

NHS

Enfield

Clinical Commissioning Group

Summary Annual Report and Accounts 2014/15



This document is a summary of our Annual Report and Accounts 2014/15. It describes how our organisation works and how we invested in local health services on behalf of Enfield residents. If you would like to read the full Annual Report and Accounts 2014/15 please visit our website: www.enfieldccg.nhs.uk

Welcome to our summary Annual Report and Accounts 2014/15

The Clinical Commissioning Group (CCG) is a GP membership organisation that is clinically led and accountable to our member practices. This year we have had some important changes to the membership of our Governing Body, who are responsible for the overall operation of the health services we commission. We held membership elections for the North East and South East localities, appointing two new GPs. The CCG also elected a new Chair as our Constitution states that there is a three year term of office for this role. Dr Mo Abedi was elected as the new Governing Body member for the North East. Our former Chair, Dr Alpesh Patel, has now taken up the post of clinical Vice Chair. You can see a list of members of the Governing Body later in this report.

We are pleased to present our second summary Annual Report and Accounts to you. NHS Enfield Clinical Commissioning Group (CCG) has been working to improve health services for local residents. This report describes how our organisation works and how we plan, buy and monitor the quality of local health services. In this summary Annual Report and Accounts we will describe our key achievements in 2014/15 and describe our challenges.

In October 2014 NHS England launched the [Five Year Forward View](#) which describes the key challenges facing the NHS of the future, including a growing population, rising demand and a funding gap and the opportunities of working with other local partner organisations to improve the co-ordination and quality of patient health and social care. Our financial position this year has become more difficult due to a number of factors including spending more than we expected on our contracts with hospitals due to a rise in patient demand for both emergency and planned care. We planned for a deficit of £5.6m, but ended the year with a deficit of £18.9m. The CCG has agreed a financial recovery plan with the aim of returning to financial balance in the next 2 years.

Despite our financial challenge, the CCG is committed to investing in services that improve the health and wellbeing of local people. We aspire to continuously improve quality and to work with our partners to ensure the financial sustainability of our local health community. We also want to enable patients to make more positive and informed choices about the services they use and to be active participants in improving their own health. We aspire to be an innovative organisation in which our GP members collaborate with provider organisations to ensure high quality health services for patients.

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About NHS Enfield CCG

We are a clinically-led organisation and [all 49 GP practices in Enfield](#) are members of Enfield CCG. The CCG commissions most services that GPs refer on to including hospital, community and mental health services. Our GP members have signed up to a Constitution which sets out the governance of the organisation and explains how all the practices collectively work together for their patients to buy the best quality health services. GP practices in Enfield also work closely together in four localities and each geographical area elects two GPs onto our Governing Body. The elected GPs lead a Governing Body that includes NHS managers, a secondary care doctor, a nursing representative, lay members, other clinicians, a practice manager, partner organisations and patients. The Governing Body leads our organisation and develops the strategies that will deliver our vision and patient-focused objectives.

Our vision

Enfield CCG is committed to commissioning services that improve the health and wellbeing of residents of Enfield borough through the securing of sustainable whole system care.

Our mission

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Our strategic goals

- Enable the people of Enfield to live longer fuller lives by tackling the significant health inequalities that exist between communities
 - Provide children with the best start in life
 - Ensure the right care in the right place, first time
- Deliver the greatest value for money for every NHS pound spent
- Commission care in a way which delivers integration between health, primary, community and secondary care and social care services

