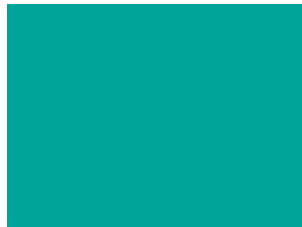


# Annual Engagement Report 2017/18

Our Patient Advisory Group is our most valuable source of feedback for improvement



Published  
 May 2018



**GP appointments in Bromley**

GP Appointments are now available in Bromley from 8am to 8pm, seven days a week.

To get a GP appointment in Bromley:

- Be registered with a Bromley GP practice.
- If your GP has no appointments available, they can book you one at a Bromley GP Alliance access hub. These are open from 8pm to 8pm in the evening and from 8pm at weekends.
- Call 111 if you need to see a GP when your practice is closed.



We listen and learn




Patient feedback has informed our priorities for the next year




Over 1500 patients referred through our Integrated Care Network model of care



**Better Health**  
**Better Care**  
**Better Value**



547 people responded to our online survey on over the counter prescribing




Communication has been of a high standard. My opinion is that there is a professional approach to my contribution to the CCG. Feedback from focus group meetings is helpful. I'm looking forward to further involvement. **PAG member**

I have enjoyed meeting others and discussing common issues. Finding out what might be happening in the area. Feeling my input has been helpful.

**PAG member**

# Contents

1. Welcome.....	4
2. Who we are and what we do .....	5
3. Understanding health needs.....	6
4. Our commitment.....	7
5. Planning our engagement.....	8
6. How we engage.....	9
7. Involving the public in how we operate .....	11
8. Patient experience and involvement in our services.....	12
9. Informing our work .....	14
Over the counter prescribing .....	15
Safeguarding Children.....	16
Co-production to improve emotional and mental wellbeing.....	17
Community based care .....	19

Setting our priorities .....	20
Procurements.....	21
Bromley Health and Wellbeing Centre.....	22
Primary Care .....	23
Primary Care improvements.....	24
Primary Care Needs Assessment.....	25
Mental Health for adults .....	26
Cancer Care.....	27
Maternity improvements.....	28
Eye Care.....	29
Sustainability and Transformation Partnership.....	30
Examples of other engagement over the year.....	31
10. Supporting patients for effective involvement.....	34
11. You said, we did .....	35
12. Engaging with all communities.....	36
13. Using digital tools to support engagement .....	39
14. Our plans for 2018/17 .....	41
15. Comment from Healthwatch Bromley .....	42

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**Director: Paulette Coogan, Director of Organisational Development**

**Clinical Lead: Dr Andrew Parson, Clinical Chair of NHS Bromley CCG**

# 1. Welcome

This year's engagement report illustrates the volume and impact of meaningful engagement we have done with people in Bromley, including those that are seldom heard. This is testament to our commitment throughout the CCG and our member practices to involve patients, the public and our wider stakeholders in all that we do. We have also illustrated how involving patients brings about wider improvements for our local population.

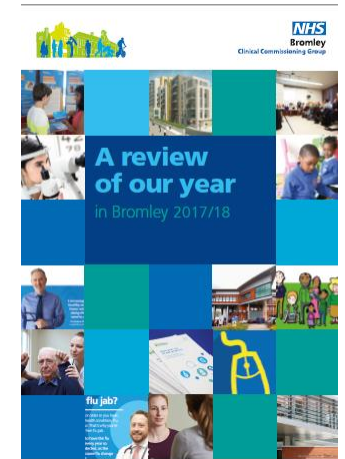
Our Governing Body receives regular reports about the outcomes of our engagement activity and how it is helping us deliver our vision of better health, better care and better value for the people of Bromley. We also continue to welcome members of the public to our Governing Body meetings so that they can ask us questions about the decisions we are taking.

Patients have influenced many of the improvements we have introduced over the last year. This includes our new [Integrated Care Network](#) model of care which has already received over 1,500 referrals and is proactively supporting frail and vulnerable patients who are at higher risk of hospital admissions. We have a formal alliance agreement<sup>1</sup> in place with our partners in Bromley to deliver this integrated care.

I've been fortunate to go to several of our engagement events this year including our Annual Health and Wellbeing Market Place event held prior to our Annual General Meeting in September, where we shared information about the work we are doing and how people can get more involved. The **Review of our year in Bromley 2017/18** provides a very useful summary of this work, including outcomes and improvements that have been put in place. In January I went to our [co-production](#) stakeholder event for children and young people's mental wellbeing. This is an exciting and transformational programme of work which will enable young people to have an equal role in the design of emotional and mental well-being services that will meet their needs. My thanks to those schools and community services in Bromley who enabled us to run focus groups with pupils and helped us to get such an over whelming response to our survey on managing emotional wellbeing.

Our patient advisory group is growing and we are very grateful to those active members who give up so much of their time on a voluntary basis to help us with our work. My thanks to everyone helping us to make improvements for Bromley residents. I'm extremely proud of the work we are doing together.

**Dr Andrew Parson, Clinical Chair**



<sup>1</sup> The Bromley Alliance Agreement includes the CCG, Bromley Council, Bromley GP Alliance, Bromley third sector enterprise (voluntary sector), King's College Hospital NHS Foundation Trust, Oxleas NHS Foundation Trust, St Christopher's and Bromley Healthcare.

## 2. Who we are and what we do

Our mission is to help the people of Bromley live longer, happier and healthier lives. We work to ensure that everyone in Bromley has the same access to high quality care, the same opportunities to improve their health and are supported to live more independently.

We are a membership organisation made up of all the GP practices in Bromley. We work with our local population and other partners to plan, purchase and monitor the NHS services our residents need.

### We aim to improve health by:

- Making sure health services in Bromley are high quality, safe and easy to access.
- Working with our local community to plan and improve services.
- Having good working relationships with the people who deliver care and other organisations responsible for local services.
- Making the most effective use of the money we have been given.

There was a CCG meeting I could not get to but sent in my questions and they asked the question at the meeting and then emailed me back the reply.

**PAG Member**

#### **Better health:**

Help people live longer, healthier lives and support them to manage their own conditions and take care of their health.

#### **Better care:**

Provide the right care in the right place, at the right time by the right person.

#### **Better value:**

Use NHS money wisely and invest in sustainable effective and efficient services.

### 3. Understanding health needs

It is critical that we understand our population as this will help us to deliver services that are focused on meeting their needs and make a real difference to their health and wellbeing. As well as working with doctors, other clinicians and members of the public to understand what people need from their NHS, we also work closely with Bromley Council's Public Health Team to understand the health needs amongst our communities. This includes developing an assessment of these needs based on available evidence, called the Joint Strategic Needs Assessment.

Although Bromley is a relatively prosperous area, the communities differ substantially. The north east and north west of Bromley have similar issues such as higher levels of deprivation and disease prevalence to those found in inner London Boroughs, whilst in the south, the borough compares more with rural Kent. More information on our local population is available on our [website](#) and in our Annual Report and Accounts.

#### What do we know?

**19%**  
 OF THE  
**BROMLEY**  
**POPULATION**  
 IS MADE UP OF BLACK  
 AND MINORITY ETHNIC  
 GROUPS.

  
 OVER 6% RISE  
 IN TEN YEARS  
**330,900**  
 OUR POPULATION IS RISING  
 AND PREDICTED TO REACH  
**OVER 350,000 BY 2027**

  
**CANCER,** ARE  
**RESPIRATORY** THE  
**DISEASE** MAIN  
 & CIRCULATORY CAUSES  
**DISEASE** OF  
 DEATH



We need to ensure high quality services are provided to everyone, all of the time. We do this by setting quality standards with providers of care and we monitor their performance against these standards

People are living longer and health is improving, but more people are living with long term conditions and many have complex health needs

We have a greater number of residents aged over 65 than any other London borough and a growing number of new births. Both the very old and the very young have a greater need for health services.

