



Annual General Meeting & Public Involvement Forum

9 September 2014

Engagement summary report

1. Purpose

This report provides Harrogate and Rural District CCG (HaRD CCG) Governing Body with a summary of the feedback received from members of the public following the first Annual General Meeting and Public Involvement Forum held on 9 September 2014 at Cedar Court Hotel, Harrogate.

2. Background

The CCG are fully committed to involving local people and our partners in developing local health services and the focus of the event was to:

- share with members the progress and achievements made by HaRD CCG so far in the first 15 months;
- present the annual accounts;
- find out people's views on two of our key priorities, vulnerable people and mental health, and community services;
- meet the CCG team and take part in HaRD Decisions commissioning quiz.

3. "Annual General Meeting & Public Involvement Forum"

Invitations were originally sent to key stakeholders, which included local NHS partners, GP Practices, voluntary and independent groups and local councillors within the locality. Along with members of the public who are already registered with HaRD Net.

The public involvement forum held on Tuesday 9 September 2014, proved to be very successful and was well supported by the local community.

Around 60 people attended the event, 70% were members of the public, 10% representing the voluntary/independent sector, 20% NHS, NYCC staff and local GP Practices.

Annual General Meeting

The meeting was chaired by Dr Alistair Ingram, Clinical Chair, who opened the meeting. A presentation on the overview of the current situation was provided by Amanda Bloor, Chief Officer and Dilani Gamble shared details of the annual account.

Following the AGM presentation, members of the public were given the opportunity to ask questions on the presentation. Two members of the public also submitted

questions in advance, on community services and private pay operations. The two further questions on the night were on care plans and the CCG's financial surplus. The full responses to these questions can be found in appendix 1.

4. **Interactive sessions - "Demonstrate progress & future plans"**

The second part of the evening was through 3 interactive sessions. Vulnerable People and Mental Health Services, and Community Services are two of the key strategic priorities of the CCG. At a previous Public Involvement Forum event, the local community had expressed concern regarding mental health services and this event was an opportunity for the CCG to showcase the progress and investment that has been made in mental health services.

- **Vulnerable People and Mental Health Services** (presentation)
- **Community Services** (presentation)
- **Get to know your CCG colleagues, Commissioning Quiz, Join HaRD Net** – an informal session for you to have a one to one discussion with CCG colleagues

Members were encouraged to visit each session. Throughout the presentation sessions, "Show Mode", the interactive audience response system was used. This proved to be a great opportunity and a new method to help us gather your feedback. The results of the sessions can be found in appendix 2.

5. **HaRD Decisions Commissioning Quiz**

Members at the event were invited to take part in a HaRD Decisions Commissioning Quiz. Members were given a fictional budget of £5,000,000 to spend on extra NHS services (in addition to the budget already allocated to essential services such as hospital care, mental health and community services.)

The quiz was designed to help people understand the demands on the NHS budgets and the difficult decisions that commissioners have to make when allocated funding.

Whilst many people took part in the quiz verbally by discussing their thoughts with the CCG's team, nine people also completed the worksheet.

The results of the top four services chosen for extra investment were:

1. Extra district nurses
2. Respite services for carers
3. Physiotherapy and stroke rehabilitation in the community

The remainder of the results were very evenly spread across the answers which show that people have many different priorities and how difficult it is to meet everybody's expectations. The full breakdown can be found in appendix 3.

6. **Twitter**

During the event, we were able to live tweet. In total, the AGM generated 9 New Followers, 24 Mentions, 11.7K Mention Reach, 3 Replies and 6 Retweets.

7. Summary of patient feedback received from Evaluation Forms

Each member present was handed an evaluation form within the information pack. Members were asked to complete and return the evaluation form. A total of 28 forms were completed and returned, the results are detailed in appendix 4.

