Annual Patient and Public Engagement report 2013/14

<table>
<thead>
<tr>
<th>Name of Clinical Commissioning Group (CCG)</th>
<th>Enfield CCG</th>
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<tbody>
<tr>
<td>Name of person who completed this report</td>
<td>Laura Andrews, Patient and Public Engagement Manager</td>
</tr>
<tr>
<td>Internal sign off obtained from</td>
<td>Reviewed by PPE Lay Governing Body Member, Director of Quality and Integrated Governance and Head of Engagement Approved, subject to amendments, by Patient and Public Engagement Committee on 11 September 2014 Approved at the Governing Body meeting on 24 September 2014</td>
</tr>
<tr>
<td>Healthwatch statement completed by</td>
<td>Deborah Fowler, Chair of Enfield Healthwatch</td>
</tr>
<tr>
<td>Date submitted to regional team</td>
<td>To be submitted by 30 September 2014</td>
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Introduction

We are pleased to present our first Annual Patient and Public Engagement Report. This report describes how we discharged our statutory responsibilities for patient and public participation as described in the Health and Social Care Act 2012 during the period 1 April 2013-31 March 2014.

Section One – Context setting

In this section we would like to introduce you to our borough and the local population that we commission services for.

Enfield Place
Enfield is the most northerly London borough and one of the largest in terms of size (31 square miles) and population (317,287 – Office of National Statics 2012 mid-year estimates). It is also one of the greenest as two thirds of the borough is open spaces or designated
green belt land with a wealth of country and urban parks, farmland and fields. It is bordered by Barnet in the West, Haringey in the South, Waltham Forest in the East, Essex in the North East and Hertfordshire in the North.

Enfield CCG is co-terminus with the London Borough of Enfield which has 21 wards and has been politically controlled by a Labour Council since 2010. Enfield has three members of parliament:

Andy Love  Labour  Edmonton
Nick de Bois  Conservative  Enfield North
David Burrowes  Conservative  Enfield Southgate

The Greater London Authority Member is Joanna McCartney (Labour) and we also have a number of Members of the European parliament (MEPs)

**NHS landscape**

Enfield has two hospitals in the borough that is Chase Farm and North Middlesex. During 2013-2014, Enfield CCG was lead commissioner for Barnet and Chase Farm Hospitals Trust and Barnet, Enfield and Haringey Mental Health Trust which also hosts Enfield Community Services.

During this year, there have been significant changes to hospital services. Following years of planning and the approval of the Secretary of State the Barnet, Enfield and Haringey (BEH) Clinical Strategy delivered the biggest ever planned change to the local health economy investing over £100 million in reorganising hospital care over three key sites.

This included:

- The expansion and redevelopment of emergency services at Barnet Hospital and North Middlesex University Hospitals. Accident and Emergency services moved from Chase Farm Hospital on 9 December 2013 to Barnet Hospital and North Middlesex University Hospitals.
- The expansion and redevelopment of maternity and neonatal services at Barnet Hospital and North Middlesex University Hospitals, including the development/expansion of midwife led birthing units at both sites. Maternity services moved from Chase Farm Hospital to Barnet Hospital and North Middlesex University Hospitals on 20 November 2013.
- Development of an Urgent Care Centre at Chase Farm Hospital
as well as assessment centres for children and older people.

- The expansion of planned surgery at Chase Farm Hospital.

Towards the end of this year, Enfield CCG also worked closely with NHS partners on the Royal Free London NHS Foundation Trust’s acquisition of Barnet and Chase Farm Hospitals which happened on 1 July 2014. The Royal Free is committed to investing in the long-term future of Chase Farm Hospital and Enfield CCG will continue to work closely with the Trust on these plans.

**Enfield people**

Enfield is a very diverse borough. 154 languages are spoken in Enfield schools and it is home to the biggest Cypriot population outside of Cyprus. The population is growing steadily and is predicted to rise to 331,000 by 2022. The Joint Strategic Needs Assessment’s chapter on Enfield people also shows that we have a higher than average population of under 15 year olds as well as a bigger than average middle-aged population. In years to come, the number of young people will fall and Enfield will have an older demographic, who will have more complex health needs. This will introduce different challenges as we will increasingly need to plan services around delivering care for long-term conditions and ageing people with multiple health conditions.

**Enfield’s health needs**

Currently our key health challenges are:

- Between 2008-2010 our infant mortality rate was the third highest in London
- Immunisation rates are still below the national average and the levels required to prevent outbreaks of disease
- Childhood obesity rates are amongst the highest in the country
- Cardiovascular disease and cancers remain our biggest killers and survival rates are lower than neighbouring boroughs
- One in three adults in Enfield aged over 55 have a limiting long-term illness
- People in the more deprived parts of the Borough tend to experience worse health than the rest of the population
- There is a large gap in life expectancy in Enfield depending on which part of the borough you live in and it is also greater for women than men
Enfield is often called a borough of two halves and there is a big gap between key health indicators that correlates with where people live in the borough. Most of the deprivation and the high health needs are in the east of the borough, in particular the south east. The three most deprived wards in Enfield: Edmonton Green, Lower Edmonton and Upper Edmonton are among the 10% of most deprived wards in England. Life expectancy is lower in the East of the borough and there is a difference of 8.7 years for men and 8.6 years for woman between wards.