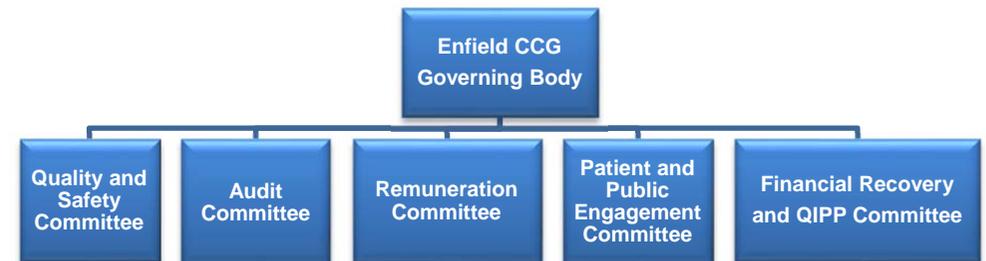
Our Governing Body members in 2014/15

Elected GP members	Role	Voting
Dr Mo Abedi	Chair (from 20/8/14) GP member from (1/8/14)	Yes
Dr Alpesh Patel	Chair (to 31/7/14) Clinical Vice Chair from (20/8/14)	Yes
Dr Janet High	Clinical Vice Chair (until 3/7/2014) GP Member (ongoing)	Yes
Dr Fahim Chowdhury	GP member	Yes
Dr Anshumen Bhagat	GP member	Yes
Dr Raj Mazumder	GP member (31/7/2014)	Yes
Dr Mike Gocman	GP member	Yes
Dr Pavan Sardana	GP member (until 31/7/2014)	Yes
Dr Hardeep Bhupal	GP member	Yes
Dr Ujjal Sarkar	GP member	Yes
Executive members	Role	
Liz Wise	Chief Officer	Yes
Simon East	Interim Chief Finance Officer (from 1/1/2014 until 26/6/2014)	Yes
Ian Winning	Interim Chief Finance Officer (from 1/7/2014 to 14/11/14)	Yes
Rob Whiteford	Chief Finance Officer (from 17/11/14)	Yes
Aimee Fairbairns	Director of Quality and Integrated Governance	No
Graham MacDougall	Director of Strategy and Partnerships	No
Jane Pike	Interim Director of Operations (from 7/8/2014 to 31/12/14) Director of Operations (from 1/1/14)	No
Dr Mo Abedi	Medical Director until 19/8/14	No
Lay members	Role	
Karen Trew	Lay Member for Governance and Vice Chair	Yes
Teri Okoro	Lay Member for Patient and Public Engagement	Yes
Other members	Role	
Angela Dempsey	Registered Nurse Member	Yes
Professor Robert Elkeles	Secondary Care Clinical Lead	Yes
Rathai Thevananth	Practice Manager Member	Yes
Dr Shahed Ahmad	Director of Public Health London Borough of Enfield	No

Ray James	Director of Health, Housing and Adult Social Care London Borough of Enfield	No
Deborah Fowler	Chair, Healthwatch Enfield	No
Bill Mackay and Litsa Worrall	Patient Participation Group representatives (shared role until 31 March 2015)	No

Good governance

Good governance is the foundation of any high performing organisation. The CCG has a Governing Body of the CCG which meets in public bi-monthly. We publish [papers](#) on the website in advance of every meeting. Our Governing Body has five subcommittees that have clear portfolios and delegated responsibility to manage key areas of work. A summary of the responsibilities of these committees, their membership and delegated responsibilities can be found in our [Constitution](#). The Terms of Reference of each Committee are available on the CCG website. The sub-committees are supported by other steering and sub groups as required.



Enfield CCG’s corporate governance arrangements are set out in its [Constitution](#). The Constitution, based on [NHS England’s model Constitution](#) includes the organisation’s Standing Orders, Standing Financial Instructions, Schemes of Reservation and Delegation and Codes of Accountability and Conduct. These arrangements have been drawn up in line with Department of Health Guidance. The Governing Body and the CCG adhere to the “Nolan Principles” which are set out in its Constitution and outline the ways in which holders of Public Office should behave in the discharge of their duties and act as a guiding principle for decision making. These principles are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

This year we strengthened our internal governance by undertaking a review of Project Management Office and Transformation Programme structures, processes and documentation to support improved delivery of CCG organisational business.

The CCG also jointly commissioned a Financial Governance Review with NHS England to be carried out in the first quarter of 2015/16.