8. Summary and recommendations

This engagement event has once again been a great success for the CCG in gathering feedback and speaking face-to-face with members of the public. 93% (26) of all respondents found the event to be either very useful/quite useful. 93% (26) of respondents felt they were able to contribute to the discussions either very well or quite well.

When attendees who took part in the mental health session were asked if the CCG were making the right service improvements in mental health services, 82% were in agreement, 4% answered no and 14% did not know. From the results of the evaluation forms returned, when attendees were asked if the CCG were making the right service improvement, 82% (23) of respondents agreed that the CCG were making the right service improvements and 18% were not sure or did not answer. As a result of previous feedback received it is positive to hear from the patients and public of the local community that the 50% of new investment being made in mental health services is what people agree with.

In HaRD 51% of the proportion of people who have dementia have been diagnosed, as a result of routine reviews for people with dementia now being followed-up by their GP, freeing up 700 appointments at the memory clinic for new and complex patients, this figure is expected to rise

Feedback from responders suggest that people want more time for question and answer session and the CCG to consider starting the event at a later time.

Responders were happy with the venue, but requested that two sessions do not take place in one room as noise is a problem.

Respondents comments:

- “ HaRD CCG has certainly made themselves available to the public and don't shout loud enough about the developments and progress they have made in local health services”
- “I was really impressed with the event it was a very friendly and a relaxed atmosphere”
- “There was a positive and friendly feel about it all”
- “I do not fully understand the context of all the work and its many different aspects and I therefore admire you”
- “Good work – thank you!”

All the feedback gathered will be used to influence the future strategic direction of HaRD CCG, and what services are commissioned locally.

9. Action

The Governing Body are asked to

- **Receive this report and note the content**
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Appendix 1

HaRD CCG – Annual General Meeting

Question and Answer Report

Question from Mel Clark, Harrogate Heart Support Group

1. As a means of relieving pressure on Secondary Care facilities, what is the CCG's viewpoint of having a 7 day open Community Health Centre to deal with minor injuries or health concerns where patients could be treated or pacified?

Response – Dr Rob Penman

There are already a wide range of services available for people in their local communities. The Choose Well campaign highlights these different services and we will be promoting this again throughout the coming months and particularly over the winter period.

Services include:

- GP Practice – Monday to Friday. They also provide a minor injuries service from 8am-6pm, Monday to Friday.
- NHS 111 - 24 hours 7 day a week – People can ring NHS 111 if their practice closed.
- Pharmacies – provide a wide range of information and advice.

2. Does the CCG believe in the concept of Integrated Patient Care services involving Health and Social services? If so, where does it fit with patients managing their own Long Term Clinical condition and which agency should take prime responsibility for deciding the Patient Care Pathway plan?

Response – Dr Chris Preece

Our CCG does believe in Integrated Social Care – some good work has been in their area done but there is more to do. Community Services can support patients with long term conditions.

Long Term Care Plans have been on the CCG's agenda for some time. We need to work to roll out the care plans locally. The Government rolled out Enhanced Services in April and the CCG has taken what's happened nationally and merged it together with our local plan. It tasks GP colleagues with doing something different. Do a 2 visit care plan – e.g. a two visit care plan – patient has the test done – get results – then meets GP again and have a longer consultation. Patients need to be empowered to be in charge of owning their own care plan, where it's appropriate.

Question from Mr Brian Wareham

Recently I have been, well, appalled is a good word, to read in the media, that patients on waiting lists are being, shall we say; invited to pay for their operations/procedures providing the advantage of being accelerated up the waiting list for their operation/procedure to be undertaken in the same hospital, by the same surgeon, in the same operating theatre using the same instruments and medicines as if that undertaking was by standard NHS processing.

This is totally unacceptable. It is not rocket science to understand that this practice will still contribute to backlogs and deny comfort to those waiting their turn.

Would you offer assurances that this behaviour will not manifest itself in our District?

Response – Dr Alistair Ingram

It is not an issue in Harrogate and nor will it be as Harrogate District Hospital does not take part in this kind of practice. Waiting times are short at Harrogate District Hospital and the majority of patients are seen quickly.