The more affluent west of the borough also has health issues, with an ageing population with complex needs. Enfield has over 100 care homes mostly in the west of the borough.

Our vision for engagement

Enfield CCG’s vision statement is: We are committed to commissioning services that improve the health and wellbeing of the residents of Enfield borough through securing of sustainable whole systems care. We believe that communications and engagement team has a powerful role in supporting the delivery of this vision.

We are committed to communicating and engaging with the residents of Enfield. We want to work more closely with local people to ensure that health services in Enfield are high quality, good value for money, and meet the needs of people living in our borough. Although our strategic plans will always be based primarily on the health needs of our population and clinical evidence, we want patients and stakeholders to become more involved in helping us to commission local NHS services.

We believe that empowering patients to understand more about their NHS and increasing patient involvement in designing the health services they use will lead to better health outcomes for our local population. We also want people to make positive and informed choices about their health and enable them to select appropriate services aligned to their needs.

We are also committed to working with our partners to create a sustainable health economy in which people feel empowered to influence the health and wellbeing of their community and demand high standards of care with a focus on quality and safety.
Structure and resources

During the year 2013/2014 Enfield CCG directly employed an in-house communications team of three, all of whom work full time. The Head of Communications and Engagement reports to the Director of Quality and Integrated Governance. The Communications and PPE Managers were in post on 1 April 2013 and the planned appointment of the Head of Communications and Engagement followed later in the year in November 2013.

During this year, along with 12 other CCGs in north and east London, we also purchased some communications support from North and East London Commissioning Support Unit (NEL CSU) via a service level agreement (SLA). The service lines purchased were:

1. Freedom of Information (FOI) service
   This service line manages all FOI requests. Enfield CCG’s Communications Manager operationally manages this service line, giving final operational approval and tracking performance.
2. Media and reputation management
   This service line provides a press office function. Enfield CCG’s Communications Manager operationally manages this service line, giving final operational approval and tracking performance.

3. Public Affairs
   This service line manages MP correspondence (non-complaints) as well as the Joint Strategic Health Overview and Scrutiny Committee in North Central London on behalf of Barnet, Enfield and Haringey CCGs. There was some resource in 2013/14 for consultation, which was not required. Enfield CCG’s Patient and Public Engagement Manager operationally manages this service line, giving final operational approval and tracking performance.

4. Strategic Communications
   This service provides additional support for communications across organisations such as the Barnet, Enfield and Haringey Clinical Strategy. The Communications Manager operationally manages this service line.

5. Web and Marketing
   This service provides the web technical and hosting of the CCG’s website and intranet. There is also a marketing team which Enfield used to plan and deliver a Choose Well campaign and App in partnership with Barnet and Haringey CCGs. The Communications Manager operationally manages this service line.

The CCG also purchases an equality and diversity service from NEL CSU under a separate service level agreement (SLA)

Enfield CCG’s Head of Communications and Engagement has overall responsibility for the CSU’s SLAs and monitors performance and delivery.

The CSU’s communications offer does not provide much specialised support for participation and engagement, but instead helps provide some of the infrastructure such as the website and some key support for stakeholder correspondence. The equality and diversity SLA assists the CCG with the public sector equality duty and discharging its duties under the Equality Act and s.14T of the Health and Social Care Act.

During this year, the majority of communications and engagement activities were delivered by the in-house team, who are highly experienced, specialists with vast local knowledge.
In 2013/14 there was no budget directly managed by the communications and engagement team although they led on or helped to develop all communications and engagement materials. Instead the team funded patient events through the Director of Quality and Governance’s budget and other activities were funded using programme budgets. This included:

- The Barnet, Enfield and Haringey Clinical Strategy budget which funded the Choose Well App and marketing campaign along with bus and newspaper adverts regarding changes to hospital services.
- The Primary Care Strategy budget which funded a marketing campaign for the Minor Ailments Scheme, patient experience tracker project and associated marketing,
- The Integrated Care Programme budget which funded events aimed at developing the Older People’s Assessment Unit.

**Section Two – Developing the infrastructure for engagement and participation**

In our first year as a CCG we focused on building the foundations of our engagement and participation infrastructure. A very important part of this work was explaining the new NHS to our local population and the role of the CCG so that they can understand what they can influence. The new system and the set up of CCG is very different from the previous NHS and we have found that we have needed to regularly explain our role and responsibilities as well as signposting people and organisations to other organisations such as NHS England.