Managing risks

To make sure we can achieve our strategic goals, we need to be proactive in managing risks. Enfield CCG's Risk Management Strategy outlines the organisation's approach to risk management, including:

- Identifying committees and groups which have responsibility for risk management
- Explaining roles accountabilities and responsibilities of staff
- Mapping the process for identification, assessment and management of risks including data security
- Detailing the process for managing and Board review of the Risk Register and Board Assurance Framework

The Risk Management Strategy complies with best practice, NHS Litigation Authority and the Department of Health requirements. Our Board Assurance Framework and risk register is regularly reviewed by our Governing Body.

Our local population and their health needs

Enfield is the most northerly in the group of boroughs known as north central London. Enfield is an ethnically diverse borough with over 154 languages spoken in schools and over 60% of the population recorded as non-white. Our population is currently 326,700 and predicted to grow to around 355, 200 by 2020. Our population shape is also changing. Currently 21.2% of our population is aged under 15 which is higher than the England average (17.7%) and the London average (19%). Enfield has the highest number of children living in poverty in London (23,210). Over the next few years, the age structure of our population will change and become older with the age groups 55-59 and 85+ predicted to grow, while 20-24 and 45-49 will shrink.

Enfield has a significant level of high deprivation – the 14th highest in London. The three Edmonton wards are amongst the most deprived 10% and 12 of Enfield's 21 wards are in the most deprived 25% of wards in England. In the areas of high deprivation, men live 8.7 years less than the Enfield life expectancy at birth of 80.5 and women live 8.6 years less than the Enfield life expectancy at birth of 84.0. In the areas of high deprivation people also experience poorer health throughout their life.

Some of our other health challenges include a rising number of people developing long-term conditions, including developing multiple health problems. There is also a high level of obesity, particularly amongst children. Immunisation rates are still

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below the national average and the levels required to prevent outbreaks of disease. Cardiovascular disease and cancers remain our biggest killers and survival rates are lower than neighbouring boroughs. Enfield CCG is determined to work with our partners to reduce these health inequalities.

How we commission services

Commissioning is about planning, buying and monitoring health services. To commission health services effectively, we need to plan them carefully to meet the needs of our patients, now and in the future. This means we work closely with our partners in Public Health at Enfield Council to produce a [Joint Strategic Needs Assessment \(JSNA\)](#) which looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services. We use the JSNA and other data sources to assess the needs of our local population and purchase the services they need. We have contracts with a number of provider organisations which are monitored regularly against activity, outcomes and the quality of services provided.

Our main local providers this year were:

- North Middlesex University Hospital – We spent around £90m with this provider.
- Barnet and Chase Farm Hospitals (which became part of the Royal Free London NHS Foundation Trust on 1 July 2014) – We spent over £60m with this provider.
- Barnet, Enfield and Haringey Mental Health Trust (including Enfield Community services) – We spent around £30 million with this provider

We are lead commissioners for Barnet and Chase Farm Hospitals and Barnet, Enfield and Haringey Mental Health Trust which means that we are the lead contractor with this provider and work on behalf of all commissioners to resolve any performance of quality issues.

Improving the performance of local services

Enfield CCG has progressed well this year against a range of performance indicators which are nationally set. We also continued to measure our performance against some local indicators which the CCG has set to address the key issues within the local health community. These are to improve: access to primary care, diagnosis of dementia and reduce hospital readmissions. Performance indicators have also been included in acute and community contracts to improve performance in key areas such as complaint handling, mandatory training and

incident reporting. A summary of our annual performance can be found in the full Annual Report and Accounts. We also scrutinise performance reports at every Governing Body meeting.

Developing our strategy

We work closely with local partners including North Central London CCGs, London Borough of Enfield, the [Joint Health and Wellbeing Board](#) and the voluntary sector to plan sustainable services for Enfield now and in the future.