Question from Audience

1. The financial surplus – who sets target and where does it go at the end of the financial year?

Response: The guide lines for the surplus are set each year by the Secretary of State (the Government). At the end of the financial year it is banked it is left in reserve in case it is needed in the next financial year.

2. Are GP Practices doing Video Consultations

Response: At present there are no plans to roll it out. The CCG conducted a pilot with a residential home for 9 months but particular model was not cost effective. The feedback from the care home was also that they didn't want to use video consultations. It is something that we will keep exploring in the future. There is also a facility to have a telephone consultation at each practice in our area which has helped and has much the same effect as video consultations.



Appendix 2

Results of the Interactive Sessions

Vulnerable People and Mental Health Services – Dr Rick Sweeney

Question 1: Do you agree with these priorities to improve mental health services?

Responses		
Option	Percent	Count
Yes	82%	41
No	4%	2
Don't know	14%	7
	100%	50

82% of members agreed with the CCGs priorities to improve mental health services.

Questions 2: What proportion of our total new investment is in mental health services?

Responses		
Option	Percent	Count
10%	18%	9
30%	58%	29
50%	16%	8
70%	8%	4
	100%	50

When asked what proportion of our total new investment is in mental health services, on 16% answered correctly, 50% of total new investment is in mental health services.

Questions 3: What % of the local population will have a mental health condition at some time?

Responses		
Option	Percent	Count
1 in 20	4%	2
1 in 10	10%	5
1 in 6	18%	9
1 in 4	68%	34
	100%	50

68% of members answered correctly, 1 in 4% of the local population will have a mental health condition at some time.

Questions 4: What would be the best way to access counselling services?

Responses		
Option	Percent	Count
Self –referral	2%	1
Referral via GP	16%	8
Both	76%	38
Don't know	6%	3
	100%	50

The feedback received shows that 76% of members agree the best way to access counselling is to have self-referral and referral via GP available.

Questions 5: What can we do to help you keep mentally healthy?

Responses		
Option	Percent	Count
More information available	6%	3
Access to drop in centres	8%	4
Day facilities available	10%	5
All the above	76%	38
	100%	50

Feedback shows for members to keep mentally healthy, they want all the above to be available: more information available, access to drop in centres and day facilities available.

Questions 6: In HaRD what proportion of people who have dementia have been diagnosed?

Responses		
Option	Percent	Count
41%	10%	5
46%	24%	12
51%	38%	19
56%	28%	14
	100%	50

38% of members answered correctly. 51% of the proportion of people who have dementia in HaRD have been diagnosed.

Community Services – Dr Chris Preece

Community Services Presentation

Question 1: What is the most important element of this vision?

Responses		
Option	Percent	Count
Patient Centred	35	17
24/7 access	9	4
Hospital in reach to help discharge		
Integration of health and social care	20	10
Information sharing	18	9
Single assessment	9	4
Frontline workers with board skills	9	4
Care co-ordinators		
Something completely different		
Total	100	49

35% of respondents voted that patient centred services are the most important element of our vision.

Questions 2: Is there any part of the vision you would NOT like to see happen?

Responses		
Option	Percent	Count
Patient Centred		
24/7 access	5	2
Hospital in reach to help discharge		
Integration of health and social care		
Information sharing	10	4
Single assessment	2	1
Frontline workers with board skills	2	1
Care co-ordinators	2	1
No, it all looks great	79	33
Total	100	42

The majority of respondents (79%) agreed that all the elements of our vision look great.



Appendix 3

HaRD Decisions – Results of Commissioning Quiz

Participants were given £5,000,000 to spend on extra services. The results show which services people chose to commission.