**Meeting the requirements of our Constitution**

Our first priority was to establish the engagement structures laid out in our Constitution. Enfield CCG has a very democratic Constitution and the member practices adapted the model Constitution to give patients a powerful role.

One of the first key tasks of the PPE manager was to set up the Patient and Public Engagement Committee which is one of five sub-committees of the Governing Body. The PPE Committee places patient engagement and participation at the heart of the business of the CCG.
The PPE Committee is chaired by the Lay Member for PPE and has two other Governing Body members – the Director of Quality and Integrated Governance and the Practice Manager Governing Body Representative as well as the Head of Communications and Engagement, PPE Manager along with representatives from Public Health, Healthwatch Enfield and our two Patient Participation Group representatives.

During this year the PPE Committee approved the CCG’s Communications and Engagement Strategy and Equality and Diversity Strategy. It also discharged other key functions in line with its terms of reference such as reviewing work programmes against participation duties, the publishing of Equality Information and advising on key partnership work such as the Joint Health and Wellbeing Strategy consultation.

The PPE Committee also received delegated powers from the Governing Body to progress the delivery of section 22.2 of the Constitution which is the co-opting of an elected Patient Participation Group representative to the Governing Body. This work began in the summer of 2013 and was led by the PPE Manager who developed an options paper, application and interview processes that were discussed and approved by the PPE Committee. It was decided that the best way forward was to recruit interim representatives for a one year term of office to allow all practices to develop a PPG. The recruitment exercise was successful and the CCG appointed two interim PPG representatives who share the Governing Body role and sit on the PPE Committee.

Developing networks

Enfield CCG believes in enabling PPGs to help us improve local health services and to be a powerful voice in the NHS. During this year, Enfield CCG worked hard to support member practices in developing PPGs. This work was led by the Practice Manager Representative and the PPE Manager. In 2013/14 the number of groups increased from 21 to 48. Due to the number of member practices reducing during the year, this left just one practice in the process of setting up their group.

We have also supported the PPGs by starting a peer network led by the interim PPG representatives. We held our first event in February 2014 which was open to all PPG Chairs, members and practice staff. The event was a success and helped the PPGs to network and learn from each other. We have now set up a series of regular separate events that are held six monthly for all PPG members and PPG Chairs.
As we are working towards a PPG elected role on the Governing Body, Enfield CCG has decided that we will continue to directly support PPGs as much as possible. We have also developed an alert system to support queries and quality issues being fed up to the PPE Committee. This work is extending the concept of membership from our practices to our patients and we will be excited to welcome the elected PPG member to our Governing Body in 2014/15.

Engagement Structures

In 2013/14 we ensured that patient engagement was at the heart of all our local initiatives as well as supporting our patients to get involved in other local and regional NHS developments such as the cancer and cardiovascular service improvements led by NHS England.

As a CCG we have decided that we will hold three public events a year around our commissioning cycle. In 2013/14 these events were used to:

- launch our new organisation
- discuss service improvements such as diabetes and COPD
- explain our financial position
- involve patients in developing our commissioning intentions
- seek views on our future plans
- discuss the joint health and wellbeing strategy
- recruit patients to work with us on our key transformation (QIPP) programmes

These events were well attended by a wide variety of stakeholders and members of the public.

The Communications and Engagement team also support the bi-monthly Governing Body meetings which are attended by a number of members of the public. Written questions can be submitted in advance and the Communications and Engagement team supports the delivery of written answers to any questions asked, as well as hosting a tea and coffee session with patients before the meeting. The
Governing Body meetings are an important way for the public to be kept up-to-date on the work of the CCG and the organisation welcomes participation in these meetings.

The CCG also held many other patient events during the year focused on particular projects or key work programmes including integrated care and service redesign (See Appendix A). These workshop style meetings enabled patients to hear about proposals at an early stage and commenting on the plans. They also offered an opportunity for expert patients to become more involved in taking the plans forward by sitting on steering groups and taking on an advisory role.

Patients were also involved in advising us on key publications including: the Equality Information and Prospectus. The CCG is committed to being open and transparent about our plans and we believe that seeking patient feedback wherever we can has enhanced the delivery of our work in our first year.

**Establishing strong partnerships**

CCGs are small organisations which mean that good partnership working is even more important. Enfield CCG has worked to build on the good relationships that the PCT previously had with key local partners including Enfield Council, Enfield Strategic Partnership, the voluntary sector and patient groups. Locally we have a very vibrant and engaged population and we are very committed to hearing people’s views on the NHS and how we can improve it.

This year we worked very closely with the Health and Wellbeing Board and Enfield Council on key developments such as the Joint Health and Wellbeing Strategy, Joint Strategic Needs Assessment and Integrated Care.