Money is limited and the need for services is continually increasing

## 4. Our commitment

We are committed to involving people in the work of the CCG. This is set out in our [Constitution](#) and our [Engagement Strategy](#). Our vision for engagement is as follows:

<p><b>We prioritise patients in every decision we make</b></p> <p>All our developments are reviewed for clinical quality, access and impact on patients.</p>	<p><b>We listen and learn</b></p> <p>We use mechanisms such as our Patient Advisory Group (PAG) to engage broadly across the spectrum of potential changes and the priorities of local people, and we engage with relevant groups on specific areas.</p>
<p><b>We are evidence based</b></p> <p>All our schemes are tested against national best practice, benchmarking, and most innovative and structured pilot period, to ensure the maximum benefit follows investment.</p>	<p><b>We are open and transparent</b></p> <p>We are committed to being open and transparent in all that we do. Our Governing Body meets in public and is well attended by local people and partners. We also hold a question and answer public session prior to these meetings and post responses to other questions received on our website. We strictly follow guidance on declaration of conflicts of interest.</p>
<p><b>We are inclusive</b></p> <p>We seek out opportunities to engage with seldom heard communities, including settled gypsy travellers, minority ethnic groups and young people</p>	<p><b>We strive for improvements</b></p> <p>Our outcome ambitions set out a major scale of improvement, which seeks to ensure that we are better than average for all measures of performance, and in the upper quartile for many.</p>

<p><b>Guiding principles for engagement</b></p>	Engagement is intrinsic to everything we do.
	Development and use of our Patient Advisory Group as our first port of call for public engagement.
	Sustain our strong relationships with partners and the voluntary sector, including Healthwatch Bromley and Community Links Bromley.
	Ensure our standards for engaging the public and patients are used by all our staff.



## Equalities

The CCG is required to have due regard to the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in exercising its functions such as when making commissioning decisions and when setting policies. Equality impact assessments ensure we target communities most impacted by any proposals. Our engagement approach is informed by the Equality Delivery System.

## 5. Planning our engagement

Engagement with the public is undertaken in a meaningful way so that they have real influence in what we are doing and outcomes are used to help us deliver our priorities and improve services. We use our online business planning tool to ensure that public engagement is considered and planned at an early stage and equality impact assessments are undertaken which influence our engagement approach. We also use existing intelligence such as patient experience information, outcomes from surveys, partner engagement and other data to help contribute to an overall picture of services, views and experiences.

## LEGAL DUTIES

As set out in the Health and Social Care Act 2012, health bodies have a duty to engage with patients and the public in regard to service provision. We have a strong track record of engaging effectively with local stakeholders, patients and the public to ensure community involvement in how we design, deliver and improve local health services. We also gather information on the experience of patients using local health services. We consider what is working well and what needs to improve to inform our commissioning. We will continue with this approach whilst seeking areas for improvement and learning from best practice examples undertaken elsewhere. It is important that we design and commission services that meet the needs of our patients to enable us to provide the best possible health outcomes. We recognise how critical it is to get the right level of patient involvement in our work. Some of the ways in which we will continue to deliver this duty include:

**Engagement in our governance processes**    **Promote opportunities to get involved**    **Plan our engagement effectively**    **Feedback**  
**Have the right engagement tools and structures**    **Work in partnership**    **Involvement in our decision making**    **Support people who get involved**  
**Demonstrate our activity and seek assurance**    **Hold providers to account to engage patients**    **Engage to help reduce health inequalities**



We see effective engagement as everyone's role within the CCG with expert advice and support provided by the communications and engagement team. It is intrinsic to everything we do.

I have enjoyed meeting others and discussing common issues. Finding out what might be happening in the area. Feeling my input has been helpful. **PAG member**

## 6. How we engage

We involve the public and patients in a variety of ways and use a number of developed processes to ensure we are capturing views, reaching seldom heard communities, ensuring views are influencing decision making and feeding back to those who have been involved.

The approach we use depends on what we are engaging on and who we need to engage with. We use a number of approaches including events, surveys, face to face interviews, focus groups, workshops, social media, and direct contact and through our partner networks. Critical to the success of our engagement is maintaining strong and effective relationships with our local [communities and partners](#).

### Patient Advisory Group (PAG)

Anyone who lives or uses health services in Bromley can join our PAG. We have over 170 members and we are always recruiting more. Members can get involved as much or as little as they like.

### Healthwatch Bromley

We work very closely with Healthwatch and they are involved in a number of CCG committees. We carry out joint engagement activities and share information. This enables us to reach more people across Bromley. We have also commissioned Healthwatch to undertake engagement on our behalf with seldom heard communities.

### Community Links Bromley

Community Links Bromley (CLB) is the umbrella organisation for all voluntary sector services in Bromley. We work closely with them on our plans and use their networks as well as our own direct contact to reach out to more voluntary sector organisations and other communities across Bromley.

### Bromley maternity voices

We commission a Bromley Maternity Voices group which is chaired by a lay representative. This group has an agreed programme of work to reach out and engage women and families about their



maternity care. This is a successful group which has received some national recognition for leading the way on influencing maternity care. More information is available at [www.bromleymaternityvoices.org.uk](http://www.bromleymaternityvoices.org.uk)

## **Bromley C&E Network**

The Bromley Communications and Engagement Network is chaired by Healthwatch, and enables communications and engagement staff from all the statutory and voluntary organisations in Bromley to come together to work on shared priorities. The group share their engagement activity so that outcomes and experience intelligence can be shared and more communities can be reached.

## **Patient participation groups**

Every GP practice is required to have a Patient Participation Group (PPG) as part of their contract. We have supported the development of PPGs in Bromley by providing them with a best practice toolkit which provides useful information about setting up and running effective PPGs. We invite PPG members to our events and workshops that are about primary care and also have facilitated a PPG chair forum to bring them together and share good practice.

## **Partners in Bromley**

We work with faith groups, schools, youth forums and after school clubs to engage with children and young people. We have held many workshops and focus groups in schools to talk to young people about their emotional and mental wellbeing. The outcomes of this work are being fed into our co-production programme around children and young people's emotional and mental wellbeing.

## **Social Media**

We use twitter to help us reach our 4,000+ followers. We promote opportunities to get involved, events, information campaigns and also use this to feedback to people who ask questions. It enables us to reach more people who may not necessarily engage through traditional routes.

## **Advertising**

We promote opportunities to get involved on our website, using social media, in advertorials in the local paper, by attending community events, working in the main Bromley shopping centre and through all our partner networks.

The CCG board members convey commitment and enthusiasm for engaging with the PAG. Unlike some other NHS organisations with whom I have dealings, they clearly take engagement with patients seriously. With the pressure on NHS resources this is understandable but patients are not just clients, they are also a resource. **PAG member**

## 7. Involving the public in how we operate

Patient and public representatives are involved in how we govern and operate as a statutory body.

Commitment / Vision	Decision making	Assurance
<p>Our <a href="#">constitution</a>, which sets out our fundamental principles on how we are governed, reflects our organisational commitment and vision for public engagement.</p> <p>Our engagement strategy and plan, published in 2017, sets out our organisational commitment and vision for engagement as well as how we aim to constantly improve.</p>	<p>We have three lay representatives on our Governing Body, (one of whom is our public involvement lead lay representative), and the Chair of Healthwatch Bromley. Dr Andrew Parson, Chair of the CCG is the clinical lead for public engagement. Our Governing Body formally receives and discusses our Annual Engagement Report each year, together with a six month progress report on <a href="#">engagement activity</a>. These reports provide assurance on how we are meeting our legal duties to engage with the public.</p> <p>Our Governing Body meetings are held in public every two months. The public are encouraged to ask questions relating to the agenda, which are discussed prior to the meeting starting. We always publish these questions and answers on our <a href="#">website</a>. Meeting papers are easily available from our <a href="#">website</a> or on request.</p> <p>All papers and proposals that are submitted to high level committees in the CCG (such as the Governing Body, Clinical Executive Group (made up of Directors, GP leads and Heads of Services) and others have to report on what public engagement (where applicable) has taken place or is needed.</p> <p>We always ask for patient representatives to be part of the procurement of new services.</p> <p>Healthwatch Bromley and the voluntary sector are represented on many committees in the CCG such as our Equality and Diversity Group and our Clinical Quality Review Groups.</p>	<p>We test out engagement approaches with patients. For example on our Over the counter prescribing proposals and plans for a 65+ joint strategy with Bromley Council. On both occasions we have adjusted our plans based on feedback. You can read examples in this report.</p> <p>We also seek assurance from Healthwatch.</p>

## 8. Patient experience and involvement in our services

All providers of healthcare in Bromley collect patient experience information which is shared with the CCG on a routine basis. The CCG needs to know how patients are finding the services we commission and how providers are involving them. We also gather feedback about patient experience in a number of other ways - as set out in the diagram below. It is important that we use all of this intelligence to help inform and

deliver improvements in local services. We manage the collection of this information through local monitoring boards and Clinical Quality Review Groups (CQRGs). Outcomes are shared with our Governing Body at every meeting through the Integrated Governance report. We also gather intelligence on all the direct engagement taking place across Bromley through our Bromley Communications and Engagement Network. This helps us to plan engagement, avoid repetition and share learning and outcomes from the work we are all doing.

