Industrial Revolution, Leeds developed into a major mill town; wool was the dominant industry. In fact, our headquarters are at WIRA House, formerly the Wool Industries Research Association!

According to a 2018 study commissioned by the Royal Mail, Leeds has ranked in the top ten cities in the UK to live and work.

Edinburgh topped the list, coming ahead of London, but Leeds has the best access to healthcare among the UK's most economically significant cities, with 1.8 GPs per 1,000 people. Leeds also has the third highest average weekly wage at £526 and does well in terms of job opportunities with an employment rate of 73.3%.

Here are a few other things we think are great about living in Leeds:

Access to the Yorkshire countryside

A half hour drive out of the city centre and you'll find yourself on the outskirts of the Yorkshire Dales. Drive a bit further (but in a different direction!) and you have access to the Peak District and North York Moors National Parks. You don't need a car to enjoy the benefits of green space around Leeds either, with Otley Chevin, Yeadon Tarn and countless parks and gardens right on your doorstep.

Welcome, witaj, khush amdeed, مرحبا, bienvenue

We are very proud of our multicultural city. Leeds is an increasingly diverse city with over 140 ethnic groups living here and at least 85 different languages spoken. What better way to prepare our children for living in a multicultural society than by giving them an understanding of different lifestyles and traditions.



A great music scene

Leeds is home to an exceptionally vibrant music scene. The city has produced notable music acts such as the wonderful Gang of Four, Kaiser Chiefs and the Grammy award-winning Corinne Bailey Rae. It is also home to an array of world-class musical venues such as the new Leeds Arena and is the host of excellent events such as Live at Leeds and the famous Leeds Festival.

Tasty food and drink

If pubs and food are your thing, then look no further. Leeds has hundreds of excellent pubs and restaurants to choose from. You can enjoy a great Thai meal at the wonderful Zapp and then pop into the oldest pub in Leeds, Whitelocks, for a traditional ale (please drink responsibly!).

If you want to find your way around our great city, why not pay a visit to Independent Leeds <http://www.independentleeds.co.uk/>

c. What do you say about Leeds?

We know that it isn't enough to engage patients when we make changes to services. Gathering patient experience needs to be an ongoing process if we are to really understand what matters to patients and use their feedback to develop and improve our services.

Putting patients first helps us to understand our diverse local population and improve outcomes. By asking for, monitoring and acting upon patient feedback this enables us to make improvements in the areas that patients say matters most to them.

There are lots of ways people share their experience of using health services in Leeds.

- Directly with providers (hospitals, GPs and clinics)
- Through online patient experience websites such as NHS Choices and Care Opinion
- Directly with the CGG through our complaints, concerns and compliments team
- Annual GP survey
- Healthwatch Leeds <http://www.healthwatchleeds.co.uk/>
- Through engagement activities and events

As well as working with individuals to address concerns, our patient experience team here at the CCG gather all this information together and we use it to identify themes and trends.

Over the last year our patients have spent thousands of hours taking the time to share their concerns and compliments with us. Here is a selection of their comments



3.

NHS Leeds Clinical Commissioning Group (CCG)

3. NHS Leeds Clinical Commissioning Group (CCG)

a. What we do

It's been all change for us this year. At the end of 2017 NHS England formally approved our proposal to become one CCG and in April 2018 we became NHS Leeds CCG.

So what exactly does the CCG do?

The NHS is a very complex system and there are three types of organisation:

- Providers - organisations that provide services such as GP practices and hospitals
- Commissioners - organisations, such as the CCG that plan and pay for health services
- Regulators - organisations like the Care Quality Commission and NHS Improvement that make sure that the NHS provides safe, high quality and compassionate care.

As commissioners for health services in Leeds it is our job to get the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc.

Working with our regional partners

In 2016, NHS organisations and local authorities came together to form sustainability and transformation partnerships (STP). In West Yorkshire and Harrogate we are working together to make best use of our resources and sharing good practice in something called an integrated care system (ICS). You can find out more about the partnership here <https://www.wyhpартnership.co.uk/>

Working with our citywide partners

In Leeds we work together to deliver the Leeds Health and Wellbeing Strategy. This approach makes better use of our citywide resources but more importantly it will help us provide local people with joined up care, something they tell us again and again is very important to them. <http://inspiringchangeleeds.org/about-us/leeds-health-and-wellbeing-strategy-2016-2021/>

Working together locally

The NHS in Leeds and Leeds City Council are working towards integrating health and care systems and ways of working to improve services for local populations. The focus is on community services, like adult social care, health visiting and community nursing; in future this may also include some services currently delivered in hospital, but which could be successfully provided in local community settings. The vision is that this integrated working, which we are calling Local Care Partnerships, will be able to deliver improved health and wellbeing, reduced health inequalities, better outcomes and a more engaged local community.



b. Working with you

Quality in health services is made up of three components:

- Clinical effectiveness (what works)
- Safety (what's safe)
- Patient experience (what people think about the care they receive)

Patient experience, which includes engaging with people about service changes, is essential if we are to provide high quality, safe and compassionate services. It is something we take very seriously here at the CCG.