TREATMENT	COST	COMMISSION?	Totals
A specialist dementia ward in a hospital	£1,000,000		
Extra District nurses	£1,000,000	1111111	7
Extra knee and hip operations	£1,000,000	1	1
New cancer drug	£1,000,000		
Extended opening hours for GP surgeries (evenings and weekends)	£750,000	111	3
IVF	£500,000	1	1
Children's services (speech and language therapy & specialist therapy nurses)	£500,000	111	3
Counselling services	£500,000	111	3
New eating disorders clinic	£500,000		
New heart operations, implantable with devices	£500,000	1	1
Palliative care beds in Nursing homes	£500,000	1	1
Physiotherapy	£500,000	1111	4
Stroke rehabilitation in the community	£500,000	1111	4
Weight management	£500,000	111	3
Grant to patient transport providers	£250,000	1	1
Learning disabilities short break services	£250,000	11	2
Respite services for carers	£250,000	111111	6
Specialist cardiac nurses	£250,000	111	3
Stop smoking clinic	£250,000	1	1
OTHER SUGGESTIONS / COMMENTS			
Occupational Therapy for Stroke victims including teaching new ways of maintaining hobbies	£500,000	1	1
Dementia care in the community	£100,000	1	1
Palliative care for in the home	£500,000	1	1
A hub that open for access – well supported with IT systems and communications			1



Appendix 4

Annual General Meeting & Patient Involvement Forum

Feedback on the event

A total of 28 evaluation forms were completed and returned to the CCG for processing. The results are detailed below and the comments have been split into themes.

1. Overall, how useful did you find this event? (Please tick one box)

Very useful	17
Quite useful	9
Not very useful	1
Not at all useful	0
Did not answer	1

93% (26) of all respondents found the event to be either very useful/quite useful.

2. Was the venue suitable for this event?

Yes	21
No	3
Not Sure	1
Did not answer	3

75% (21) of all responders agreed that the venue was suitable for the event and 14% were not sure or did not answer. The key themes in order of prevalence made were:

10 respondents provided comments:

- 7 comments were about ability to hear : noise from the other group, poor speaking technique and poor acoustics
 - 3 comment about the space utilised: needed 3 rooms and/or larger rooms, a better layout would have made it more accessible for those with mobility issues but the rooms were pleasant.
 - 2 comment about accessibility : wheelchair access, location, parking
-

3. Did the format of the event work well?

Yes	23
No	2
Not Sure	2
Did not answer	1

82% (23) of all respondents agreed that the format of the event worked well. 1% did not like the format of the event and the remaining 27% were not sure or did not answer.

6 respondents provided comments.

The key themes in order of prevalence were:

- 2 comment about the noisy atmosphere due to the double use of the room
- 1 comment about the effectiveness of the voting system as a listening tool and providing useful feedback
- 1 comment about the disintegrated end to the evening with Part 3 for Blue group not happening
- 1 comment about requiring more detail which they will get from the report
- 1 comment about the effectiveness of the event enabling a cross section of ideas and discussion to take place

4. Did you feel able to contribute to the discussions?

Very well	12
Quite well	14
Not very well	1
Did not answer	1

93% (26) of respondents felt they were able to contribute to the discussions either very well or quite well.

1 respondent said “there was very little ‘discussion’”.

5. Is there anything you would like to have said but were not able? If so please state:

8 respondents raised the following question and comments:

Question: How can services be encouraged to move closer to people’s homes when the Barnett’s formula does not recognise rurality? Our community staff cannot visit as many patients a day as in an inner city (and we only get about 2/3 of the money per head as Leeds).

Response – Dr Chris Preece

Arguably our relative lack of funding does, if anything, increase the need to ensure services are closer to people’s homes. By basing community services and treatment in localised teams we would hope to reduce the amount of travel time. Equally by ensuring good communication between those teams, we can reduce duplication and again, prevent unnecessary travel. Whilst rurality presents a substantial issue for both healthcare providers and commissioners, it produces an even greater challenge for our

patients, many of whom struggle to access more centralised systems. Again by making services more local we hope to overcome this barrier to care.