During the year a number of improvements were made based on issues raised through complaints and quality alerts. In one example we streamlined the approval pathway for IVF treatment following a patient complaint about delays.



### Holding providers to account for engagement

We expect all our commissioned providers to involve the public and patients. This is part of our contractual process. The procurement of a new service requires potential bidders to set out how they will engage the community and add wider social value by using the outcomes of patient engagement to inform and improve service delivery.

The need for ongoing engagement with patients is also included in all contracts. In the recent procurement of community health services in 2017, a number of key performance indicators have been put into the new contracts to ensure that the service delivers the required engagement with patients.

Bromley Healthcare	King's College Hospital	Oxleas	Bromley and Lewisham MIND
The team at the Hollybank Short Stay Respite Centre asks children a different question every month about the facilities available in order to make their stay more enjoyable. The children answer using coloured smiley/sad faces.	The Trust has held workshops for patients to gather views on their transformation of outpatient services at the Princess Royal University Hospital. Patients have said they want to get the hospital to get the basics right as well as transforming how outpatient services operate.	The Trust has a number of patient experience groups which oversee and review patient experience feedback. The CCG has engaged with people with mental health conditions through the Trust's established groups.	The Recovery Works service, which helps people with mental health conditions get back into education, training or work has a co-production team which meets every two weeks to help run the Recovery College. This group is made up of volunteers and people who have used the service. They are very involved in deciding what is in the training <a href="#">programme</a> . They are also involved in delivering the courses as paid tutors and helping with the running of the Recovery College (for example disseminating programmes or organising a conference). In the summer term they run a Recovery College library. Feedback from other students is also analysed to influence which courses are run.
A patient experience group has been established which is helping the organisation to review services and plan improvements.	The Trust has developed a large membership body of local people and has lay governors that are part of their Trust Board. Regular meetings are held with members to update them on developments in the Trust and get their views.	The Trust holds an annual members forum to discuss its plans and gather views on services. In 2017/18 the Trust responded to a number of issues raised through this forum including improving the support provided to families and carers through the introduction of a new social network engagement tool used by clinicians to map out what family and social support is in place for patients and how they would like these contacts to be involved in their care.	

## 9. Informing our work

It is critical that our engagement activity is meaningful and contributes to the delivery of our vision, strategic priorities and commissioning intentions. Evidence shows that when patients, public and healthcare staff work together, it results in better services which lead to better health outcomes. We place patient involvement at the heart of our commissioning and decision making including analysing and planning, designing pathways, procuring services and delivering and improving services.

Throughout this report you will see how our engagement has directly contributed and is supporting the delivery of many of our strategic priority areas and our commissioning intentions. Some of the strategic priority areas informed by our public engagement include:



In 2016, patients and the public helped us decide our two year commissioning intention priorities. These are:





## Over the counter prescribing

Medicines

QIPP

South east London  
Sustainability and  
transformation plan

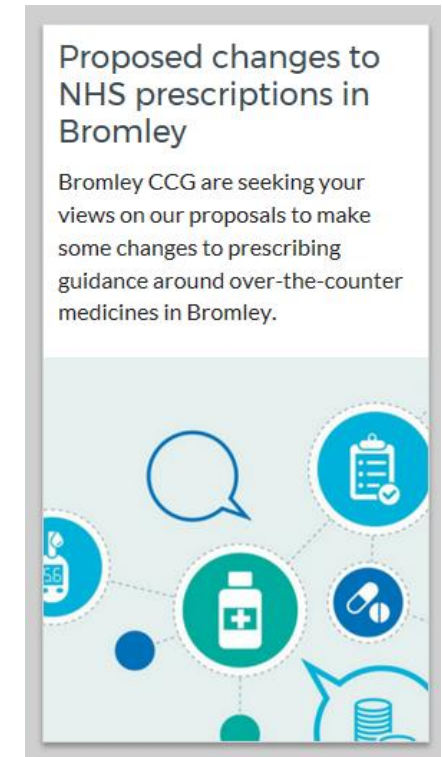
**Purpose:** To gather views on plans to no longer support the prescribing of medication for minor and short lived ailments. The rationale for making these changes were to:

- Promote self-care and empower patients to manage minor ailments and injuries.
- Free up doctor and nurse time for those most in need.
- Get the best value from the funding that we have available.
- Follow the national direction of travel in order to make services more sustainable and eliminate waste.

**Activity:** A formal engagement period launched on Monday 31 July 2017 and ran until 8 October 2017. Prior to the launch we tested our approach with patient representatives and amendments were made based on their recommendations. An engagement document explaining the proposals was provided in a variety of formats including online, printed, large print and easy read. The printed versions of the document were distributed, together with posters to promote the engagement to GP surgeries, pharmacists, local employment services, children centres, care homes and also used at local events.

We visited community groups to ask for views, and engaged directly with those groups who may be most impacted such as people on low incomes and families.

**Outcomes:** 547 responses were collected through the survey. 83.64 percent of people agreed or somewhat agreed with the proposals. 84.71 percent agreed or somewhat agreed that GPs should spend less time treating people who could buy self-care medication and health supplements without a prescription. GP practices were supported to implement the changes with patient letters, posters and self-care leaflets. Information on the outcome of the engagement process was emailed to people and groups who engaged with us, featured in our Stakeholder Bulletin and posted on the CCG [website](#). We also published a [position statement](#) setting out the new arrangements.





## Safeguarding Children

children

Safeguarding  
adults and  
children

**Purpose:** In January 2017, we developed an engagement plan for children and young people which prioritised how we would engage with them to help inform the delivery of the services they use. This plan was approved by our multi-agency Children's Board and implementation of the plan is monitored by the Board which is chaired by a Bromley GP. One of the priority areas was to seek views from young people on their health and wellbeing needs, their understanding of safeguarding, the services they may be using, their understanding of what support is available to them and how best to communicate with them. We wanted to focus in particular on young carers and young people who do not always have a voice in their care.

**Activity:** A survey aimed at young people aged 13 and upwards was developed and tested with young people. It was sent out through schools, social media, youth services and other appropriate networks both online and printed copies. Focused group work was undertaken with children aged 6 to 13 in school settings. A total of 234 children were engaged, which included 133 responses to the online survey and 101 younger children engaged face-to-face through schools.

**Outcomes:** The outcomes of the engagement are being analysed and will be fed through to the Bromley Children's Safeguarding Board to inform the board and identify any changes required to support young carers and other safeguarding practices. Outcomes will also be shared with local services, where specific issues are raised and also used to help improve the way the CCG and other providers communicate with and provide information to children and young people.





## Co-production to improve emotional and mental wellbeing

children

mental  
health

CAMHS  
Transformation  
Plan

**Purpose:** In 2016, we commissioned the New Economics Foundation (NEF) to test out a co-production approach to improve emotional wellbeing services for children and young people in Bromley. We wanted to get a better understanding of young people and the appetite of local organisations to commit to delivering services that would meet these needs. In October 2017 we launched a year-long co-production programme to test out the outcomes of the earlier work and come up with a model of service delivery for emotional and mental wellbeing for children and young people that will meet their needs and which is designed and produced by young people, citizens and statutory organisations. We already know from the NEF work that young people want more focus on support and early intervention to reduce the risk of them going into crisis and needing more intensive support.

*Sometimes I talk to my dog. He can't hurt your feelings. He won't judge.*

**Girl aged 10**

*I feel comfortable around animals, more comfortable than around people. **Boy aged 14***

**Activity:** During the reporting year, over 40 different meetings were held with partner organisations and forums that support children and young people in Bromley to get them involved in the co-production programme. This included schools, faith groups, after school clubs and homework clubs. Focus groups took place in a number of schools and community groups with young people to test out the outcomes of the NEF report. A survey was also sent out to schools in Bromley to ask young people about their emotional wellbeing. Almost 1,500 young people responded.

Feedback from all this direct work with young people mirrored the earlier NEF findings, which has strengthened the case for a focus on early intervention.