We also have a legal obligation to involve local people in our decision-making process. The Health and Social Care Act 2012 outlines two legal duties, requiring clinical commissioning groups (CCGs) to enable:

- patients and carers to participate in planning, managing and making decisions about **their care and treatment** (involvement in your personal healthcare)
- the effective participation of the public in **the commissioning process** itself, so that services provided reflect the needs of local people (public involvement in service change)

There are lots of examples of principles that should guide the way we engage, all of which are difficult to disagree with. We want to put patients at the heart of everything we do and we are confident that this document demonstrates how we are moving from rhetoric to reality.

It is very important to provide assurance to the public and our colleagues that we are engaging meaningfully with people when we make decisions about services. To meet our legal duties we have a patient and public lay person that sits on our governing body. It is their job to make sure that we are engaging in a fair, inclusive and consistent way.

Here at NHS Leeds CGG we don't think this goes far enough and we have developed some other ways that make sure our engagement processes are robust:

- We have a **Patient Assurance Group (PAG)** made up of local people who support us to develop our engagement plans
- We have **CCG volunteers** (patient champions) who sit on commissioning steering groups and help ensure that we use people's feedback to develop and improve our services
- We hold regular **deliberative events** which bring people together from a wide range of different communities to comment on our plans and priorities. Read the report from our most recent event here: <https://www.leedscg.nhs.uk/get-involved/your-views/deliberative-event-report/>
- We provide support for **patient participation groups (PPGs)** in GP practices to help local GP practices consider the needs and preferences of their registered population
- We commission **Voluntary Action Leeds (VAL)** to develop links with seldom heard communities through their Engaging Voices project. This helps ensure that all communities in Leeds get a chance to share their views. VAL have also developed 'Working Voices' to engage with people employed people and are now working in partnership with John Lewis. <https://doinggoodleeds.org.uk/about-doing-good-leeds/?old=>

We are constantly reviewing our engagement mechanisms and processes to improve the way we engage.

4.

What we've been up to over the last year

This section of the report outlines all the engagement activity we have undertaken between April 2017 and March 2018.

Cancer strategy - patient event

July 2017

Brief summary of project

We want to work with our partners to deliver the best cancer outcomes for Leeds patients. We want to involve local people as we continue to develop the Leeds Cancer Strategy. This event aimed to raise awareness of the Leeds Cancer Strategy and explore opportunities to involve patients, carers and the public in its development and delivery.

Who did we ask?

We wanted the event to be attended by a range of people representing different communities in Leeds. We advertised the event widely including through our provider and voluntary sector partners and social media.

What did we ask?

We outlined the strategy and delivered groupwork sessions to:

- Understand people's priorities around cancer
- Explore ways that people wanted to get involved in the strategy

What did we find out?

People told us that we need to

- work closely with local voluntary groups
- be creative in our engagement activities
- promote engagement activities
- train patients who want to get involved
- engage seldom-heard groups



“Superb opportunity to involve a diverse group of people in fighting cancer” Patient

What did we do?

We developed a cancer strategy steering group made up of patients and voluntary sector organisations. The group have received training and now provide patient assurance around cancer engagement activities. A key role for this group is to ensure that our engagement work involves seldom heard groups in our community.

Where can you get more information about this work

If you want to read more about this event you can visit our website here:

<https://www.leedsccg.nhs.uk/get-involved/your-views/cancer-leeds-cancer-strategy/>

Continuing care engagement

1 April 2017 - ongoing

Brief summary of project

Some people with long-term complex health needs qualify for free social care arranged and funded solely by the NHS. This is known as NHS continuing healthcare. NHS continuing healthcare can be provided in a variety of settings outside hospital, such as in your home or in a registered care home. The aim of this engagement project was to understand people's experience of their initial continuing healthcare assessment. We commissioned an independent organisation to carry out the survey.

Who did we ask?

We spoke to 50 carers of patients who came for assessment over a six month period. It was decided to lengthen the engagement period to speak to a good spread of individuals.

What did we ask?

We asked people to share their experience of the assessment process. We commissioned an independent organisation, Leeds Involving People (LIP) to carry out an engagement survey.

What did we find out?

People told us that their experience of the assessment was generally very positive. People complimented staff on the way the assessments were carried out. Some people told us that we needed to provide better information on the continuing care process and avoid or explain acronyms.

What did we do?

The continuing care team are using patient feedback to develop a series of frequently asked questions (FAQs) for patients. These FAQs will outline and explain the continuing care process.

Where can you get more information about this work

You can read more about this project and how we are using patient feedback to develop our work here: <https://www.leedscg.nhs.uk/get-involved/your-views/continuingcare/>

Local care partnership - deliberative event

February 2018



Brief summary of project

NHS organisations in Leeds and Leeds City Council are working towards integrating health and care systems and ways of working to improve services for local populations. This new way of working will help us deliver improved health and wellbeing, reduced health inequalities, better outcomes and a more engaged community. We held an engagement event on the 24 February to understand people's views on this new approach.

Who did we ask?

64 people from Leeds were recruited to the event. We recruited a range of people from different areas and backgrounds.

What did we ask?

We asked people to tell us about:

- The strengths, weaknesses, opportunities and threats for the new way of working
- The impact of the new way of working on their family and community
- Their views on information sharing

What did we find out?

- People generally agreed with a partnership approach to health and care.
- There were concerns this approach would work for some people more so than others.
- People told us we should use technology to improve and speed up access to healthcare
- Participants felt protective over the NHS and were cautious of the new model.
- Patients were cautiously supportive of information sharing

What did we do?

We wrote a report on the event and will use patient feedback to develop our plans.