Enfield CCG commissions services directly with the support of the North and East London Commissioning Support Unit (NEL CSU). We work closely with our providers to ensure that they are delivering the best outcomes that patients want now and that we also plan for change collaboratively for the future. Service integration is a key area of focus for the future. This year we have worked with London Borough of Enfield to produce a [Better Care Fund](#) £20m plan based on integrating more local services and accelerating the progress outcomes of the [Joint Health and Wellbeing Strategy](#). Self-management and prevention is also a key part of our future service delivery models and we are investing in supporting self-management programmes for patients with long-term conditions. This year we developed a Five Year Strategic Plan which describes how we want to transform the health of people living in Enfield.

Our Transformation Programme has six overarching programmes of service improvement and is the foundation of our organisational strategy to improve local health services. Under these six programmes are projects that aim to redesign patient pathways and improve quality, while improving efficiency and costs of public resources. Our Transformation Programme, along with collaborative work as part of the North Central London (NCL) Strategic Planning Group covering the five CCGs in NCL (Barnet, Camden, Enfield, Haringey and Islington) as well as some of the other initiatives and key enablers set out in our strategic plan will help drive forward the changes to improve health and healthcare in Enfield.

Our key priorities over the next five years include:

- The development of locality infrastructures managing locality populations.
- Shifting resources from activity based contracting to commissioning based on outcomes for patients through our value based commissioning approach.
- Supporting the redevelopment of Chase Farm Hospital; Royal Free London NHS Foundation Trust
- Progress our integration agenda through our model of integrated care and implementation of the Better Care Fund.

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- Implementing an enhanced recovery programme for those in our population with mental ill-health.
- Reducing inequalities through the implementation of our Joint Health and Wellbeing Strategy.

Commissioning for quality

Our patients tell us that the quality and safety of services is critical and we have to make sure that this is maintained. To put patients at the heart of everything we do, we use three key domains to evaluate quality as set out in our Governing Body approved [Quality Strategy](#).



- 1. Safe services (patient Safety)**
The right staff, correctly trained, learning from experience
- 2. Effective service (Clinical Effectiveness)**
Evidence based, right care, right place, first time
- 3. Good experience (Patient Experience)**
Service users feel valued and cared for

Ensuring we have safe and effective services with good patient experience

We are committed to quality and safety and we continuously monitor and measure it in all our contracts. Patients expect to receive high quality, clinically effective and compassionately delivered care and this is also their right under the [NHS Constitution](#). In recent years, key reports such as Francis, Keogh, Berwick as well as Clwyd and Hart have enforced the need for transparency and constant vigilance around the quality of NHS care. We have embedded the learning from these reports and take a thorough approach to reviewing the quality of services using three sets of indicators.

Listening to patient feedback

1. Key performance indicators

Including measures like access and response times.

2. Patient outcomes

Including type of treatment offered and outcome measures.

3. Quality metrics

Including monitoring complaints, serious incidents, compliments, staff and patient surveys.

We monitor these indicators through our contract quality group using dashboards and exception reports. The CCG also meets providers on a monthly basis to receive direct quality assurances through a meeting called Clinical Quality Review Groups (CQRGs). The CCG also participates in key provider committees such as infection control and safeguarding. We also participate in the local Quality Surveillance Group (QSAG) which monitors system wide issues across health and social care, chaired by NHS England. QSAG members also include Monitor, the Trust Development Authority and the Care Quality Commission.

We have an internal system called quality alerts, which we improved this year, where our member practices can raise concerns on behalf of their patients. Announced and unannounced insight and learning visits also provide further assurance on the quality of care being delivered to patients. These are undertaken on a regular basis by GP clinical leads for the service along with NHS managers.

This year we have reviewed the Francis report's recommendations around elderly people with frailty (lesson learnt from Mid Staffordshire). It is clear from this report, along with Winterbourne View that most vulnerable patients are at the most risk from harm. Enfield CCG and Enfield Council prioritise the care of older people, and have placed particular emphasis on monitoring and improving the quality of care provided in local nursing homes in 2014/15. We have also designed an Enfield Pressure Ulcer Protocol which sets out how to report concerns to the local authority and the CQC.