A detailed project plan has been developed to deliver the co-production programme. In January 2018, a stakeholder event involving system leaders, service providers, community groups and faith groups was held to discuss the programme, consider how outcomes could be delivered and get a system wide commitment to co-production. This was followed by three 'community meetings' involving the public, stakeholders and young people to further test wellbeing outcomes and consider models of care to deliver these outcomes. In 2018 the project will continue as the community in Bromley

**“**Co-production is for the whole NHS. It is how we should all be working – doing with and not for, or to, people – not just sometimes, but all the time. The recently published, 'Co-production Model' has been developed by patient leaders...

David McNally, Head of Experience of Care at NHS England

**”**

continues to co-design approaches and models of care to meet the emotional and mental wellbeing needs of young people. More information is available on our [website](#).

**Outcomes:** The outcomes of this work will be fully measured once a new designed model of care is developed and tested with local providers, clinicians and young people and families.

***In January, the CCG welcomed over 80 people from a range of organisations in Bromley that work to support children and young people including youth services, schools, health services and the police. The purpose of the event was to share the work the CCG is doing on the co-production of emotional and mental wellbeing services for children and young people and get their involvement.***

***At the event we shared an understanding of co-production and how it will be applied in this programme, explained how it fitted into the local and national context for improving mental health, shared outcomes from discussions held with young people including focus groups, workshops and surveys, prioritised outcomes and considered innovative ways in which we can achieve those outcomes. This was followed by three community co-design events with the public, young people and families. The purpose was to engage with young people about what they needed to help them keep well.***

**Reports are available on the [CCG website](#)**

**Juliana Ansah – CCG Co-production Manager**



Sara Nelson  
@SaraNelsonRGN  
Following  
Great idea @HealthyLDN @TracyDBeaker

Bromley CCG @NHSBromley\_CCG  
"We should move away from a tier system and instead base help around CYP's needs. It should adapt to the young people themselves." (Practitioner)  
#BromleyCoProduction #emotional #mentalhealth #wellbeing

1:20 PM - 18 Jan 2018 from Bromley, London

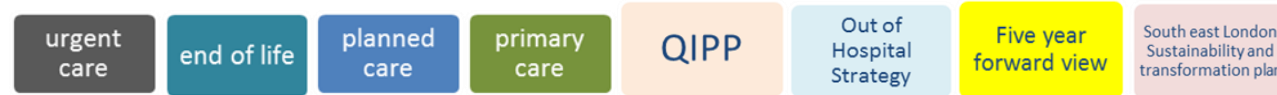
1 Like

1

Bromley CCG  
@NHSBromley\_CCG  
#coproduction #bromleycoproduction



## Community based care



**Purpose:** In 2016, patients were involved in the development of our Integrated Care Network (ICN) model of care. Two pathways of care were developed, a proactive care pathway and a frailty care pathway. Patient engagement was critical to the development of the model as it needed to meet the needs of patients and carers. We ran a patient focus group to gather information on managing long term conditions and held several stakeholder and patient events to test the model and refine it further. To measure the success of the new model of care, in 2017 we commissioned the Health Innovation Network to undertake an independent evaluation. It was important that the views of patients were captured in this evaluation to test how the new model was working for them and any required improvements that could be made. The evaluation report is available on our [website](#). New roles and additional resources were put in place to deliver this new model including additional Consultant Gerontologists and Care Navigators. Its success is built on the strong working relationships with health, care and voluntary sector professionals in Bromley.

**Activity:** Patients and unpaid carers were asked for their experience of being cared for in this way and the impact this has had on their quality of life. Telephone and face to face interviews were conducted, including in a patient's home. These case studies and outcomes were shared with the ICN Board and a joint provider operating group to incorporate into the ongoing service provision. Those interviewed were very satisfied with the service they received.

"This has changed my life – thank you for the help and advice. I am engaging more with services and feeling well enough to visit my daughter in Australia later this year".

**Outcomes:** Professionals working in the ICN have reported that the new pathways are having a positive impact on patient care and are improving communication, understanding and relationships between different providers of care. In the first 12 months, 1,557 patients have been referred from 42 Bromley GP surgeries to this new pathway of integrated, proactive care. Initial data shows a reduction in hospital admissions. Due to its success, we are building on this model and using it in other areas including integrated heart failure (see page 31), respiratory services, integrated therapy service, care homes and end of life care.

"I told my GP how much I've benefitted from the ICN, including the work of the Community Matron, AGE UK and the changes made to my medications".

## Setting our priorities



**Purpose:** At the end of 2016, we had engaged with the public to help agree our priorities and plans for two years. The outcome of this process is available [on our website](#). The areas identified at the time remain valid, but we wanted to review and refresh our plans with the public to help inform the delivery of our future Operating Plan.

**Activity:** We held a patient workshop in February 2018 which was attended by 27 people including members of our Patient Advisory Group, representatives from Patient Participation Groups and voluntary and community groups from across Bromley.

The event discussed a number of future priorities including: integrated urgent care, transformation of outpatient services, mental health - particularly child and adolescent services, care homes and end of life care. There were presentations on our future priorities, including when plans were aimed to be delivered, what projects would be undertaken and what expected benefits there would be to patients. Following a question and answer session, we had table discussions on the priority areas. This enabled us to gather views on how people felt about these, how they felt they would improve patient experience and if there were any other areas we should be considering.

**Outcomes:** Following the workshop a feedback report was produced and shared with all of those who attended as well as those people who had expressed an interest and who had views to add, but who had been unable to attend. These outcomes have been shared with programme leads within the CCG to consider when finalising annual operating plans - which outline what commissioning activities we are undertaken during 2018/2019. A “you said, we did” report will be published in the summer of 2018 which illustrates how the feedback has been used to influence plans.

**Q:** The CCG currently has limited funds. With such budget constraints, who supplies what?. How do the budgets work?

**A:** The CCG is working in a constrained financial environment. This is why we are looking at integration and considering how we best use the resources we have.

**Q:** Who makes the decision regarding who you need to see (in relation to outpatient transformation)?

**A:** All referrals are clinically triaged by Consultants and Nurse Specialists. GP referrals are made using the e-referral system. Your referral is sent straight to a Consultant who clinically triages this. They then decide how quickly you need to be seen and who is best to treat you.



Being involved in a procurement for the CCG helped me get some paid work for another NHS organisation doing procurements for catering and cleaning services. I would not have got this without my procurement experience with the CCG so many thanks. **PAG member**

QIPP

South east London  
Sustainability and  
transformation plan

Out of  
Hospital  
Strategy

Five year  
forward view

planned  
care

## Procurements

We always involve patients in the service redesign and procurement of services in Bromley. Redesigns are informed by patient experience and feedback and we always ensure patient reps are on the procurement panel to be part of the decision making process for new contracts. We train our patient reps on how to use our Delta procurement system which manages the scoring of bids and they are briefed by project managers to ensure their involvement is meaningful and they are equipped with all the information they need. Some examples this year:

Community Health services	Diabetes services	Anticoagulation services	Muskulo-skeletal services (MSK)	Tailored dispensing services (TDS)
Following extensive engagement in 2016 to inform the service specifications for community health services, three of our Patient Advisory Group members were evaluators on the procurements. It was essential that they were involved to enable the patient perspective to be heard. Engagement reports on <a href="#">adult</a> and <a href="#">children's</a> services are on our website.	Procurement for new diabetes services was informed by patient experience and feedback. 141 people completed a survey, which gave us a broad understanding of what is important to people with diabetes. We also held a <a href="#">focus group</a> with eight of our Patient Advisory Group members. Two of those members were part of the procurement panel.	Our community anticoagulation service is very popular with patients and we collect regular patient experience via the provider. Patient satisfaction is consistently high. To inform a new contract, we held a <a href="#">focus group</a> to review the service and two of our patient advisory group members were part of the part of the re-procurement process.	We ran a patient workshop with nine patients to hear their experiences of using MSK services. Their feedback was used to inform the service specification. Overall patients were very happy with the service but suggested the GP referral process should be reviewed. Patient representatives were part of the procurement panel. The new service now provides self-referral.	Bromley pharmacists helped us to gather views on the TDS by writing to those who use it. These were generally housebound older patients so we used paper surveys which were returned using our freepost address. Almost 10% of patients using the service responded. This feedback has informed the service specification. Patient representatives were part of the procurement panel.

## Bromley Health and Wellbeing Centre

Out of  
Hospital  
Strategy

planned  
care

South east London  
Sustainability and  
transformation plan

Five year  
forward view

**Purpose:** Following a successful bid for funding, the CCG is developing a new Health and Wellbeing Centre in central Bromley. The centre will play a major role in providing co-ordinated and integrated care for patients through a range of community based services in the heart of the borough. Patients are involved in the development of the centre.