Where can you get more information about this work?

You can read more about this engagement on our website here:

<https://www.leedsccg.nhs.uk/get-involved/your-views/deliberative-event-report/>

Long term health conditions - collaborative care and support planning review (CCSP) engagement

February 2018

Brief summary of project

The CCSP offers patients with long-term health conditions the opportunity to have an annual review at their GP practice. The aim of the review is to offer ongoing support and coaching to enable patients to look after their own health. We know that many patients do attend the first appointment and have their results sent to them. However, many patients do not attend for the follow-up appointment a year later. We wanted to understand why this might be.

Who did we ask?

We spoke to patients who have long-term health condition and are under annual review at a number of different practices in Leeds.

What did we ask?

We asked why patients may not return for their review appointment. We also asked how we can we make the review appointment easier to attend.

What did we find out?

80% of respondents said that they attended their annual reviews. Those who did not attend their follow up appointment told us that they were not aware of their appointment and that a follow up appointment would have helped them alleviate their health anxieties.

Just over half of the respondents said that they would consider accessing their GP or nurse by the phone. They felt this was

suitable to receive general information but preferred face to face appointments for more prescriptive advice and their annual health checks. Access was not an issue but some people told us that they were uncomfortable using some technology.

What did we do?

We have asked practices in this year's scheme to consider how they can have a better conversation with patients about their follow up appointments. We have asked clinicians to clearly outline the benefits of follow up appointments.

We have asked practices to explore how they can use suitable technology to encourage people to attend their follow up appointments. We will ensure that face-to-face appointments are available to people who are uncomfortable with other technology.

Where can you get more information about this work

You can read more about this project and how we are using patient feedback to develop our work here:

<https://www.leedsccg.nhs.uk/get-involved/your-views/ccspreview/>

Mental health - young people's crisis service engagement

May 2017 - ongoing

Brief summary of project

At a multi-agency event in Leeds in 2016 it became clear that we needed to review out-of-hours mental health and autistic care for young people. This engagement looked at existing mental health and autistic care to understand people's experiences of accessing care when in crisis.

Who did we ask?

We interviewed 6 young people aged between 15 and 23.

What did we ask?

We used a semi-structured interview to understand people's experiences. We asked people to tell us about their existing support mechanisms, how their crisis started, how services responded to the crisis and how we could improve any interventions. We also asked what digital tools might have helped them during their crisis.

What did we find out?

Young people told us that it was difficult to explain how the crisis began. They told us that an informal setting where they could feel safe, 'calm down' and 'get things off their chest' was important to them. They also told us that a short assessment was preferable and that a 'heavy' approach to assessment did not feel welcoming or helpful.

There were mixed feelings about whether an online response might be helpful in crisis. Some outlined the benefits of this, and most emphasised the need for choice

and said that there was potential for online support to be helpful in terms of accessibility and ease.

"Online feels more anonymous and I could be more open, more comfortable. Maybe feel less shame." young person

Young people told us that being able to access empathic care before a 'full blown crisis' was also important. People also told us that often the crisis team did not have the capacity to respond 'helpfully' and practically.

Generally, those experiencing multiple crises with more complex issues were less satisfied with the crisis support they received.

What did we do?

The mental health team are using feedback from this engagement to commission a new crisis service for young people. We will outline how we have used patient feedback to develop the new service in the annual report on engagement activity 2018-19.

Where can you get more information about this work

You can read more about this project and how we are using patient feedback to develop our work here:

<https://www.leedsccg.nhs.uk/get-involved/your-views/youngpeople-crisisservice/>

Mental health - Mindmate

1 April 2017 - ongoing

Brief summary of project

Mindmate is a Leeds-based website for young people, their families and the professionals who support them. The website helps people explore emotional wellbeing and mental health issues and offers information about where support is available.

Who did we ask?

We worked with children, young people and their parents.

What did we ask?

Ongoing engagement with children, young people and parents has supported us to develop the website.

What did we find out?

Children, young people and parents have made several suggestions to develop the website so that it meets the needs and preferences of local people.

- People told us that the website should feature information on sleep
- Simplified information
- More information on online safety
- More case studies on the website

What did we do?

Following feedback from children, young people and their parents we have:

- developed a page on the website with information about sleep
- simplified the information and used plain English throughout the document
- provided more information about online safety
- worked with children and young people to develop our 'real life' stories page.

Where can you get more information about this work

You can visit the Mindmate website here:

<https://www.mindmate.org.uk/>

Migrant communities - health awareness campaign

October 2017 - February 2018

Brief summary of project

The NHS both in Leeds, and nationally, regularly runs campaigns to encourage people to make the most appropriate use of healthcare services with a particular focus on reducing unnecessary attendances at busy accident and emergency (A&E) departments.

Anecdotal evidence showed that some of the new migrant communities in Leeds from Eastern Europe were not aware of the full range of options available to them which meant they tended to use A&E services for conditions that could have been seen elsewhere. We ran a campaign based on insight and engagement with members of the city's Polish, Czech, Romanian and Lithuanian communities.

Who did we ask?

Using a specialist ethnic marketing agency we engaged with 409 people from the four identified communities. Information was gathered using online surveys, face to face or telephone interviews by people who could converse fluently in the appropriate languages.

What did we ask?

Members of the four communities were asked a set of 10 questions about different medical conditions and which healthcare provider they would access in those circumstances.