During this year, we have hosted four Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DOLS) surgeries to provide advice and information available to care home staff in Enfield. The events have led to an agreement to co-develop a shared policy for care homes with Enfield Council. We have also been working closely in partnership with Barnet and Haringey CCGs on GP training – with more than 240 training places being offered to practices and delivering three patient engagement events – one for each borough. A suite of patient information leaflets on advance care planning was planned for launch in April 2015.

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On some occasions patients do not receive the care that they expected and the NHS welcomes the opportunity to learn and improve from feedback and complaints. Patient experience and direct feedback whether its complaints, compliments, concerns or patient stories are powerful learning tools we can use to improve services. We recognise that patients can be confused about how to complain to the NHS and [our website](#) explains how to contact other local NHS organisations as well as how to access advocacy services. This year we set up a new customer care service to deal with patient enquiries. If patients wish to make a formal complaint they can be reassured that Enfield CCG has signed up to the [Principles of Remedy](#) and as stated in our [complaints policy](#), that this service is independently managed by North and East London Commissioning Support Unit in our behalf. Patients are able to complain about commissioning decisions but if they have a complaint about a service, they must make this directly to the provider of that service.

Equality and Diversity

The CCG is committed to promoting equality, diversity and human rights for patients and our staff in line with the Equality Act 2010 and our [Equality and Diversity Strategy](#). Our [Equality Information](#) which is published annually on our website provides an overview of how we are meeting our public sector equality duty, both through commissioning health services and as an employer. The report also provides links to our main providers' equality information which sets out how they are meeting their equality duties. We have adopted NHS England's [Equality Delivery System \(EDS2\)](#) and as commissioners are committed to developing an inclusive NHS that is fair and accessible to all.

This year we refreshed our equality objectives in consultation with our partners, providers and the community and voluntary organisations. We have also developed an action plan to deliver equality objectives and to ensure relevance to our priorities as well as monitoring progress. The CCG is required by the public sector equality duty to develop and publish equality objectives at least once every four years. Our current equality objectives 2012-16 are revised annually through EDS2, the national best practice tool.

Improving local health services

This year we have worked hard to deliver improvements to local services. As a result, these are some of the key changes we have made this year.

Primary care

The former Primary Care Trusts (PCTs) in North Central London developed a primary care strategy in 2012 and in our second year as a CCG we completed our local investment and improvement programme. Key achievements over the last three years include:

- Appointments with a GP or Practice Nurse increased from 67 to 75 per 1,000 patients.
- 60% of patients report an improvement in obtaining an appointment with their practice.
- An additional 600 GP appointments per week are now offered
- 110 GPs now offer telephone appointments
- 152 Medical Receptionists completed customer care training.
- Patient satisfaction can now be measured in real-time by handheld patient experience tracker devices in practices.
- We have worked with UCL medical school to bring four postgraduate Principal Clinical Teaching Fellows to Enfield who will deliver an additional 17,000 GP appointments in their host GP practices.
- 7,000 Minor Ailment Scheme appointments delivered by Enfield Community Pharmacies
- Over 126,000 patients have used waiting room Health Kiosks to monitor their weight and blood pressure.
- Migration of all GP IT clinical systems to EMIS Web or Vision 360.
- Improvement of some GP Premises environment and compliance with CQC requirements via an Improvement Grant allocation.
- The development of the new Ordnance Unity health centre with London Borough of Enfield including the relocation and re-tender of practice from an old building
- Establishment of four anti-coagulation community hubs providing care closer to patients. 1,200 patients are now receiving their anti-coagulation care from these community hubs.
- Two GP provider networks have been established. Once fully assured, both GP Networks will be able to deliver services to their locality populations.

This year we also have taken key steps towards improving the future provision of primary care by agreeing to become primary care co-commissioners with the other NCL CCGs in partnership with NHS England. We will start to take on these new responsibilities from October 2015.

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Integrated Care

This year we developed our Better Care Fund Plans in partnership with Enfield Council.