We have also worked with new partners in particular Healthwatch Enfield and patient groups such as 38 Degrees to ensure that we can hear the voice of everyone in our community. Moving forwards, we want to ensure that we reach out to more sections of the community and get even more people involved with the CCG.
Section three – Meeting the collective duty

Enfield CCG regularly undertakes activities to meet the collective engagement duty. These activities are planned in line with the commissioning cycle, but we have also undertaken additional work to respond to the needs of our community. In this section, we will focus on two examples that show a planned and a responsive approach to the collective duty.

Responding to patients concerns around conflicts of interest

At our launch event in April 2013, we received some questions regarding conflicts of interests from a range of individuals and stakeholder groups. These concerns about perceived issues in the Health and Social Care Act 2012 continued to be raised at Governing Body meetings and through a petition and dialogue with our local 38 Degrees group.

In June 2013, we invited stakeholders who had raised these concerns to a meeting with members of the Governing Body so that we could listen to these concerns in detail and discuss how our registers of interests work. Enfield CCG was using a standard register of interest template but we used the feedback from this meeting to enhance the way that declarations are made and improve the register.

This meeting was an example of our commitment to openness and transparency and our improved register of interests demonstrates how seriously the CCG takes financial probity. Following the launch of our new register which our stakeholders helped us to design, we have had positive feedback on the improvements made and no further concerns have been put forward.

Involving patients in our commissioning plans

Enfield CCG runs three PPE events a year around the commissioning cycle. At our October 2013 event we welcomed a mix of voluntary sector representatives, partners, patient groups and members of the public to talk about key topics including the Joint Health and Wellbeing Strategy consultation and it's alignment with the CCG’s objectives and our commissioning intentions. This involved presentations and group work where the commissioning intentions were ranked and discussed. We were asked to ensure that our 2014/15 commissioning intentions were in plain English and provide a clearer explanation of why each of them were chosen.
National pilot site for the Call to Action

In September 2013, Enfield CCG was the only CCG in London and the South East to take part in the Call to Action engagement pilot with NHS England. This involved working closely with NHS England to set up a stakeholder event to test the key messages, presentations and group activities for this national engagement work. Stakeholders including local politicians, voluntary sector and patient groups as well as members of the public attended this busy event led by NHS England. A lively discussion was held around the key messages of the Call to Action, especially around the flat funding issue. Enfield CCG’s Chief Officer also presented the local picture, explaining our commissioning plans and financial position. Presentations were complimented by group activities on how the NHS could be more innovative while improving quality and getting better value for money.

This event helped NHS England to revise presentations and key messages before the launch of the national engagement programme. It also provided insight into how these messages came across in an already financially challenged health economy which was already making many of the changes suggested such as hospital reconfigurations. Enfield CCG was pleased to support local stakeholders in having the opportunity to shape a key national programme and we continued to embed the key messages in our engagement work in 2013/14.

Section Four Meeting the Individual Participation Duty

Outreach visits

Enfield CCG recognises that while it puts on many events, some patients in hard to reach groups may not be able to attend public meetings. This year we started a programme of outreach visits to ensure that we support our community to learn about the CCG but also to be more in control of their health and wellbeing. During this year, leaders from the CCG spoke at a range of events, which included attending the Over 50s Forum to provide information on how to stay well and active as you get older. Further details are provided in Appendix A.

From these events we learnt that there was a need to talk to the public about the new NHS system, the role of the CCG and explain the services we commission. We worked with individual groups to tailor a presentation that met their needs and recognise that they often prefer the key focus to be a health talk. In 2014/15 we plan to do more outreach visits.
Promoting patient involvement in developing COPD services

This year, Enfield CCG identified that we could improve local COPD services. Our Medical Director Dr Mo Abedi is a COPD specialist and clinically led this piece of Transformation work. The patients we worked with said that they felt they needed more support in managing their health and also faster access to specialist advice when they start to feel unwell. We worked with our local Breathe Easy group (which is accredited by the British Lung Foundation) to develop a referral pathway to their exercise and support group to support the ongoing wellbeing and emotional support that patients need. The CCG also worked closely with Enfield Community Services to set up a helpline for patients to call when they are not feeling well. Patients can speak directly to a doctor or nurse who refers them for further treatment if necessary.

This work showed how important it is to involve patients in developing care pathways and the success of the helpline and the increased numbers using the Breathe Easy support group show that patients want to be in control of their health and wellbeing.

Improving access to health services for deaf patients

Enfield CCG has a very active deaf community. In 2013/14 representatives of this group have been regularly attended our CCG events and we have provided BSL translators. They told us about their concerns about access to health services, particularly primary care. We informed them about getting involved in the work NHS England was doing around translation services. We also received very valuable feedback about how we can improve the services we commission to ensure that they are more accessible for deaf or hard of hearing patients. In 2013/14 we also went to speak to their local group and we are taking forward some actions from this in 2014/15. Part of the actions moving forwards will be ensuring that we hold providers to account for meeting the individual duty and ensuring that they have adequate arrangements for deaf patients and other protected groups.