What did we find out?

Our insight highlighted that there were differing levels of understanding of

services within the communities.

Many were not

aware of all the options open to them particularly pharmacy for common health conditions and the minor injury units.

There was also insight demonstrating that people also used home remedies for certain conditions.

What did we do?

We developed a marketing campaign supported by community ambassadors who provided talks and information leaflets at a range of community venues including churches, Sunday schools, specialist shops and businesses.

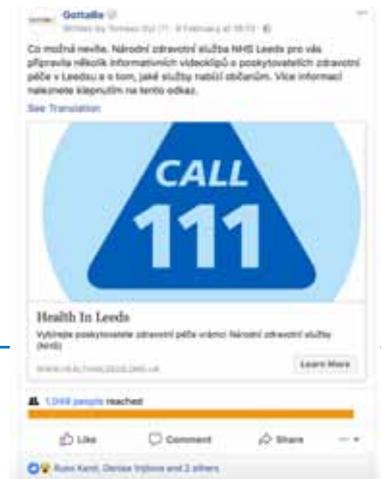
The campaign included the following:

- A dedicated website with information all translated in to the four languages <https://www.healthinleeds.org.uk>
- Information leaflets
- Social media information (translated and targeted to popular pages)
- News updates on popular language specific information portal
- Videos on accessing services
- Talking at an event organised by the migrant access project

Where can you get more information about this work

You can visit the website to see the information available

<https://www.healthinleeds.org.uk>



Patient Participation Group (PPG) conference

October 2017



Brief summary of project

A group of interested patients formed a project group which met regularly through the summer of 2017 to co-produce a citywide PPG event. The event was held at Leeds United Football Club, Elland Road.

Who did we ask?

We invited all PPG members in Leeds to attend the event. The event was fully booked with 148 people attending the event including patients, members of the public, GP practice staff, NHS professionals and third sector organisations.

What did we ask?

We asked people to share their experience of PPGs and to tell us how we could improve PPGs. We used a variety of methods to find out what people thought including groupwork, stalls and a Q&A session.

What did we find out?

People told us that the quality of PPGs across the city was varied and that a citywide CCG network would help share best practice. People also told us that a small budget for PPGs might help them promote their work and champion the voice of the registered population. The event was very popular and people asked us to repeat the event next year.

“the best part of the event was listening to other PPG members about what they have done in their practice”

“You do an amazing job - you have to provide one of the best patient engagement teams and support in the country - well done!”

What did we do?

We established a citywide PPG network. The network provides a place for PPG members to support each other and share best practice. We secured funding from the CCG for PPGs in the city. We are in the process of supporting PPGs to apply for funding to improve their PPG. The PPG network will assess bids, allocate money and monitor progress. We are working with our PPG network to plan a second citywide event next year.

Where can you get more information about this work

You can read more about PPGs and the Leeds PPG Network here:

<https://www.leedsccg.nhs.uk/get-involved/how/patient-participation-group/>

Prescribing engagement: changing the way we prescribe in Leeds

March - July 2017

Brief summary of project

This engagement looked at making changes to the way we prescribe some things in Leeds.

What did we propose to change?

- To not routinely fund gluten-free foods on prescription.
- To not routinely fund branded medicines when a non-branded (generic) version is available, unless there is a medical reason.
- To not routinely fund a range of “over the counter” medicines on prescription.

Who did we ask?

We spoke to a wide range of patients, carers, members of the public, local voluntary sector services and staff across Leeds. The engagement was widely promoted through GPs, pharmacies, across social media and other appropriate avenues. We received responses from 3,254 people.

What did we ask?

We asked people to share their thoughts on the proposed changes outlined above.

What did we find out?

Most people told us that they generally agreed with our proposed changes.

There was strong feedback that:

- vulnerable groups’ should be protected from any change

- changes to medication should be done in consultation with the patient;
- information and support should be available to patients to support informed choice

What did we do?

The medicines optimisation team at the CCG used the feedback to develop prescribing guidance for GPs. NHS Leeds CCG made the decision to delay the rollout of this new guidance following the launch of a consultation by the Department of Health and NHS England. The CCG is currently not advising GPs in Leeds to stop prescribing gluten free foods. The CCG will wait for the results from the consultations before making any final decisions.

Where can you get more information about this work

You can read more about our prescribing engagement here:

<https://www.leedsccg.nhs.uk/get-involved/your-views/prescribing-changes-across-leeds/>



Primary care - changes to New Cross Surgery, Middleton Park Surgery and Swillington Health Practice

October 2017 to January 2018

Brief summary of project

Grange Medicare Limited is currently contracted to provide GP services from New Cross Surgery in Rothwell, Middleton Park Surgery and Swillington Health Practice and have held this contract since 1 November 2008. The CCG is required to start a process to procure (pay for) a provider of GP services for the registered populations of New Cross, Middleton Park and Swillington. The contract with Grange Medicare Limited ends on 31 October 2018 meaning that NHS Leeds South and East Clinical Commissioning Group (CCG) needed to look at future plans for the practices. Grange Medicare Ltd indicated that they don't wish to be part of this procurement process.

Who did we ask?

We spoke to 1,234 people who are registered at the three practices. Our Equality Impact Assessment (EIA) identified potential inequalities for a number of groups with protected characteristics. In addition to the general engagement we carried out targeted engagement with groups such as older people, people with long term conditions and carers. We also involved the Patient Participation Groups (PPGs) at each practice in the development of the engagement.