We also continued to improve the Older People's Assessment Unit (OPAU) at Chase Farm Hospital by commissioning a transport scheme as requested by patients. Last year, 1,900 patients visited the OPAU at Chase Farm and over for 50% the reason for visiting was a fall, breathing problems or deteriorating health. It is estimated that without OPAU, over 70% of these patients would have attended A&E and 475 people admitted to hospital. Instead, the OPAU provides a more cost effective better quality care in an environment is tailored to the needs of these patients. All the patients told us they were happy with the outcome of their visit to OPAU.

Transforming Services – Quality, Innovation, Productivity and Prevention (QIPP)

NHS services have to constantly adapt to meet the changing health needs and expectations of the population and to ensure that services continue meet the national quality standards. Enfield CCG is following the national QIPP challenge to ensure the NHS can continue to deliver high quality care in a tighter economic environment against a backdrop of rising demand for services.

Our Transformation programme has six programmes of work aligned with our corporate objectives which also support the Joint Health and Wellbeing Strategy:

1. Prevention and primary care
2. Integrated care
3. Planned care and long term conditions
4. Children, young people and maternity
5. Mental health, learning disability and continuing healthcare
6. Unscheduled care

In addition to the above, we have some cross-cutting programmes aligned to our six main programmes which include:

- Transformation of community services
- Value based commissioning
- Procedures of limited clinical effectiveness
- Acute productivity

As set out in our five year strategic plan, our Transformation Programme helped us to deliver the national priority objectives for 2014/15:

- Ensuring that citizens will be fully included in all aspects of service design and change, and that patients will be fully empowered in their own care
- Developing GP Networks and supporting further primary care improvements
- A modern model of integrated care
- Access to the highest quality urgent and emergency care
- Ensuring that quality acute care is value for money
- Working with others to ensure the delivery of specialised services concentrated in centres of excellence

Each programme includes a range of projects focused on improving patient care and is led by a GP clinical champion who works with a managerial lead. The programmes focus on improving clinical pathways, supported by engagement with local GPs and patients. A baseline analysis of health needs is undertaken from a range of data sources including the Joint Strategic Needs Assessment, NHS England CCG value pack and comparator benchmarking exercise along with current performance of commissioned services so that the benefits for patients can be measured.

Achievements this year

This year our Transformation Programme commissioned three new and improved services: diabetes, cardiology and COPD. The changes to these services were based on feedback from patients and local clinicians about how we could improve services. We are always looking for patients to help us with service improvements. If you would like to get involved please contact us at: communications@enfieldccg.nhs.uk

Looking forward to next year

We are very conscious that the financial challenge ahead of us remains significant and our focus for change is therefore on transforming services into systems that are able to deliver affordable coordinated, responsive and high quality care. The

Transformation Programme will be continuing with the same key work programmes in 2015/16 - investing in better health services for patients in Enfield while delivering savings that will contribute to the long-term sustainability of local health services.