Section 5: Forward plans for 2014-15

2014/15 will be another year of transition for Enfield CCG. We now have a substantive team, networks and processes in place, but we will be working to improve these while also delivering a bespoke service to support the work of the CCG.
During 2014/15 our Transformation Programme will continue to undertake major service redesign and the communications and engagement team are supporting these including the recommissioning of community services and musculoskeletal services. So we will continue to work to develop the volunteer network to increase engagement from our patient and the public in the Transformation Programme projects throughout the Commissioning cycle.

Enfield CCG has decided to decommission most of the NEL CSU’s communications service and this work will be absorbed by the in-house team who are already providing quality control and sign off for the work provided. We believe that decommissioning most of the services will allow us to collaborate with local CCGs on some services but also to strengthen our direct relationships with NHS England, partners and our communities in other areas such as media and public affairs management.

We plan to continue with our three PPE events a year, but also to undertake more outreach visits in particular to groups identified in the Equality Act as having protected characteristics. This will be supported by more e-communications with our community and commissioning specialist services or campaigns as necessary. This work will also be supported from the development of an Equality and Diversity Steering Group that reports to the PPE Committee. This Group will take forward actions developed from the Equality Delivery System (EDS2) 2014 grading to ensure that the CCG continues to improve its equality performance and put in place effective mechanisms that will provide opportunities for the groups, identified in the Equality Act as having protected characteristics, to be involved in the full range of our commissioning activity. We will also ensure that our commissioning activities actively supports patients to self-care and be in control of their health.

We will be developing the process for electing a PPG representative to sit on the Governing Body so that before the end of 2014 there will be an elected PPG representative sitting on the Governing Body. We will also be developing our PPG networks and our feedback mechanisms to ensure PPG issues at Board level are communicated back to all PPGs members.

Enfield CCG is very engaged with the Transforming Participation Funding provided by South London CSU. The PPE Manager is a virtual member of both the PPE and Patients in Control (PiC) working groups. We have provided detailed responses to all the questionnaires and baseline assessments and requested all the training and resources that could be provided. We are now in the processes of ensuring that Enfield CCG is booked to receive training and support for PPE and PiC. So the South London CSU has
been asked to deliver their leadership development session to provide training and development support to increase capability around patient voice – collective and individual to Enfield CCG’s Governing Body at their Board Seminar in October.

We were very pleased to receive some funding from NHS England in the March 2014 to invest in PPE. We have used this money carefully to fund events and specialist support for PPE including: sponsoring all PPGs to join the National Association for Patient Participation, training from Enfield Voluntary Action for patients and staff and joining the Consultation Institute. We will be evaluating each of these investments during this year. As a financially challenged CCG we hope to be able to bid for similar funding in future years to support our ambitions for engagement.

2014-2015 will be an exciting year for Enfield CCG as it continues to develop and become an organisation where patient participation is embedded in the development and commissioning of local health services and patient feedback into our organisational culture, processes and everyday practices. (See Appendix B for details of the events held so far)

Section 6: Healthwatch Statement

Healthwatch Enfield has experienced some good engagement and involvement with Enfield CCG during the first year of operation of both organisations.

Healthwatch Enfield was invited to become an Observer Member of the Governing Body of Enfield CCG, and we regularly contribute to discussions at the Governing Body’s public meetings. Reassuringly, whenever we ask about patient and public engagement in relation to particular areas of service redesign, for example, we are generally advised that engagement is either already under way or is already planned. This is not to suggest that there is not more for Enfield CCG to do in involving patients and the public more fully. But, as another new organisation, Healthwatch Enfield recognises that this is work that takes time to develop. We note that Enfield CCG is extremely unusual in having provided in its Constitution for a patient representative to sit on its Governing Body. Enfield CCG deserves credit for its commitment to engagement that this demonstrates. Not only this, but it is seeking to develop a patient representative role that builds on links to the Patient Groups at all the local GP practices, rather than being stand-alone, and this should contribute to its status.
To support Enfield CCG’s PPE work, Healthwatch Enfield is also a member of their PPE Committee. We have contributed to all discussions there, including matters such as how best to reach different communities and interest groups in Enfield, and how to understand and assess the totality of Enfield CCG’s PPE activity.

In addition, we meet regularly with senior management of Enfield CCG, including the Chair and Chief Executive, where we are able to discuss a range of issues and concerns, including those raised directly with us by local people. We welcome Enfield CCG’s stated commitment to patient and public engagement and look forward to the continued development of their work in this area and to our continued engagement with them.