What did we ask?

We asked registered patients to share their thoughts and experiences of using their current GP practice. We also used focus groups to understand people's needs and preferences around future services.

What did we find out?

People expressed concern at the current appointment system at the practices and suggested that future changes might make it even more difficult to make an appointment. Patients also told us that they value continuity of care and that they want more consistency with their clinicians. There was strong feeling that if Swillington Health Practice were to close it would have a negative impact on the elderly population, especially those with mobility issues and long-term conditions.

What did we do?

We shared the report with the Primary Care Commissioning Committee (PCCC) in January 2018. The PCCC used the report and other information to make a decision about the future service model of people registered at the three practices. Feedback from local people directly affected the CCG decision to maintain Swillington as a branch practice.

Where can you get more information about this work

You can read more about this project and how we are using patient feedback to develop our work here:

<https://www.leedsccg.nhs.uk/get-involved/your-views/grange-medicare-changes/>

Primary care - closure of Radshan GP practice

February - March 2018

Brief summary of project

Radshan Medical Centre is operated by The Practice PLC Group who took over the partnership and contract from a previous provider before 2012. The Practice applied to NHS Leeds South and East Clinical Commissioning Group (CCG) to resign from their contract.

This engagement will inform people of the closure of the practice and provide information on registering at other local GP practices. The project will also give people an opportunity to tell us what they value about their GP service.

Who did we ask?

We spoke to people who were registered at Radshan GP practice. Every household received a letter informing them of the closure and information about registering at another practice. People were also able to attend a series of local engagement events.

What did we ask?

This information-giving exercise outlined the change and supported people to register at another local practice. We also asked people about what they valued from their GP practice.

What did we find out?

People outlined the things they valued about GP practices, these included:

- ease of making an appointment
- friendly practice staff
- being involved in decisions about their health and care

What did we do?

We supported people to register at other local GP practices.

We shared the feedback we received with local practices so that they understand the needs and preferences of local people.

Where can you get more information about this work

You can read the engagement report for this work on our website here:

<https://www.leedscg.nhs.uk/get-involved/your-views/radshanclosure/>

Maternity - bereavement workshop

January 2018

Brief summary of project

The Maternity Strategy for Leeds 2015-2020 was developed based on extensive consultation with women and families in Leeds. It used a detailed health needs assessment and the latest and best evidence of what works well in maternity services. The strategy outlines 9 priorities which aim to improve maternity services by providing safe, high quality maternity care, meeting the needs of all families in the city.

This engagement looked at how we can improve maternity bereavement services for people in Leeds.

Who did we ask?

We spoke to people who have used the bereavement service but also opening this up to people who have experienced still births, early miscarriages, and mid trimester miscarriages. We also spoke to professionals who are involved in the pathway.

What did we ask?

We asked people to share their stories of bereavement and their experience of using bereavement services in Leeds. We held a workshop in January 2018 for service users and professionals. Over 60 people attended the session. We used the "Whose Shoes" tool to look at bereavement care across the care pathway and to identify further improvements.

What did we find out?

People outlined a number of themes that they felt were important. These themes included aftercare, individual treatment, compassion, respect and dignity and sibling support. People also told us that there needed to be better information available and better communication between services.

What did we do?

We are using the information provided to improve the service. We will outline how we have used the feedback from service users in the next annual report on engagement.

Where can you get more information about this work

You can read more about the engagement on our website here:

<https://www.leedscg.nhs.uk/get-involved/your-views/maternity-bereavementworkshop/>

**BEREAVEMENT
IN
MATERNITY
SERVICES**



Maternity - young parents support

April 2017 - ongoing

Brief summary of project

Building on the Leeds Maternity Strategy 2015-2020 this engagement seeks to improve services for young parents in Leeds.

Who did we ask?

We asked four young parents who attend the Young Parents Project Group. This is a strategic group which meets regularly and consists of professionals from the NHS, local authority and third sector who have an interest in improving the pathway and services for young parents.

What did we ask?

We asked young parents in Leeds to tell us about their experience of using maternity services.

What did we find out ?

We organised a workshop with young parents to discuss how we should provide information to young people using maternity services. Feedback from the young parents was that when they needed help, advice and information they could not find it easily in one place.

What did we do?

We will use the feedback to develop a new webpage and resources for young parents.

Where can you get more information about this work

You can read more about this project and how we are using patient feedback to develop our work here:

<https://www.leedscg.nhs.uk/get-involved/your-views/young-parents-workshop/>

Stroke

ongoing

Brief summary of project

In 2015/16 there were 3,600 strokes in West Yorkshire and Harrogate. The West Yorkshire and Harrogate Health and Care Partnership's ambition is to have fewer strokes across the area, more lives saved and improved recovery outcomes. The NHS Leeds CCG is involved with this ongoing work. This includes preventing stroke happening in the first place, improving specialist care, making the most of technology and valuable skilled workforce – and connected high quality rehabilitation.

Who did we ask?

During 2017/18 the Health and Care Partnership held a Clinical Summit in May, attended by over 50 stroke specialists such as doctors, nurses and therapists, and other health care professionals. Stroke care was also discussed at the WY&H HCP voluntary and community event, and the unpaid carers' event in November and December, and in February and March 2018, stakeholder events were held in Bradford, Leeds, Calderdale, Harrogate and Kirklees. Over 100 people attended these events.