Finally, whilst the CCG is unable to change the national approach to allocation of funds it is in our power to divert a larger proportion of our budget towards community services in an attempt to deliver such a model. Clearly however the challenge for the CCG is to achieve this whilst maintaining the excellent services provided by our local hospital.

Comments:

- 1 comment was about financial constraints
- 1 comments was concerned about the waiting time to access mental health therapies being longer than a few weeks
- 1 comment about the presentation: display screens should be higher
- 1 comment that they were happy to listen
- 1 comment about the time allocated to ask questions
- 1 comment suggested that the questions raised prior to the event should have been presented in the introduction
- 1 comment about desiring more time to meet the CCG team

6. Is there anything we could have done better? If so please state:

11 respondents provided comments which are listed in order:

- 4 comments about the organisation of the three groups and use of rooms and screens
- 2 comment on the time of the event : a slightly later start would have been of benefit
- 2 comments about the acoustic problem which although acknowledged graciously did cause difficulties for those with hearing difficulties. This is especially important if the CCG want to attract HaRD Net members with complex conditions
- 2 comments requesting more question and answer time
- 1 comment about the lack of detail regarding the Finances
- 1 comment asked if the CCG asked if the audience were interested in twitter

7. If you are a member of HaRD Net, how would you like to be more involved and contribute your views to the CCG? Please detail below:

10 respondents provided comments which confirmed the following:

- 2 people wanted more regular email updates (one stating that this is possible now that the CCG has their email address)
 - 2 people wanted surveys via email (one of which was for smaller dedicated interest groups)
 - 2 people thought that they were already sufficiently involved (once a year was enough for one of these)
 - 1 person wanted to be as involved as possible
 - 1 person would be interested in any aspect of CVD prevention and care
 - 1 person stated “By being “pressured” to propose written questions on topics”
 - 1 person suggested forward planning and publishing discussions so that the public can see what is relevant for them to feed into
-

8. **Do you agree that the CCG are making the right service improvements?**

Yes	23
No	0
Not Sure	4
Did not answer	1

82% (23) of respondents agreed that the CCG were making the right service improvements and 18% were not sure or did not answer.

4 respondents provided comments:

- 3 people commented on service area they wanted particular service improvement in greater emphasis on Dementia and Dyspraxia diagnosis
- 1 person stated that they do not fully understand the context of all the work and its many different aspects and "I therefore admire you"
- 1 person stated "Good work – thank you!"

9. **Do you have any concerns about what you heard at the event?**

Yes	5
No	19
Not Sure	3
Did not answer	1

68% (19) of respondents had no concerns about what they had heard from the event. 18% had concerns about what they heard at the event. 14% were not sure or did not answer.

4 respondents commented:

- 2 people commented on community services/care in the community; it is important to retain specialism, in particular maintaining skills level of workers and surprise at the small percentage of the budget that is spent on this
- 1 person thought that the presentation fell short on evidence that integrated health and social care is working
- 1 person that that the CCG being described as a short term arrangement does not fit with 5 years

10. **How would you like to be kept updated on news and developments within the CCG?**

Respondents could choose more than one option, and these are shown in order of preference:

HaRD Newsletter	18
CCG Website	16
Public events	12
HaRD News	11

Local Newspaper	8
Facebook/Twitter	3
Local Radio	2

11. Please provide us with your feedback; we really value your comments.

17 respondents provided comments which have been themed and shown in order of prevalence:

- 1 commented that the answers given to the Q&A could have been shorter as points were repeated
- 4 people commended the event, using words such as 'good', 'informative', 'positive' 'well organised', 'gained an understanding', 'positive', 'reassuring', 'enjoyable' and 'very pleasant'
- 4 people mentioned the technology used ; 1 thought that display screens were too low, 2 liked the use of the voting, 1 thought that the twitter feed was a bit distracting (but does follow us on twitter) and 1 suggested using portable microphones for the question sessions
- 3 people mentioned the acoustics and noisy environment and asked the CCG to consider using
- 1 person supported the future direction of health and social care
- 1 person mentioned the time of the event; earlier in the day
- 2 people mentioned the length of the event ; a lot was packed in to timescale, longer to avoid rushing some elements
- 1 person mentioned the CCG team; one thought it would be nice to have been introduced to all "the suits" at the front and one (non-medical and apprehensive) person described how their resolve was "quickly diluted by warm friendly involvement"
- 3 people stated it was their first meeting
- 2 people thanked the CCG
- 1 person was concerned about data protection creating a barrier to integrated services and thought that Westminster needed to intervene
- 1 person asked the CCG to consider auditing the demographic of the membership and then targeting the groups under-represented.
- 1 person mentioned the Community Service Presentation. "If you plan clinicians who are able to identify the wider agenda and look beyond the reason for referral, please consider the skill mix caused by dilution of clinical grades. A really qualified B5 clinician will not have the experience necessary to capture the detail and identify needs that a highly specialised professional will. Also consider that by having community helps there can be a dilution of clinical experience, professional reassuring etc. as the support mechanism inter/ultra – professionally can be affected."

Engagement equality data

Equality Impact Analysis of Patient Engagement Information

The CCG are committed to facilitating meaningful engagement with stakeholders to inform the decision making process. HaRD Equality and Diversity Plan is the first step

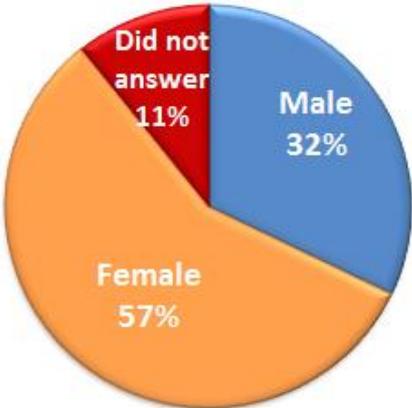
in outlining our approach to equality and diversity, whilst ensuring compliance with the Equality Act 2010 and Human Rights Act 1998.

Our key objective is to increase the input from representatives of the protected groups in the commissioning process. We have started to capture information that has helped us assess the impact any changes to the service may have on protected groups through using the Equality Impact Analysis tool.

The engagement event gave patients and the public an opportunity to attend the evening, to gain a greater understanding of what the CCG is about and with the feedback received will be taken into account when the CCG Governing Body makes decisions to the future service provision within the locality.

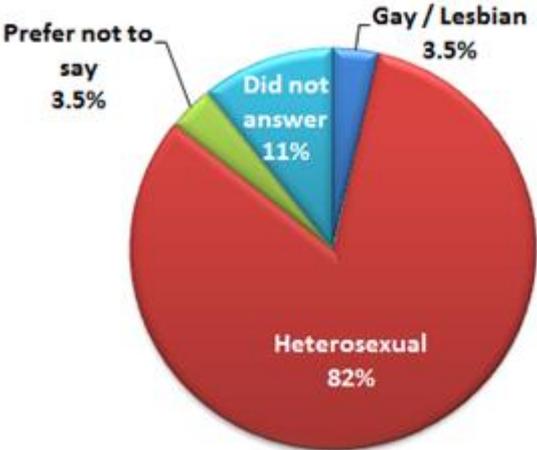
What is your gender?