Deborah Fowler
Chair, Healthwatch Enfield
## Enfield CCG Patient and Public Engagement Activity for April 2013 - March 2014

<table>
<thead>
<tr>
<th>Date of activity or dates activity ran from and to</th>
<th>Type of activity e.g. Meeting, focus group, deliberative event, online discussion, online</th>
<th>Target audiences e.g. Local patient groups, public, stakeholders, public, disease specific groups</th>
<th>How were participants informed (invited, media release, advertisements, flyers, online)</th>
<th>Key themes identified/ areas covered</th>
<th>Number of attendees / number of hits or users</th>
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<tbody>
<tr>
<td>20 March 2014</td>
<td>Patient and Public Engagement Event</td>
<td>Public, partners and key stakeholders, voluntary sector groups</td>
<td>Newspaper advert, email invitation, Twitter, website advertising</td>
<td>• Integrated Care workshop to consider how to deliver integrated patient care</td>
<td>50+</td>
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<td>10 March 2014</td>
<td>Enfield Deaf Community Forum</td>
<td>Enfield Deaf Community Forum</td>
<td>CCG invited to attend</td>
<td>• Access to Health Services for the Deaf Community in Enfield including GPs and Acute Trusts • To work with the CCG to find ways to improve access</td>
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<td>5 February 2014</td>
<td>Patient Participation Groups</td>
<td>Members of the Patient Participation Groups in GP practices in Enfield</td>
<td>Invited; flyer on the website; e-mails to all Practice managers</td>
<td>• Groups are working in different ways • Areas they cover vary from getting notice boards set up to working with the practice on KPIs • Want to have regular 6 monthly meetings for information exchange and support</td>
<td>22</td>
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<td>January 2014</td>
<td>MAS Steering</td>
<td>Over 50s Forum,</td>
<td>Invited</td>
<td>• To be established</td>
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<td>Group (time limited)</td>
<td>Children’s Group to be confirmed; ECCG commissioners; Local pharmaceutical Committee; Pharmacists; Clinical GP lead; Practice Manager rep</td>
<td>To be the strategic leads for future developments of the project</td>
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<td>21 November 2013</td>
<td>Diabetes Co-Redesign Workshop</td>
<td>Invited relevant disease stakeholders</td>
<td>Support for new pathways and protocols developed for specialist clinics (e.g. hypertension) held in conjunction with GP networks.</td>
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<td></td>
<td>LAS, LBE, ECS, GPs, BEHMHT, NHMUH, BCFH; Diabetes Support Group</td>
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<td>Support for early identification of people at risk of developing diabetes. Also, people living with diabetes need to be identified and intensively managed in the early stages of their diabetes.</td>
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<td>There was support for the proposed integrated diabetes model.</td>
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<td>Agreed next steps were:</td>
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<td></td>
<td>Define the role of the network and how it will work toward improving diabetes services locally.</td>
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<td></td>
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<td>To develop diabetes pathways to support the network approach; i.e. for patients at risk of developing diabetes, patients with newly</td>
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</tbody>
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| Integrated Care Public Event (s) | Public Meeting | Patients/Public /Voluntary Sector | Email, leaflets, Local Authority Website | diagnosed diabetes and patients with more complex needs.  
- ECCG and Enfield Council to engage with patient groups to improve uptake of patient education.  
- It was identified that there is a need for further informing/involving patients in the development of integrated care.  
- Developed patient outcomes for their care.  
- Patients identified transport issues into the Older Peoples Assessment Units.  
| 30+ |
| November 2013 April 2014 |  |  |  |  |
| 31 October 2013 | Children and Young people Integrated Health Care Workshop | Local stakeholders including LBE, MHT, ECS; voluntary organisation. | Agreeing the vision, aims and service model |  |
|  | Public Meeting | Public, partners and key stakeholders, voluntary sector groups. | Newspaper advert, email invitation, Twitter, website advertising | Call to Action was discussed in terms of our commissioning intentions and QIPP (Transformation). Patients discussed how services could be provided differently, with a focus on quality and prevention, which should reduce cost. Examples of new services locally were discussed as examples including the new community respiratory service.  
- Support for the integrated care  
| 25 |
Comments included it focused on the needs of the patients and it was better for health and social care services to work together.
- Patients reported good experiences of local services including diabetes and community respiratory services.
- Patients said that having specialist nurses improved services.
- Voluntary sector colleagues explained that their role as expert patients in redesigning pathways and improving quality and how they can support the NHS.