What did we ask?

Attendees were asked for their views on what they thought about the services that are currently provided and what would be important to them should they have a stroke, or care for someone who has, now or in the future.

What did we find out?

The key messages which have emerged from across the events were around raising awareness of the signs and symptoms of stroke both with the public and health professionals and raising awareness with all our communities of how to prevent stroke. Improving communication and support for carers. People want to see more joined up working with other organisations such as local authorities, voluntary and community sector, and primary care.

What did we do?

These findings were shared with the stroke task and finish group members to inform discussions on final criteria. A deliberation event was planned for later in the year (May 2018) to consider the findings and to inform the appraisal of options for specialist stroke services.

Where can you get more information about this work

You can read more about the West Yorkshire and Harrogate Health and Care Partnership's work on stroke here <https://www.wyhpartnership.co.uk/about/our-priorities>

5.

What will we be doing this year

This section of the report outlines the engagement activity we have planned between April 2018 and March 2019.

Diabetes strategy Summer 2018

Brief summary of project

In Leeds we are developing a Diabetes strategy which will outline our plans to tackle diabetes in Leeds. The aim of the strategy is to improve outcomes; use our resources better and advance patient experience.

This engagement will support the development of the Diabetes strategy.

Who will we ask?

We will seek views and feedback from people with diabetes, including children and their families, and from people who care for them. We also want to hear from certain groups, such as BME groups (in particular African-Caribbean, Black African, or South Asian people), older people and women who have had a baby. It will also be important to hear from people who may be at a higher risk of diabetes, for example; people who are overweight, who have high blood pressure or who have had a heart attack or a stroke. Finally, we will want to hear about the experiences of the professionals and providers who are providing diabetes services.

What will we ask?

We will ask people about their experiences of using, and delivering, diabetes services, and about living with diabetes. We want to find out about improving people's experiences and reducing barriers to living better with diabetes.

Frailty - what matters to people living with frailty and their carers Spring 2018

Brief summary of project

Frailty is a term used by professionals to describe the loss of body resilience, which means that in the case of a physical or mental illness, an accident or other stressful event, people living with frailty will not bounce back quickly. Frailty is related to the ageing process, however not all older people are frail and not all individuals living with frailty are older.

NHS Leeds CCG is moving towards outcome based commissioning. This means that instead of paying the hospitals every time they carry out an activity the commissioners will be paying them based on what the patients thought of the outcomes (what difference the activity actually makes to the individual and their carer).

This engagement will seek to understand what matters to people living with frailty, those at end of life and their carers. This will help us identify an existing tool or develop a new tool that measures the outcome of care from an individual perspective.

Who will we ask?

We are working with voluntary organisations and care homes in Leeds to design and deliver focus groups with older people affected by frailty, carers and people at end of life.

What will we ask?

We will ask people living with frailty and their carers what matters to them and what do they think about the word 'frailty'.

Frailty - NHS innovation test bed project

Spring 2018

Brief summary of project

Frailty is a term used by professionals to describe the loss of body resilience, which means that in the case of a physical or mental illness, an accident or other stressful event, people living with frailty will not bounce back quickly. Frailty is related to the ageing process, however not all older people are frail and not all individuals living with frailty are older.

NHS Leeds CCG, NHS Bradford City CCG and NHS Bradford District CCG are working together to bid for money to 'test' interconnected devices as part of the NHS innovation 'test beds'. As part of the bid we will carry out engagement to understand the views of local people.

Who will we ask?

We will speak to people in Leeds who are frail and their carers.

What will we ask?

We will ask people to tell us what technology they currently use and how this helps their physical and mental wellbeing.

Maternity - homebirth

Spring 2018

Brief summary of project

This engagement continues our work on the Maternity Strategy for Leeds 2015-20. The engagement will build on national research to understand local preferences around birthplace, perceptions of risk. It will understand the views of women, families, the wider public and relevant professionals and aim to use this insight to create tools which can be used in the future to better inform people in Leeds about the benefits of homebirths.

Who will we ask?

We will speak to women, families and health professionals including GPs and midwives.

What will we ask?

We will ask families what their understanding is of risk around the birth place. We will ask people about their needs and preferences around homebirth.

Mental health - community mental health services for adults

Summer 2018

Brief summary of project

We intend to commission a single primary care mental health service for Leeds from 1 October 2019. We think this will make services easier to understand and access.

This engagement will help us to shape a new service which meets the needs and preferences of local people.

Who will we ask?

We will speak to patients, professionals and the wider public.

What will we ask?

We will ask people to share their experience of using existing services and tell us what they need from future primary care mental health services.

Mental health - parents with autistic children

Spring 2018

Brief summary of project

Commissioners have been involving children and young people over the last two years on developing the child friendly mental health website Mindmate.

We want to improve support for parents who care for young people with mental health difficulties. This engagement will help us identify the needs of parents of children who are autistic.

Who will we ask?

We will speak with parents of children who are autistic.

What will we ask?

We will ask parents of autistic children what information and help they need to support their family when they experience mental health problems.

NHS 70 video March 2018 - May 2018

Brief summary of project

To celebrate the NHS turning 70 in July 2018, we have spoken with a number of patients across Leeds and asked them to share on camera their experiences of the NHS and how these have changed over time. We will use the video to promote the NHS 70th birthday.