**Activity:** In the summer of 2017, members of our Patient Advisory Group were involved in a multi-agency group to review and score possible sites for the new centre. Following the decision to pursue the site of 32 Mason's Hill, Bromley, a further two sessions were held with 15 interested PAG members. The purpose was to update them on the project and to discuss the early "tenants requirements" document, commenting on the outline and full document, which explains what services may be included and what issues need to be considered, such as estates, IT, accessibility, and facilities within the building. Future engagement work with PAG members will see them involved in the outline design phase of the project to look at, amongst other things, accessibility and aesthetics.

A detailed plan to deliver engagement with the wider local community, including patients at the Dysart Medical Practice (which will move into the new centre) and residents of the Bertha James Day Centre (currently located on the site of the proposed new centre) has been developed. This engagement will support the planning application process and ensure that the local community are informed of the plans, hold public events to share the drawings for the new centre and work with any local groups to address any questions or concerns they may have.

**Outcomes:** Patient Advisory Group members have directly influenced the site option for the new centre, which will be announced in 2018, and the tenant's requirements document.

## Orpington Health and Wellbeing Centre

Our plans for a new health and wellbeing centre in Orpington are well underway. The construction of the building was completed in March 2018. Patients were involved in the plans for this centre including advising on accessibility.

A member of our Patient Advisory Group is on the Orpington Health and Wellbeing Centre Project Board to ensure there is a patient perspective in the development of this new centre. The next stage will be to fit out the centre and commission the services that will be located there.





## Primary Care



**Purpose:** In January 2017 we launched our permanent extended GP service. Bromley residents can now access a GP from 8am to 8pm seven days a week from three sites. In 2016 we asked patients using the earlier pilot service for their views. They told us how satisfied they were with the service but recommended that we promoted it.

**Activity:** In the summer of 2017 we launched a high profile campaign to promote the 8am to 8pm GP service. This was coupled with a 'self-care for life' campaign which aimed to encourage people to take care of minor ailments before considering if they needed to see a GP. The campaigns were promoted over outdoor media, leaflets and posters in public places, newspaper advertising, social media, shopping centres, leaflet distribution to homes and at railways stations and other public places.

**Outcome:** Due to the success of the campaign and the promotion done by GP practices, Bromley has one of the highest utilisation rates of its extended primary care services in London (circa 97% usage). Over the winter of 2017 additional appointments were provided to help manage winter pressures.

### GP five year forward view

Several times a year we hold a patient workshop to gather views on our plans for improving primary care as set out in the national GP five year forward view. We also use these opportunities to feedback face to face on how the views of patients have been used to develop primary care services. At our workshop held in July 2017, we also used the opportunity to gather views to inform our primary care needs assessment. Reports are available on our [website](#).

### Supporting Patient Participation Groups (PPG)

Every GP practice must have a PPG. In 2017, we published a guide for PPGs to use to help them run effectively and have influence within their GP practice. We also co-ordinated a regular meeting of PPG chairs to enable them to network across practices and share learning. At the first meeting in October 2017, a range of subjects were covered including practice staff recruitment, use of information technology, shared records and GP premises. We have also visited some of the PPG meetings to talk about CCG priorities and how to get involved in our work. Some PPG members have joined our Patient Advisory Group.



Out of  
Hospital  
Strategy

primary  
care

Primary  
care  
strategy

Five year  
forward view

## Primary Care improvements

**Purpose:** To inform the new contract for the extended 8am to 8pm GP service, a revised service specification is required to help inform the procurement process. We wanted patient input into this process and the opportunity to address patient queries about the current service.

**Activity** A patient workshop was held in January 2018 with 22 patient advisory and patient participation group members. The workshop focussed on talking through the current service, understanding patient's experiences (through undertaking a pathway mapping exercise) and to consider future areas for service developments.

**Outcome:** Following the workshop a report was produced which captured all of the feedback from those who attended. This has been published on our [website](#) and shared with those who participated. The feedback captured will be reflected on by the primary care team and considered for future service developments as well as to form part of an enhanced service specification later in 2018. Particular examples include better communication in the wider sense but also from GP surgeries as it is clear that there are inconsistencies in the information being offered. It also has to be made clear to the public the various healthcare service options that are available to better educate patients on accessing the right care at the right time.

Procurement of the access hubs is being reviewed strategically to ensure that the contract is integrated with the future model of the wider urgent care system for Bromley, as well as meeting national guidelines set by NHS England. There will be future opportunities for PAG and PPG involvement in the procurement in 2018/2019.



### Patient Online

In June 2017 the Patient Online campaign was launched across Bromley. Patients had already told us they wanted more ways in which to access GP appointments and get in touch with their practice. Patient Online enables patients to make their own GP appointments and access their medical records.

Bromley has one of the highest rates for offering Patient Online facilities in London.

The campaign included the distribution of 10,000 leaflets across Bromley, press releases, outdoor media and live demonstrations.



## Primary Care Needs Assessment

**Purpose:** In 2017, the CCG launched a Primary Care Needs Assessment in order to understand the need for primary care in Bromley and the needs of those delivering the services. The outcomes would inform the development of a sustainable model of primary care. An engagement plan covering all the different stakeholders and communities was developed. As well as talking to the providers and other stakeholders, we also needed to know how it was for patients. We wanted to know:

- How quickly you get an appointment
- Whether the person who sees you knows you/your family
- Whether you are involved in decisions about your care
- Who you see (preferred GP, any GP, Nurse, other)
- Whether the health professional listens to your concerns
- Is the service just for when you are ill, or is it for helping you to stay well?

**Activity:** We have engaged with a wide variety of groups in order to reach as many representatives of the local population as possible. This has involved visiting established groups and setting up workshops and events to gather views. Groups include the Bromley Heart Support Group, Bromley Asian Cultural Association, people with mental health conditions, a local cookery club for people with learning disabilities, the Pineapple Club (a Black, Asian, Minority Ethnic group), the Step Forward Learning Disabilities Group, Bromley Parent Voice and some practice participation groups.

**Outcomes:** A wide range of themes have been gathered from the engagement including: access to appointments; waiting in the surgery; larger practices; online appointment booking; video consultations; online consultations; telephone consultations; signposting to other services by reception staff; continuity; the extended primary care services; limiting consultations to one problem; knowledge of mental health; prevention; length of the consultation and nurse practitioners.

All of the outcomes of the public engagement, together with engagement with practice staff and other partners will be

considered in the spring of 2018 as part of improvements being made to primary care services in Bromley.

“Not all GPs appear to have good knowledge and experience of dealing with mental health issues. We want to feel more secure that GPs have knowledge of mental health issues and their management”.

“Keeping people well is an important part of the GP role, rather than just waiting until people become sick and need treatment. If GPs could help keep patients well, they would spend less time seeing them”.

## Mental Health for adults



**Purpose:** As part of our commitment to improving both the mental health of our population and the services provided to treat and support them, we wanted to ensure service users and their carers were involved in the development of our mental health strategy and priority areas of focus.

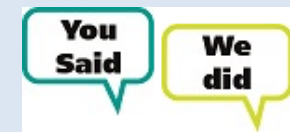
**Activity:** In April 2017, we held a stakeholder event and invited service users, carers, providers of care and other partners. The aim was to gather views on what priority areas of mental health care we should focus on in order to meet the needs of local people. The outputs from the event, together with health needs information was used to agree priority areas. These are:



**Outcome:** In October 2017, the multi-agency Bromley Mental Health Programme Board established priority work streams to deliver these areas. The highest priority was to develop a single point of access to make sure that people get the right service at the right time, first time and every time. The approach will be modelled on the multi-disciplinary team model of integrated care already established in Bromley. It will focus on greater integration between health, social care, housing, third sector, employment and the criminal justice system.

Patients have helped inform new mental health services in Bromley. By sharing their experiences of care and improvements they would like to see we now have:

- The Bromley Dementia Hub
- Recovery Works – helping people get back into work and education
- Talk together Bromley (psychological therapy services)



**We need clearer information about what is available from psychological therapy services.**

The new service provides clear information about what is available and how patients can refer themselves for treatment.

**Waiting times need to be reduced and more appointments provided out of working hours.**

Because of the CCG's additional investment in the new service, there are more appointments available which are offered outside of working hours.