<table>
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<tr>
<th>Date</th>
<th>Event</th>
<th>Participants</th>
<th>Invited</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 October 2013</td>
<td>Diabetes Co-redesign Workshop</td>
<td>LAS, LBE, ECS, GPs, BEHMHT, NHMUH, BCFH; Diabetes Support Group</td>
<td>Invited</td>
<td>Develop common understanding of key issues and gaps within the system</td>
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<td></td>
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<td></td>
<td>Identify and agree key changes within the system to improve patient journey and outcome</td>
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<td></td>
<td>Define solutions collectively</td>
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<td></td>
<td>Ensure a ‘whole system’ and ‘patient focused’ approach, always</td>
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<tr>
<td></td>
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<td>29</td>
</tr>
<tr>
<td>10 September</td>
<td>Diabetes Engagement with ECCG staff and Patients</td>
<td>Invited</td>
<td></td>
<td>Working together to support patients with diabetes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Not recorded</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td>Participants</td>
<td>Notes</td>
<td></td>
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<tr>
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<tr>
<td>5 September 2013</td>
<td>Public meeting as part of the pilot 'Call to Action' site</td>
<td>Public, partners and key stakeholders, voluntary sector groups.</td>
<td>Personal invitation (councillors, Health and Wellbeing Board members, NHS Trust Chairs and Chief Officers, newspaper advert, email invitation, Twitter, website advertising)</td>
<td></td>
</tr>
</tbody>
</table>

- Concerns that the primary reason for change is lack of funds.
- The focus on the funding gap upset some participants who felt they were being asked to give advice on how to make cuts.
- Feedback that the NHS deserves to be funded to reflect the needs of the population and that the Government should increase spending on it.
- Feeling that people would pay more tax rather than see the NHS not have enough money.
- When money is discussed on this scale it is a political matter and that the electorate should have their say on whether they want more money to be spent on the NHS and not go ahead with other projects such as HS2.
- Lots of positive comments supporting the principles in the NHS Constitution and that treatment should remain free at the point of need.
- Some confusion over new NHS system and responsibility for primary care services in 60+.
<table>
<thead>
<tr>
<th>Clinical Commissioning Group</th>
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</thead>
<tbody>
<tr>
<td>particular and therefore which organisation had influence over parts of the NHS that could be improved.</td>
</tr>
<tr>
<td>- Patients struggled to identify “core services”</td>
</tr>
<tr>
<td>- Some people reported that there was not enough access to primary care services</td>
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<tr>
<td>- Want more GPs and more services in the community</td>
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<tr>
<td>- Concerned about access and waiting times for local A&amp;E</td>
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<tr>
<td>- People need better education about self-care.</td>
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<tr>
<td>- Better support and information for people with long-term conditions.</td>
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<tr>
<td>- The NHS needs to do more to educate patients about how expert each type of health professional is: e.g. GPs, pharmacists, nurse specialists and how much care can be delivered outside of hospitals</td>
</tr>
<tr>
<td>- Some GP premises need improving</td>
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<tr>
<td>- More IT could be used – e.g. text messaging to remind patients about appointments.</td>
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<tr>
<td>- 111/ Out of hours</td>
</tr>
<tr>
<td>- Hospital reconfigurations</td>
</tr>
<tr>
<td>Date of activity or dates activity ran from and to</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
</tr>
</tbody>
</table>
| July - November 2013 (this was a time limited group) | Survey development Group (Patient Experience Tracker) | Patient only meeting | Invited patients | • Look at other National patient surveys  
• Complete a locally tailored Patient Experience Questionnaire that will be used as core questionnaire for the Patient Experience Tracker project  
• Involved in the design and eventual final version questionnaire | 50+ |
| 14 May 2013 | Minor Ailments Scheme discussion meeting | Over 50s Forum | Invited | • Feedback on the current implementation of the project  
• To improve engagement with a local lobbying group | 10 |
| 4 April 2013 | First public event as a newly authorised NHS organisation. | The purpose of the event was to engage with patients and the public and provide an update on: NHS Enfield CCG vision and values - Authorisation | Newspaper advert, email invitation, Twitter, website advertising | • The importance of educating people about the difference between an urgent care centre and A&E.  
• The need to get people to use A&E responsibly  
• The opening times for local urgent care centres  
• What injuries and illnesses can |
### Clinical Commissioning Group

<table>
<thead>
<tr>
<th>North Central London Joint Health Overview and Scrutiny Committee</th>
<th>Public meeting</th>
<th>Local councillors, public, partners and key stakeholders</th>
<th>Paper on Call to Action including an update on the engagement undertaken so far.</th>
</tr>
</thead>
</table>

- Financial position - Commissioning Strategy Plan
- Primary Care Strategy - Communications and Engagement Strategy
- Quality Innovation Productivity and Prevention (QIPP) Programme

- be treated in an urgent care centre
- The importance of having good primary care services to support the BEH
- Clinical Strategy
- Press coverage around 111 but were reassured that locally our provider was not experiencing similar problems
- The differences between NHS Direct and 111.
- The need for primary and secondary care to work together to deliver this vision
- The need for early intervention, particularly for older men, who are not proactive in going to the doctor
- Importance of improving primary care locally and the Primary care funding over the next two years
## Appendix B