Who will we ask?

We invited people from across Leeds to get involved. We promoted this opportunity through our patient and public networks and partner organisations such as Healthwatch Leeds and Leeds City council.

What will we ask?

We asked people to tell us their “NHS story”. We also asked them about how things had changed in their lifetime, why they love the NHS and what they would give the NHS for its birthday.

Primary care - deliberative event on the GP Forward View Summer 2018

Brief summary of project

The GP Forward View (GPFV) was introduced in April 2016 to partially address the pressures affecting GPs. The forward view contains specific and funded steps to support GP practices. We will talk to patients about the GPFV and explore how we can involve patients to roll out projects in Leeds

Who will we ask?

We will speak to patients, carers and members of the public in Leeds

What will we ask?

We will ask people to share their views on the GPFV and explore how they would like to get involved in our work.

Primary care - procurement of New Cross and Middleton GP practices

Summer 2018

Brief summary of project

Following the engagement on the future of services at New Cross, Middleton Park and Swillington practices we will re-procure services at New Cross and Middleton Park with a new provider.

Who will we ask?

We will involve the PPGs in the re-procurement process.

What will we ask?

We will ask the PPGs to support the development of the engagement, equality and access questions in the tender document. We will recruit and train patient representatives to evaluate these questions on each bid for the service.

Primary care - procurement of Swillington GP practice

Summer 2018

Brief summary of project

Following the engagement on the future of services at New Cross, Middleton Park and Swillington practices we will re-procure services at Swillington as a branch of another local GP practice

Who will we ask?

We will involve the Swillington PPG in the re-procurement process.

What will we ask?

We will ask the PPG to support the development of engagement, equality and access questions in the tender document. We will recruit and train patient representatives to evaluate these questions on each bid for the service.

Brief summary of project

Social prescribing is a way of enabling health professionals to refer patients with social, emotional or practical needs to a range of local, non-medical services, often provided by the voluntary and community sector, such as walking groups, healthy lifestyle classes, debt management, support groups and so on. The engagement will seek to understand people's experiences of using the social prescribing services in Leeds and the views of the public and wider stakeholders.

Who will we ask?

We will ask current or past service users, members of public who haven't heard of or used the service before, professionals working for a social prescribing service, GP practice staff and wider stakeholders (voluntary sector organisations, NHS organisations, local authority, etc).

What will we ask?

We want to know what people in Leeds think about social prescribing services, what they value about the services and what they like to see improved.

Where can you get more information about this work

You can read more about this project and how we are using patient feedback to develop our work here: <https://www.leedscg.nhs.uk/get-involved/your-views/social-prescribing/>

6.

**Get involved - help us make
Leeds even better**

6. Get involved help us make Leeds even better

There are lots of reasons to get involved in our work here at the CCG:

- Develop your CV and get work experience
- Learn new skills
- Help to shape the services that you and your family use
- Get that warm fuzzy feeling when you volunteer your time for a good cause

We think we are pretty good at engaging, but don't take our word for it:



We know that people have lots of personal commitments like childcare, caring responsibilities and employment, that's why we have created lots of different ways that you can get involved. Whether you have a couple of hours a year or a couple of hours a week, there's an opportunity waiting for you.

The best way to stay in touch with us is to join our patient network. It's easy to do and you'll receive occasional emails telling you about engagement opportunities that might interest you. You can join the network here: <https://www.leedsccg.nhs.uk/get-involved/how/join/>

I don't have a lot of time to get involved!

Why not join our **patient reader group**. You'll get the opportunity to help us shape patient literature to make sure it is easy to read and understand. You can get involved from the comfort of your home and choose when and what you respond too. You can find out more about the reader group here: <https://www.leedsccg.nhs.uk/get-involved/how/patient-reader-group/>

I could get involved occasionally!

Why not join your GP practice patient participation group. The group supports your practice to improve and helps make sure that the views of patients are at the heart of decision making at the practice. The groups usually meet every 2-3 months for an hour. You can read more about PPGs here: <https://www.leedsccg.nhs.uk/get-involved/how/patient-participation-group/>. If you want to find out more about your PPG, speak to your practice manager.

I'm serious about getting involved!

We have a small team of volunteers here at the CCG. Our members get involved for a few hours every month and receive regular supervision and occasional training. Our volunteers have had the opportunity to travel to national and international engagement events so it is a great experience. The work is wide-ranging and interesting and includes:

- Representing the organisation at conferences and events
- Attending the Patient Assurance Group (PAG) to support our commissioners to carry out meaningful engagement when we change services
- Sitting on steering groups to support our commissioners put patient views at the heart of our decision-making process.

To find out more about our CCG volunteer programme please contact us at caroline.mackay2@nhs.net

7.

Glossary of terms

In the NHS we use lots of acronyms, we just can't help ourselves. We know that we need to get better at talking to patients in ways that are understandable and accessible. We've put together this jargon-buster to help you find your way around this document.

7. Glossary of terms

CCG

Clinical Commissioning Groups are groups of GPs and health professionals who are directly responsible for commissioning most NHS services. <https://www.nhs.uk/clinical-commissioning/>

Commissioning

Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population. It is a complex process with responsibilities ranging from assessing population needs, prioritising health outcomes, procuring (or buying) products and services, and managing service providers.

Financial year

From the beginning of April until the end of March.