## Cancer Care



**Purpose:** Following the publication of the National Cancer Patient Experience Survey, a Bromley working group was set up to respond to outcomes of the survey. The purpose was to identify immediate improvements that could be made to local cancer services.

**Activity:** A cancer focus group with patient advisory group members was held to inform the work. The outcomes were fed into the working group which is made up of CCG staff (including a GP clinical lead), MacMillan Cancer Support and Cancer Research UK. The two main themes that emerged from the engagement were:

- Improve the information and documentation given to patients when they are diagnosed with cancer.
- Improve communication between the patient and their GP when being treated for cancer.

**Outcome:** The working group are working with the voluntary sector through [Bromley Well](#) to provide improved resources for patients and their family. Rather than patients having to find the information they need, Bromley Well will identify appropriate information and resources to help them navigate their way through diagnosis and treatment.



**The volume of information I got after my diagnosis was overwhelming. I didn't know what to read first and what was the most important.**

Bromley Well will help patients to be signposted to the information they need at the right time as they go through their treatment.



For more information on Bromley Maternity Voices, please visit [www.bromleymaternityvoices.org](http://www.bromleymaternityvoices.org)

maternity

South east London Sustainability and transformation plan

## Maternity improvements

**Purpose:** We commission a Maternity Voices Partnership, known as Bromley Maternity Voices. The group supports improvements in maternity care and the experience of women and babies in Bromley. Due to its success, Bromley Maternity Voices has shared its experiences at a national level to demonstrate co-production between service users and health professionals.

**Activity:** Over the last year, the group have held coffee mornings at service user homes. These provide an opportunity for mothers use this informal environment to talk about their maternity experience and share feedback which can be then fed back into service delivery. A number of priorities were agreed for 2017. These were: to support local maternity services to gain UNICEF Baby Friendly accreditation, helping to protect physiological birth and more antenatal education/information to support women in making informed decisions about their care.

**Outcomes:** Our local community provider has received UNICEF Baby Friendly accreditation for its health visiting services. A new infant feeding specialist midwife and infant feeding team have been appointed at the Princess Royal University Hospital. There has been interest from potential breast feeding peers following coverage placed by the CCG in the local newspapers for World Breastfeeding Week and home birth meetings are being offered for pregnant women and their partners to learn about home birth and hear from parents who have given birth at home. The information provided to women about their birthplace options is being reviewed. Members of the committee are also working with hospital midwives and obstetricians to develop a list of options that women can use to personalise their experience of caesarean birth. Bromley Maternity Voices has influenced NHS England's [Implementing Better Births Toolkit](#), which sets out the importance of MVPs in implementing Better Births. Bromley Maternity Voices is featured in the toolkit as an example of best practice for an MVP.



**Mindful mums** - Based on feedback gathered to inform our perinatal mental health services, we commissioned the [Bromley Mindful Mums](#) befriending service to help pregnant women and new mums look after themselves during pregnancy and the first year of birth. The service offers wellbeing groups, walking groups, befriending and support for women who have had a multiple birth such as twins etc.

In the first year, the service has supported 118 pregnant women and new mums. This support helps their mental and emotional wellbeing and can reduce the impact on statutory services.

## Eye Care

Out of  
Hospital  
Strategy

planned  
care

In 2016, following feedback from over 600 patients and GPs, the integrated primary and secondary eye care model was developed. This new model of care was launched in April 2017 and is an excellent example of how patient feedback on the model and patient involvement in the procurement has led to real improvements for people in Bromley.

Patients had told us that they had to wait too long when referred for an eye assessment to diagnosis and treatment. The new service is providing minor eye care services closer to home in high street optical practices. Patients now have a single point of access and will be referred onto more specialised services if they need it.

**Outcomes:** Satisfied patients have told us:

“When I contacted Specsavers for an appointment, they were very professional and knew exactly what the service was. I was given an appointment very quickly”.

“The service provided on both visits was very thorough and they also conducted an independent eye test, which I wasn’t expecting”.

“I received a very good service and would definitely recommend it”.

“If I hadn’t been able to use this service, I would have had to see my GP or even go to A&E”.



**I want to be seen by any trained professional in an easy to access service.**

Community optometrists are now providing this service. Patients with glaucoma and cataracts are diagnosed and referred earlier to hospital for treatment. Patients have more choice as a number of opticians in Bromley are providing this service. We have also partnered up with Lambeth, Lewisham and Southwark opticians so that patients have even more choice of where they go to for treatment.

### MINOR EYE CONDITIONS SCHEME (MECS)

A SERVICE AT YOUR LOCAL OPTICIANS  
 PROVIDES FREE ASSESSMENT FOR MANY COMMON EYE CONDITIONS





South east  
London  
Sustainability and  
transformation  
plan

Five year  
forward  
view



## Sustainability and Transformation Partnership

Bromley CCG is part of the south east London Sustainability and Transformation Partnership (STP) called Our Healthier South East London.

The models of care developed through Our Healthier South East London are the result of several years of partnership working between clinicians, commissioners, council social care leads and local hospitals and have been informed by extensive engagement at south east London level and through CCGs with local communities, patients and the public.

In 2017, engagement activity included:

- Public events to raise awareness of the work of the STP and creating more opportunities for local people to hear about the plans directly from NHS leaders and tell us what they think. More than 500 people from across south east London participated. An independent report and programme response to the feedback and all of the questions received at the events can be found on the OHSEL [website](#).
- Two to three patient and public voices and Healthwatch representatives are on each of our clinical and decision making workstreams influencing all our key programmes of work and feeding into our Patient Advisory Group.
- Working with Maternity Voice Partnerships from each borough to co-produce our Better Births Implementation Plan, setting our maternity transformation priorities for the whole of south east London.

We also continue to hold south east London wide Equalities Steering and Stakeholder Reference Group meetings to ensure our plans are assured around patient and public engagement and equalities issues.

Our approach has been informed and endorsed by The Consultation Institute, who advise on best practice engagement at national level. The engagement programme was also shortlisted for a National Award by the Association of Healthcare Communications and Marketing (AHCM). All of our engagement activity and information on how we use feedback is routinely [published on the STP website](#). You can find out how to get involved by visiting [www.ourhealthiersel.nhs.uk](http://www.ourhealthiersel.nhs.uk)

## Examples of other engagement over the year

### Integrated heart failure service

In March 2018, the CCG agreed to invest an additional £290,000 into a new integrated Heart Failure service model.

The heart failure project commenced in June 2017 and during that time a comprehensive review of services had been undertaken in order to develop a new proposed model of care. The proposal extends the hospital based service to include an integrated community service using the Integrated Care Networks model to deliver improved patient experience and health outcomes. The model includes a dedicated Consultant Cardiologist for Bromley and a Clinical Nurse Specialist for each of the three Bromley integrated care networks. This approach will better support patients who have been recently discharged from hospital or those that are vulnerable and at heightened risk of deterioration.

A survey was undertaken in September 2017 with members of the Bromley Heart Support Group to find out their experiences of services. This was used to review the current heart failure services.

A focus group held in March 2018 considered a number of areas to inform a new integrated heart failure model. A report on the outcomes is available on the CCG website.

**OUTCOME:** There will be patient representation on the new Heart Failure Clinical Interface Group which will be set up to support the implementation and mobilisation of the new service model.

### Visiting medical officer (VMO) in care homes

To inform the procurement of the visiting medical officer scheme into care homes in Bromley, the CCG met with Patient Advisory Group members and residents of a care home to gather their experience of the visiting medical officer service which provides primary care services in care homes.

Two care home residents were interviewed and a survey was sent to patient advisory group members who have direct experience (either themselves or through a family member) of the service in the last 12 months.

**OUTCOME:** The outcomes from both interviews and survey were used to inform and endorse a revised service specification for the VMO service which will be used as part of the procurement in the summer of 2018.