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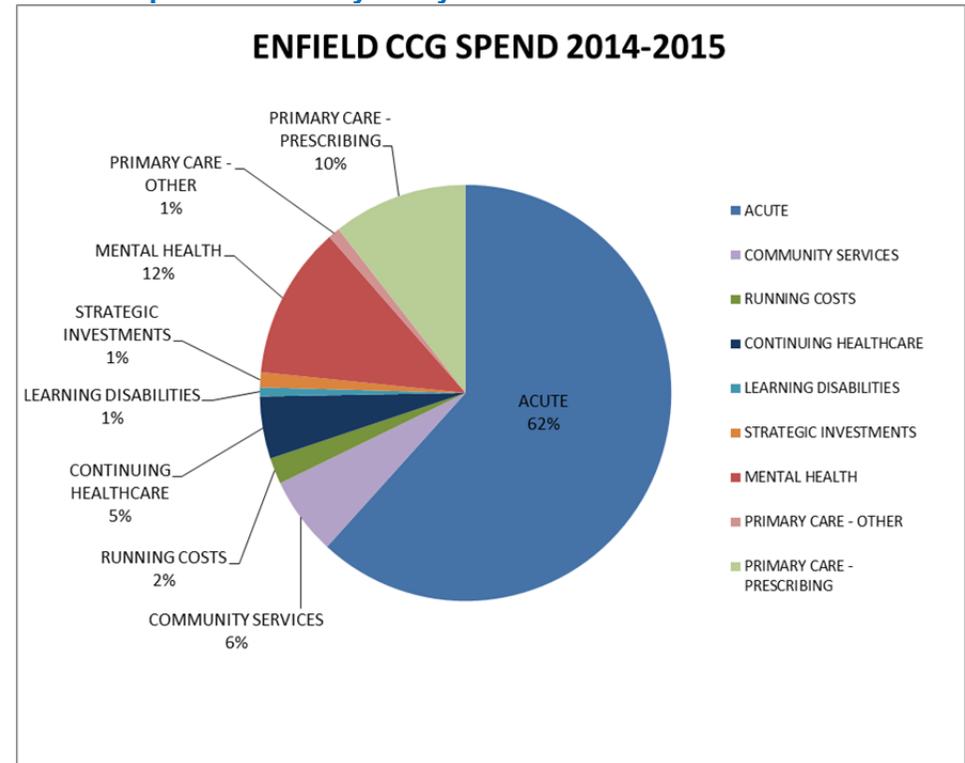
Integration continues to be a key area for Enfield CCG moving forwards. Because of our particular demographic pressures, our plan is targeted at improving outcomes across four population groups. These are the population groups around which our NHS and local authority planning is based, and we have used these groups in order to provide a framework across our commissioning intentions.

The population groups are:

1. Older people – focussed on those experiencing frailty and/or disability
2. Working age adults – focussed on those with long-term conditions
3. Adults experiencing mental health issues
4. Children with health needs

The North Central London Collaboration of CCGs will enable healthcare system transformation working with a range of acute, mental health, community and primary care providers. A NCL Collaboration forum will drive clinical and quality improvements while working together to tackle our collective financial challenges.

How we spent our money this year



Enfield is a financially challenged CCG that was under its “fair shares” allocation by £33m in 2013/14 and £24m in 2014/15. It is forecast to be £16.4m under in 2015/16. Whilst the CCG broke even in 2013/14, this was after receiving £6.3m on a one off basis through the North Central London Risk Share arrangements. This year we were allocated £337m to commission local health services but we failed to achieve our statutory duty in regard to financial performance in 2014/15. The CCG planned for £5.6m deficit in financial year 2014-15. After a thorough external review involving objective opinion the CCG indicated a likely deficit of £19.0m at the end of the financial year and subsequently recorded a deficit of £18.9m. This was caused by increased activity in both emergency and planned care under Payment by Results contracts. Enfield CCG is currently finalising a recovery plan with the aim of returning to financial balance as soon as possible.

Facing our future financial challenges

A recently commissioned benchmarking review demonstrated that CCG acute activity and costs were closely aligned to our peer group. It did however highlight several areas on which we will focus in targeting future savings.

- Acute activity rose significantly in 2014/15, including a headline 20% on Non Elective Admissions
- GP Referral rates increased by 12% in the same time period, causing an increase in first outpatient appointments.
- Day case and Inpatient electives rose by 8.5% in 2014/15, which was largely attributable to addressing one off waiting list reductions.
- The 2014/15 QIPP programme did not deliver savings to the level expected from service redesign, which has not generally led to reductions in acute activity. The total QIPP programme savings were £10.6m of which half are transactional and non-recurrent. The QIPP target was £12.0m and has underachieved by £1.4m.

The CCG has undertaken a review of PMO and QIPP structures, processes and documentation to support improved delivery. The CCG also jointly commissioned a Financial Governance Review with NHS England. In summary the Report recommended that a full risk assessment should be performed as part of our 2015/16 planning, including quantification of risks presented to the appropriate committees. This has been implemented. The CCG has already implemented many of the other practical measures recommended by the review. We will implement all of the recommendations by the 30 September 2015. Finally the report recommended that the CCG produce a Recovery Plan and agree it with

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NHS England. Our Recovery Plan, which covers a five year period, is being finalised in the first quarter of 2015/16. It will then be taken to our Governing Body for scrutiny and approval.