Male	9
Female	16
Transgender	0
Prefer not to say	0
Did not answer	3



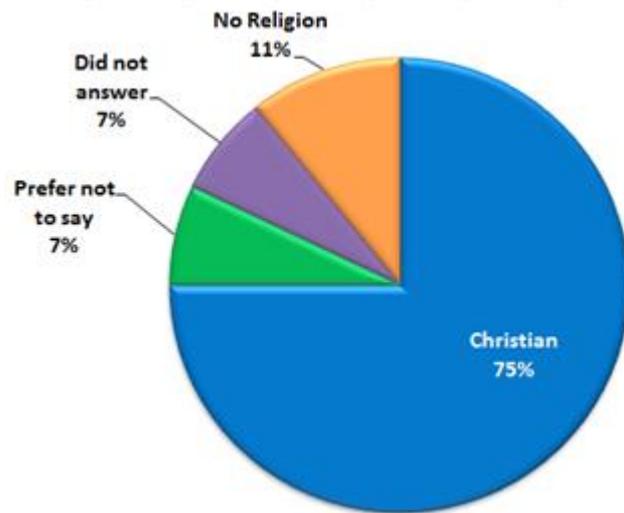
13. What is your sexual orientation?

Heterosexual	23
Gay/Lesbian	1
Bisexual	0
Prefer not to say	1
Did not answer	3



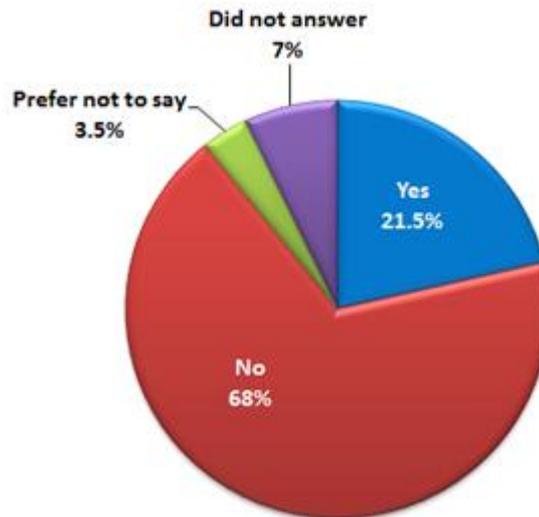
14. What is your religion or belief?

Christian	21
Buddhist	0
Jewish	0
Muslim	0
Sikh	0
Hindu	0
Prefer not to say	2
Did not answer	2
None	3



15. Do you consider yourself to have a disability?

Yes	6
No	19
Prefer not to say	1
Did not answer	2



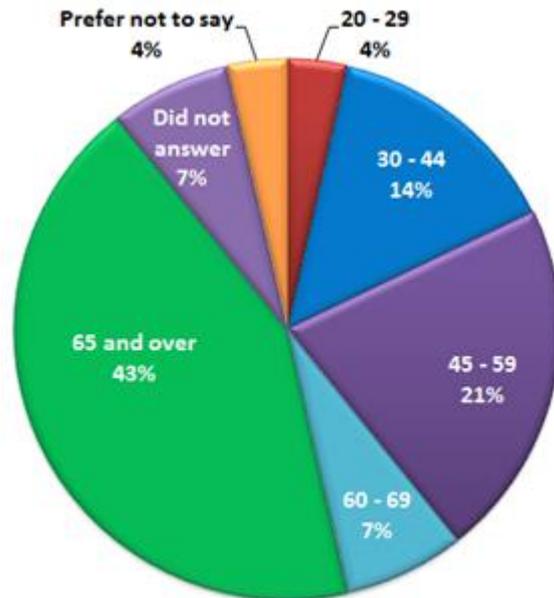
5 respondents provided details of their condition/disability:

- Arthritis, Left leg amputee, Multiple Hearing impairment, Narcolepsy and Hemiplegic

Note – The Equality Act 2010 considers a person to be disabled if they have a “mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities”. You do not need to be registered disabled.

16. What is your age?

16 – 19 years	0
20 – 29 years	1
30 – 44 years	4
45 – 59 years	6
60 – 64 years	2
65 and over	11
Did not answer	2



17. What is your ethnic background?

White	26
Black/African/ Caribbean/Black British	0
Asian/Asian British	0
Mixed/multiple ethnic groups	0
Prefer not to say	0
Did not answer	2