<p><b>Supporting children with autistic spectrum disorder (ASD)</b></p> <p>The CCG is currently reviewing the ASD diagnostic pathway and is engaging with parents and carers to inform better models. We have entered a joint agreement with Bromley Council to commission Bromley Parent Voice to engage widely with families, carers and young people to help inform better models of care.</p>	<p>At a parents meeting we spoke to around 12 parents who have children who have been diagnosed with ASD and support they receive. All of them are committed to working through Bromley Parent Voice to share their experiences and work to consider what improvements can be made.</p> <p><b>OUTCOME:</b> This event contributes to the wider work the CCG is doing to engage with families and children with SEND.</p>
<p><b>Reaching out to residents aged 65+</b></p> <p>The CCG is working jointly with Bromley Council to develop a strategy to support residents aged 65+. The strategy will cover a number of areas including prevention and wellbeing, self-care and management and supporting the most vulnerable</p>	<p>In March 2018 we held a public workshop to get their input into what needs to be in the strategy and how we should do wider engagement with residents in Bromley.</p> <p><b>OUTCOME:</b> The outcomes of the workshop were captured in a report which is available on our website.</p> <p>These outcomes will be considered by the joint committee managing the development of the strategy and will inform a period of wider engagement and consultation over the summer of 2018.</p>

<p><b>Supporting education and self-care</b></p> <p>Our <a href="#">Heart Support Group</a> was set up following feedback from patients. It supports those with a heart condition and holds regular meetings. The CCG has helped the group form a patient led committee and get accreditation from the British Heart Foundation. Satisfaction from those attending is high and surveys are available on our website.</p>	<p><b>OUTCOME:</b> Due to the success of the Heart Support Group, we are now working with the Bromley Breathe Easy Group in collaboration with the British Lung Foundation which supports people with respiratory conditions. We will provide key speakers and information about local services.</p>
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### Supporting survivors of abuse

The CCG has been working closely with Survivors Of aBuse, (SOB) a Bromley based charity that works with adult survivors of abuse to help transform their lives and recover from trauma. The charity runs workshops for adult survivors who have experienced emotional abuse, physical abuse, sexual abuse and/or neglect.

SOB also educate stakeholders including the health service about the impact of childhood abuse on the survivor and how their living therapy programme can improve mental, emotional, physical health and wellbeing of the adult survivor. **OUTCOME:** By working with SOB we can both support adult survivors better and potentially reduce the impact on statutory services.

### Transforming care for people with learning disabilities

CCGs in south east London have been working together on a Transforming Care Partnership to improve care for people with learning disabilities, in particular those who have experienced inpatient care. People with lived experience have been involved in this programme from the start. A TCP forum for users and carers has been established and members have attended meetings, been involved in the selection and procurement of a third sector organisation to manage the TCP forum, delivered talks and presentations and attended events with members of the programme team. This included a talk to mental health professionals. Forum members also participated in a south east London wide workshop to discuss children and young people's transforming care planning.

**OUTCOME:** The outcomes of the children and young people's workshop have been fed into the strategic programme board to inform delivery of improvements. Forum members continue to be involved in the strategic programme to influence the work programme.



## 10. Supporting patients for effective involvement

We provide support to all lay members and patients who work with us. The more informed our patients and public representatives are, the better able they are to meaningfully engage with us on our commissioning processes. Over the last year we have continued to provide this support in a number of ways:

TOOLKITS	TRAINING	MEETINGS	PROCUREMENTS	STAFF	GUIDANCE
Participation toolkit for Practice Participation Groups was developed and shared with PPGs. It provides useful information about participation and how to get the best out of their PPG.	We have offered training opportunities to our PAG members through London wide training courses. A number have taken up this opportunity. We also trained members on our Delta procurement system.  We have 1 to 1 meetings to support people to get involved.	Attended PPG meetings to explain how to get more involved in Bromley wide issues.	Training provided on our Delta Procurement system to help patient reps read bids and score appropriately.	Some of our commissioning staff have been on London training courses to get a better understanding of patient engagement – Ten steps to better public involvement.	We have an expenses policy to cover out of pocket expenses to those who engage with us
		We have facilitated a network meeting of PPG chairs. The purpose of this is to put them in touch with each other to provide support, share best practice and any common issues they are dealing with in their own practices.	Support and briefings are provided by the programme lead to those involved in procurements and service redesigns.	Presentations given to staff groups on how to engage patients effectively and the importance of meaningful engagement. We meet with staff on an individual or team basis to provide expert advice and support on engaging with stakeholders and patients.	We have developed a PAG welcome pack for all new members
					We have developed a media policy for Bromley Maternity Voices on how to manage media interest given their national profile.



## 11. You said, we did

Our engagement must always be meaningful. We must be able to evidence how the involvement of patients and the public has led to real improvements in services and the health of local people. When planning our engagement, we always consider what impact people can have. Our [website](#) has a whole section dedicated to feeding back to patients on the outcome of their involvement. This is not the only way we feedback; we also have direct contact such as revisiting groups, emailing or calling people who have attended focus groups. We also publish a [quarterly Stakeholder Bulletin](#) which is distributed widely. This is dedicated to feeding back the outcomes of engagement. In January 2018, we arranged a thank you event for our Patient Advisory Group and used the opportunity to find out how we can better support them when they get involved in our work. We had lots of positive feedback from that session, and examples appear throughout the report. This page also illustrates some of the issues they raised and how we have responded.

### **Provide opportunities for PAG members to be involved in reviewing the service they have helped procure.**

Programme managers will invite everyone who has been involved in a service redesign and procurement to the Governing Body meeting when the outcomes of the process and approval are discussed. PAG members will also be invited to mobilisation meetings and the six month review of new contracts.

### **Offer PAG members training and mentoring opportunities.**

We share training opportunities provided by NHS England with all our PAG members and a number have taken these up. One of our PAG members has got paid work through the experience she got working on procurements in Bromley.

### **Do more engagement with children, young people and families.**

Our engagement with children and young people has dramatically increased this year with both our work on safeguarding and the coproduction programme on emotional and mental wellbeing. Some younger people have joined our PAG.

### **Support practices to run their Patient Participation Groups (PPG).**

GP practices are responsible for running their PPGs. We have produced a 'best practice toolkit' to support practice managers and PPG chairs and also facilitate a group of PPG chairs to enable them to come together and share common issues and good practice.



## 12. Engaging with all communities

We use our [Joint Strategic Needs Assessment](#) and other local intelligence to identify which communities in Bromley experience the poorest health outcomes and health inequalities. Over the last year we have further strengthened our internal processes to make sure that an Equality Impact Assessment is always completed prior to the start of

I have been involved in various focus groups such as those on diabetes and cancer. I was on the procurement panel for the diabetes service and involved throughout the exercise. I've attended consultation exercises such as those for a new supplier for online GP consultations. I also commented on the new PAG welcome pack – which is an excellent idea and would have been really useful to me as a new member. **PAG Member**

any engagement process. This helps

us to identify those who would be most impacted by our plans so that we can reach out to them when seeking opinions. It also enables us to consider inequalities and health inequalities when planning and implementing commissioning decisions so that services are accessible and delivered in a way that respects the needs of each individual and does not exclude anyone.

We collect protected characteristic data when doing large scale engagement so that we can do our best to ensure we meet all these groups. We will review whether there are more groups we need to engage with – for example during the engagement on the over the counter prescribing changes we reviewed half way who was responding. We then put in additional measures to reach out to people on low incomes (through attending job centre and citizen advice bureau), families (attending family centre) and people with learning disabilities (through producing an easy read which was used by the voluntary sector to directly engage with this community).



We know that one size does not fit all, so we have installed on our website a system called Browsealoud which enables us to convert our information into a range of different languages. This web screen reader software adds speech, reading and translation functions which aim to improve access and participation for people with Dyslexia, low literacy levels, English as a second language and those with mild visual impairments. Online content can also be read aloud in multiple languages. We will continue to use the software to support delivery of the Accessible Information Standard requirements and provide data on usage in regular reports to our Governing Body. All of our printed materials will include how people can get the information in alternative formats.

Over the last year, our multi-agency Equality and Diversity Group has monitored the CCG's approach to equality and diversity. Activity includes:

- Involving patients in the self-assessment of our Equality Delivery System (ED2) return.
- Ensuring our engagement approach takes account of the requirements of the ED2.

We adhere to the **Accessible information standard** and also monitor our provider's compliance with this requirement.



- A comprehensive external review of our approach to engaging different communities on our community health services procurement.

In May 2018, there were 177 people on our Patient Advisory Group. Members come from all parts of Bromley.

We capture equality data through our engagement work by asking people who engage with us to complete an equality monitoring form. Every PAG member completes an equality form. Over the last year we have worked with our local partners including Healthwatch Bromley, community groups and health providers to engage with a number of different populations and seldom heard communities.