Friends and Family Test

The test gives patients an opportunity to feedback on the care and treatment they receive. The test is available to patients on hospital wards, visiting Accident and Emergency departments and in primary care (GP practices, dentists). <https://www.nhs.uk/nhsengland/aboutnhs-services/pages/nhs-friends-and-family-test.aspx>

GP Forward View

The GP Forward View was introduced in April 2016 to partially address the pressures affecting GPs. The Forward View contains specific and funded steps to support GP practices. <https://www.england.nhs.uk/wp-content/uploads/2016/04/gp-fv.pdf>

Health inequalities

The gap between the health of different groups such as the wealthy compared to poorer communities or people with different ethnic backgrounds.

Healthwatch

Healthwatch was created as part of the Health and Social Care Act 2012. It champions the voice of patients and has a variety of powers including; the power to enter and review services, influence how services are set up and commissioned, and provide information, advice and support about local services. <http://www.healthwatchleeds.co.uk/>

Health and Social Care Act 2012

The Health and Social Care Act 2012 sets out specific obligations for the health system and its relationship with care and support services. It gives a duty to NHS England, clinical commissioning groups, NHS Improvement and health and wellbeing boards to make it easier for health and social care services to work together. This will improve the quality of services and people's experiences of them. <https://www.gov.uk/government/publications/health-and-social-care-act-2012-fact-sheets>

Independent providers

This term refers to independent healthcare providers delivering NHS services. Independent providers are subject to the same regulation and standards applied to NHS providers.

LCH

Leeds Community Healthcare NHS Trust is responsible for providing community healthcare services for the people of Leeds. They provide a range of community services for adults and children including community nursing, health visiting, physiotherapy, smoking cessation and sexual health services. <https://www.leedscommunityhealthcare.nhs.uk/>

LYPFT

Leeds and York Partnership NHS Foundation Trust provides specialist mental health and learning disability services. <https://www.leedsandyorkpft.nhs.uk/>

LTHT

Leeds Teaching Hospitals NHS Trust is one of the biggest NHS trusts in the country and offers a full range of specialist and general hospital services. The trust also acts as a centre for a number of specialist services such as cancer and cardiac services. <http://www.leedsth.nhs.uk/>

LCC

Leeds City Council is responsible for providing a wide range of services to the people of Leeds. These services include housing, rubbish collecting and youth services. <https://www.leeds.gov.uk/>

NHS Choices

NHS Choices is the online 'front door' to the NHS. It is the country's biggest health website and gives all the information you need to make choices about your health. <https://www.nhs.uk/pages/home.aspx>

NHS England

The main aim of NHS England is to improve the health outcomes for people in England. NHS England oversees the planning, delivery and day-to-day operation of the NHS in England as set out in the Health and Social care Act 2012. <https://www.england.nhs.uk/>

Patient experience

Patient experience describes a patient's experience of a medical condition, a medicine, a treatment or a service. This patient insight can - if gathered and used appropriately - be used to redesign services to improve patients' experience and the quality of care delivered.

Patient opinion

Patient Opinion was founded in 2005 and is an independent non-profit feedback platform for health services. Patient Opinion is about honest and meaningful conversations between patients and health services. <https://www.careopinion.org.uk/>

Primary care

Many people's first point of contact with the NHS, around 90% of patient interaction is with primary care services. In addition to GP practices, primary care covers dental practices, community pharmacies and high street optometrists.

PCCC

Primary Care Commissioning Committee meets in public every two months, and makes decisions on how the CCG plans and commission primary care services.

PPG

A patient participation group (PPG) is a group of patients who support their GP practice to improve the experience of registered patients. <https://www.leedsccg.nhs.uk/get-involved/how/patient-participation-group/>

Procurement

NHS procurement is the buying of health goods or services at the best possible cost to meet the needs of our patients in terms of quality, quantity and location.

Providers

These are the organisations or people who deliver NHS services, such as hospitals or community services.

Seldom heard groups

The term 'seldom heard groups' or 'hard to reach groups' refers to under-represented people whose views are less likely to be heard by professionals. Many factors can contribute to people who are seldom heard. These include; disability, ethnicity, sensory impairments such as deafness, homelessness or mental health problems.

Specialised commissioning

Specialised commissioning services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of more than one million. These services tend to be located in specialist hospital trusts that can recruit staff with the appropriate expertise and enable them to develop their skills. <https://www.england.nhs.uk/commissioning/spec-services/>

Stakeholder

A stakeholder is a person, group or organisation that has a direct or indirect stake in the NHS because it can affect or be affected by NHS actions, objectives or policies.

Strategy

A long term plan of action designed to achieve a specific goal.

Transforming participation in health and care

This is guidance from NHS England around duties to consult and engage. There are six key requirements for NHS commissioners. <https://www.england.nhs.uk/participation/involvementguidance/>

Urgent care

Urgent care is treatment for serious or life-threatening conditions.

If you wish to contact us, please use the details below:

NHS Leeds Clinical Commissioning Group

Suites 2-4, WIRA House, West Park Ring Road, Leeds LS16 6EB

Tel: **0113 843 5470**

Website: **<https://www.leedsccg.nhs.uk/>**

Facebook: **[facebook.com/nhsleeds](https://www.facebook.com/nhsleeds)**

Twitter: **@nhsleeds**

If you have special communication needs or would like this information in another format or in a different language, please contact us or ask a carer or friend to contact us on 0113 8435457.