Enfield CCG has forecast an in year deficit of £14.4m in 2015/16. This plan is a realistic view of risk and opportunity. However there is a risk that the CCG will fail to achieve the £12.5m QIPP savings target and that our acute contracts Payment by Results (PbR) will overspend our budgets.

The Financial Governance and recovery Plan programme will ensure good governance and transparency in achieving a realistic and sustainable recovery by 2018/19.

Help us to continue to improve local health services

Supporting the development of Patient Participation Groups (PPGs)

We continued to support the development of local Patient Participation Groups (PPGs) in all our GP practices. By July 2014, all our member practices had PPGs. Our interim PPG representatives continued to sit on our Governing Body in 2014/15 as we worked towards delivering an elected representative by May 2015. The successful candidate was elected by the PPGs and took up their seat as a non-voting member on the Governing Body in May 2015. We believe that we are the only CCG to have an elected PPG representative on our Governing Body and we want to thank our PPGs for all their hard work this year to help us develop this role in line with our Constitution.

We continue to support our PPGs to network and develop by running and training for PPG Chairs and members. We are always pleased to welcome new members to this group. To find out more about PPGs and the network, contact ppgs@enfieldccg.nhs.uk or talk to your practice.

How we engage with our local stakeholders

Patients are at the heart of everything we do and we are committed to involving them in our commissioning decisions. In 2014 we revised our corporate Communications and Engagement Strategy which describes how we involve our stakeholders in our work. Some examples of how we did this in 2014/15 are below.

- We have worked in partnership with other public sector organisations to co-ordinate the planning and delivery of local health services and will

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continue to involve service users in redesigning patient pathways wherever possible.

- We hold three patient and public engagement events a year around the commissioning cycle. We publish the feedback from these events on our website <http://www.enfieldccg.nhs.uk/Listening-to-you.htm>
- We also present to voluntary and community groups on request e.g. Carers Forum; Over 50s Forum; Enfield Vision, BME Health Seminar organised by Enfield Racial Equality Council.
- We attended summer festivals e.g. Edmonton Summer fair and Enfield Town Show.
- Our Patient and Public Engagement (PPE) Committee reviews the delivery of our communications and engagement and our equality and diversity strategies.
- We continued to use our website to publish information about the CCG and local services. The website is inclusive and use technologies that will help us engage and communicate with people with disabilities.
- We regularly published materials electronically, as hard copies and wherever possible produced plain English summaries of our key documents.
- We continued to promote the Choose Well marketing campaign and Choose Well North London App in partnership with Barnet and Haringey CCGs which explains the range of local NHS services available.

Engaging with our local community

We want you to get involved with the CCG and help us to deliver changes to local services. There are lots of ways you can get involved:

- Get involved with your GP practice's patient participation group (PPG) - ask at reception to see if your practice has a group.
- Visit our website www.enfieldccg.nhs.uk
- Take part in consultations or surveys about local health services. Come along to one of our Governing Body meetings which are held in public to hear how we make decisions and ask us questions.
- Volunteer to be a patient or carer representative and help us to redesign NHS services around the needs of local patients.
- Attend one of our public engagement events – we have three main events a year and the dates are advertised on our website and in the local press.
- Follow us on Twitter @EnfieldCCG
- Ask us to talk to come and talk to a community group

- Speak to [Healthwatch Enfield](#) to tell them what you think about local health and social care services

We welcome your comments and suggestions on improving the ways we engage with our community going forwards. To discuss involvement opportunities or to join our CCG engagement email list please contact: communications@enfieldccg.nhs.uk

Contact us

You can contact us or find out more at:

Address: Holbrook House, Cockfosters Rd, Enfield EN4 0DR

Phone: 0203 688 2840

E-mail: communications@enfieldccg.nhs.uk

Website: www.enfieldccg.nhs.uk

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