### Enfield CCG Patient and Public Engagement Activity April 2014 - August 2014

### Engagement Activity for year April 2014 - 31 March 2015

<table>
<thead>
<tr>
<th>Date of activity or dates activity ran from and to</th>
<th>Type of activity e.g. Meeting, focus group, deliberative event, online discussion, online</th>
<th>Target audiences e.g. Local patient groups, public, stakeholders, public, disease specific groups</th>
<th>How were participants informed (invited, media release, advertisements, flyers, online)</th>
<th>Key themes identified/ areas covered</th>
<th>Number of attendees / number of hits or users</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 April 2014</td>
<td>Attending their Luncheon club in Edmonton</td>
<td>Enfield Turkish Cypriot Association</td>
<td>Contacted via e-mail and telephone</td>
<td>What is the CCG; Enfield and its health challenges; chose well campaign; NHS 111 - translation services; hospital bed for home; PPGs; breast screening; diabetes</td>
<td>35-40 older men &amp; women- Turkish is first language</td>
</tr>
<tr>
<td>8 April – 11 June 2014</td>
<td>MSK Patient Engagement</td>
<td>MSK patients attending community clinic appointments (ECS), acute appointments (NMUH/BCF) and attending community meetings (Over 50’s forum)</td>
<td>Face to face contact with project manager. Surveys conducted at meetings, as well as distribution of event flyers for the MSK patient workshop</td>
<td>Surveys conducted at meetings, as well as distribution of event flyers for the MSK patient workshop</td>
<td>8 appointments attended</td>
</tr>
<tr>
<td>16 April 2014</td>
<td>Respiratory Co-Design meeting</td>
<td>Public, partners and key stakeholders, voluntary sector groups. (Breathe)</td>
<td>Email / Telephone</td>
<td>Update on the current service Look into successes and development needs from a provider’s perspective Discuss what could be changed within</td>
<td>21</td>
</tr>
</tbody>
</table>

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*Clinical Commissioning Group*
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Public, partners and key stakeholders, voluntary sector groups.</th>
<th>Website, intranet, twitter</th>
<th>Information on Call to Action and Call to Action London available and linked to on e-channels; Chose Well Campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing</td>
<td>Engagement via website and twitter</td>
<td>Public, partners and key stakeholders, voluntary sector groups.</td>
<td>Website, intranet, twitter</td>
<td>Information on Call to Action and Call to Action London available and linked to on e-channels; Chose Well Campaign</td>
</tr>
</tbody>
</table>
| AS part of the integrated care programme (Older People’s Assessment Unit) | Patient care & engagement as part of service evaluation process | Patients over 65s/carers | At point of service attendance, questionnaires were completed | - Feedback on patient centred co-ordinated care was effective  
- Treated with dignity and respect was acknowledged by 99% of patients  
- A multi-disciplinary approach to care was identified as been effective and accessible to patients  
- Time spent in total to be seen or assessed by all staff needed slight improvement  
- Overall satisfaction with care/treatment provided was very good |
| 5 June     | Cardiology co-design follow up workshop       | Public, partners and key stakeholders, voluntary sector groups. (Heart throbs) patient rep | Email and face to face/telephone | Map current services; discuss key issues and what the good looks like |
| 10 June    | Patient and Public Engagement                 | Public, partners and key stakeholders, voluntary sector groups. | Advert, Website, intranet, twitter | - Corporate Update including 5 year plan  
- Royal free Acquisition update  
- Transformation Programme- overview of projects  
- Commissioning for Quality |
|            |                                                 |                                                                 |                             |                                                                                                           |

**Easy** patient rep

the systems

Agree next steps
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Participants</th>
<th>Method</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 June</td>
<td>MSK Patient Engagement Workshop</td>
<td>MSK patients, carers</td>
<td>Website, intranet, 3rd party organisations, Posters, Flyers, ECCG visits to trusts and ECS</td>
<td>Gather patient opinion on the current service and the proposed outcome measures.</td>
</tr>
<tr>
<td>01 July 2014</td>
<td>Respiratory Co-design meeting</td>
<td>Public, partners and key stakeholders, voluntary sector groups. (Breathe Easy) patient rep</td>
<td>Email, telephone</td>
<td>Review current 'as is' system Validate work undertaken so far on respiratory co-design Agree what we need to change Next steps</td>
</tr>
<tr>
<td>24th July 2014</td>
<td>Cardiology Co-design 2nd workshop</td>
<td>Public, partners and key stakeholders, voluntary sector groups. (Heart throbs) patient rep</td>
<td>Emails, telephone</td>
<td>Second workshop session provided: Recap on previous workshop Group plenary - What are they key service changes that are being proposed? Plenary – How should the service delivery model look in the new world?</td>
</tr>
</tbody>
</table>

This well attended session helped identify a raft of service/commissioning
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Description</th>
<th>Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>26-27 July 2014</td>
<td>Edmonton Summer Festival</td>
<td>Local Enfield residents</td>
<td>twitter</td>
<td>Choose Well Campaign, PPG participation, Becoming a volunteer to become involved in service redesign, Engagement on Community Services procurement</td>
</tr>
</tbody>
</table>