Programme	Protected characteristic collected under the Equality Act <sup>2</sup>								
	Age	Disability	Race	Marriage/ Civil Part	Gender reassign	Pregnancy + maternity	Religion or belief	Sex	Sexual orientation
<i>Over the counter medication</i>	✓	✓	✓	✓		✓	✓	✓	✓
<i>Co-production on emotional wellbeing</i>	✓	✓	✓				✓	✓	✓
<i>Safeguarding children</i>	✓	✓	✓				✓	✓	✓
<i>Primary care needs assessment</i>	✓	✓	✓	✓		✓	✓	✓	✓
<i>Community based care</i>	✓	✓	✓	✓			✓	✓	✓
<i>Setting our priorities</i>	✓	✓	✓	✓			✓	✓	✓
<i>Service redesigns and procurements</i>	✓	✓	✓	✓		✓	✓	✓	✓
<i>Maternity improvements</i>				✓		✓	✓	✓	
<i>Mental health improvements</i>	✓	✓	✓	✓		✓	✓	✓	✓
<i>Bromley health and wellbeing centre</i>	✓	✓	✓	✓		✓	✓	✓	✓
<i>Cancer care</i>	✓	✓	✓	✓			✓	✓	✓
<i>Primary care improvements</i>	✓	✓	✓	✓			✓	✓	✓
<i>Eye care</i>	✓	✓	✓	✓		✓	✓	✓	✓
<i>South east London STP</i>	✓	✓	✓	✓	✓	✓	✓	✓	✓

<sup>2</sup> If the outcome of an Equality Impact Assessment shows that people on lower incomes or other categories of the population such as carers may be particularly affected, we also consider how we will engage these groups. However, it is not currently recorded or collected as part of the equality duty requirements.

To deliver high quality care and improve the health of our local population, we need to take action to promote equality and reduce the gap in health inequalities for all the communities we serve. This is set out in our commitment of approach for 2018 which is available on our website.

We also want to understand how our engagement with the public has helped us to reduce the gap in health inequalities in Bromley. Often this evidence isn't immediate and it can take some time before a tangible impact can be seen.

**In 2016/17 patients informed the development and refinement of our integrated care network model.** Over the last year, over 1,500 patients, many of whom are vulnerable, frail and experience poorer health outcomes have been referred onto this new pathway of care. Feedback has been very positive and we have seen a reduction in emergency admissions to hospital.

**Workshops with patients in 2016 and 2017 to improve primary care services have informed new contracts for GPs.** 44 of our 45 practices are now offering premium primary care services with the remainder due to sign up shortly. These enhanced services include end of life care planning, post-operative wound care, improving uptake of cancer screening for bowel and breast, improving uptake of childhood and flu immunisations and integrated case management which brings together services caring for patients.

**To inform the development of the Beckenham Beacon Urgent Care Service in 2015, a needs assessment of the local population was undertaken.** Patient representatives, Healthwatch, Community Links Bromley and local resident association members were invited to join an urgent care patient group. This formed part of the wider governance structure. Patient members attended a number of workshops to help shape the new service and how it should be delivered. Patients using the urgent care service come from across Bromley including in the north of the borough where there are pockets of deprivation and poorer health outcomes.

Following the publication of the Bromley Homeless report by Healthwatch Bromley, we encouraged GP practices to register homeless people and those with no registered address. We reminded practices what support is available to manage complex patients. Although it is difficult to monitor how many homeless people do register with a GP, we regularly remind practices of this requirement.

We also responded to the consultation on Bromley Council's Homelessness Strategy which aims to improve the health and wellbeing of homeless people and those with no registered address.

## 13. Using digital tools to support engagement

Our website provides lots of information about how we involve people. In 2017, we created a home page banner to increase the profile of our engagement work to everyone who visits the site. Our 'getting involved' section was improved and includes information on how to get involved; the impact patients have; a 'you said, we did' page: information about our local population and their health needs; our partners and how we work together and lots of reports on our engagement activity. We use our 'contact us' page to respond directly to feedback and queries. We have also added new sections on the site to help people take better care of their health and manage minor ailments at home.



We have also used our website to provide information on the 'local offer' for families of children with Special Educational Needs and Disabilities (SEND). We have made improvements to those pages based on the direct input of people from Bromley Parent Voice, who met with us to review and change the information on the site to make it as accessible as possible. Together with Bromley Council we are now investing in some further work to improve this information and make the local population more aware of the SEND offer.



We monitor how many people are using our website and which pages they are looking at. This provides us with a better understanding of the most popular pages and the best place to upload content to increase readership and involvement. Through local partnerships and our Bromley Communications and Engagement Network, we also regularly share information about getting involved and the work we are doing on a range of other partner websites including the local authority MyLife site, Healthwatch, healthcare providers and the voluntary sector. They provide links to our surveys which enable us to get a much wider reach to the local population.

The use of social media to engage with patients is an essential part of our communications and engagement approach. It provides us with additional techniques to listen and access people and communities who may have less time to get involved in more traditional ways due to family or work pressures. The social media ethos is about engaging, participation and relationship building. This makes it a strong vehicle for informing patients and getting their feedback.

We use Twitter as our main social media tool but have also created a YouTube channel where we have posted videos that promote our initiatives and services. We currently have over 4,000 Twitter followers. We tweet on a daily basis and use Twitter to promote how to get involved, our events, healthy lifestyle information, self-care campaigns and recruiting more PAG members. We are also using the 'Next Door' App which enables us to target smaller communities at ward level for when we need to reach particular groups of residents.

Twitter enables us to reach out to a wider audience through our own followers and through retweets by followers and partners. It allows us to also reach people who do not usually engage and build effective relationships with those who follow us. We monitor activity daily to enable us to respond quickly to comments received and feed these back quickly into the organisation.



We live tweet through public events and use #hashtags to get more people reading and responding to our information.



## 14. Our plans for 2018/17

Our approach is to ensure our engagement activity is timely, meaningful, and comprehensive and is representative of our local population. We have undertaken a lot of participation activity over the last year and have a strong culture within our organisation where no decisions on service developments, redesigns or procurements are ever made without the meaningful involvement of patients.

We will be engaging the public and patients on our future priority areas which include:

- Continuing our coproduction on emotional and mental wellbeing services so that later this year we have a co-designed model of care that will meet the needs of young people in Bromley.
- Co-designing the development of Over 65 joint strategy with Bromley Council.
- Developing a more integrated urgent care system to meet the needs of patients in Bromley.
- Transformation of outpatient services.
- Extending the integrated care network model into other clinical areas.
- Continuing to engage on our transformation programme for people with learning disabilities and autism.
- Promoting information campaigns around self-care, winter health and a range of public health campaigns.
- Continuing to involve people in the development of the new Bromley Health and Wellbeing Centre including engaging with residents close to the preferred site to help support the planning application process.
- Engage with our patient representatives on the fitting out of the new Orpington Health and Wellbeing Centre.

I have been to CCG meetings which have been interesting particularly where there was a talk about orthopaedics at the beginning of the meeting and I was due to have a hip replacement and I could ask questions.

**PAG member**

I have had an excellent experience as a member of the PAG. As Chair of a PPG, I receive communications and am kept up to date with innovations and practices. I am encouraged to join sub-groups to provide critical comments. I have been instrumental in supporting the development of the electronic care records and online services with GP practices. I attended the review and evaluation of the Bromley Alliance (Hub).

**PAG member**



## 15. Comment from Healthwatch Bromley

Healthwatch Bromley is pleased to comment on NHS Bromley Clinical Commissioning Group's (CCG) Annual Engagement Report for 2017/18. We are also pleased with their commitment to produce this report every year to evidence how they are meeting their legal duties to engage with our local population. Healthwatch Bromley highly commends Bromley CCG for this report.

Over the last year, we have continued to have a constructive working relationship with Bromley CCG and acknowledge the good work that has taken place to engage with patients and to ensure they have a voice in the development and delivery of local services.

Over the last year, we worked closely with the CCG in a number of areas, not only on direct engagement with patients but also as part of their governance and quality assurance processes. We have regularly been consulted by the CCG on a wide range of issues and have had a good two way flow of information.

This report highlights many strong examples of how and when patients have influenced and informed the design and delivery of services. The increase in engagement with children, young people and families and increased involvement in the CCG's self-assessment or their Equality Delivery System deserve special mention.

Healthwatch Bromley is assured that the CCG and the staff within the organisation have a very clear vision for engagement with the public and are confident that this will be the case next year.

**Folake Segun**  
Director of Healthwatch Bromley during 2017/18



**healthwatch**  
Bromley