healthwatch Staffordshire

engaging communities Staffordshire

CANNOCK Chase Clinical Commissioning Group

Stafford & Surrounds Clinical Commissioning Group
"Working Towards Excellence"

Contents

1.0 Introduction and Methodology..p.3

2.0 Executive Summary p.4

3.0 Health priorities...p. 5

4.0 Quality of and access to care p.7

5.0 How should the CCGs be involving the public?..p.9

6.0 Awareness of Healthwatch and the CCGs...p.10

7.0 Evaluation of the event, learning points and conclusions...p.13

Appendix 1: Questions asked at event...p.14

1.0 Introduction and Methodology

Conversation Staffordshire was delivered by Engaging Communities Staffordshire (ECS), on behalf of Stafford and Surrounds and Cannock Chase CCGs. The project was developed in order to start an honest conversation with local residents about healthcare provision, what services people value the most, where these services need to be, and how they need to be delivered.

"We are absolutely determined that the people of Stafford and the surrounding areas and Cannock Chase are given a powerful say in what services are delivered where. That is what Conversation Staffordshire is all about''.
Andrew Donald, Chief Officer of Stafford and Surround and Cannock Chase CCGs

In order to engage with a diverse range of the community a number of methods were utilised. Two Conversation Staffordshire events took place, one in held in Stafford and one held in Cannock. These events enabled people to express their views and experiences on a face to face basis, and be able to ask questions to representatives from the CCGs and ECS in person. This information from group discussions was then recorded in the same way as a number of multiple, concurrent focus groups. Those not physically present at the events could follow a live feed online and ask questions through Twitter.

An alternative method for residents to engage was through Conversation Staffordshire surveys. These surveys were available online, through survey monkey, and were advertised though our website and social media accounts. Our community development workers also distributed a number of paper based copies of the survey to appropriate locations and organisations which were then posted back to us. There were also paper surveys available at the events for those who preferred to feed back their experiences and views through that method rather than, or as well as, the group discussions. A total of 98 members of the local community completed the *Conversation Staffordshire* survey. Of these surveys, 31.6% were completed online through survey monkey, the rest were paper based and gained through a mixture of Conversation Staffordshire events and our wider community engagement work. 137 local residents attended the two events in Stafford and Cannock with 103 people also following the live feed of the events online. We would like to thank everyone who participated in the events.

The fact that we used both surveys and face to face conversations to collect views means that this report is based on both qualitative and quantitative evidence. The quantitative evidence from the surveys can allow us to produce clear statistics whilst the qualitative evidence can give depth to our understanding and allow us to consider the personal experiences of individuals in greater detail.

2.0 Executive summary

The scope of this project, to begin a conversation with local residents about healthcare provision, is very broad and far reaching and as such the results which we have gained have been complex and diverse. By far the clearest and most predominant finding that has been gained from the surveys and events is that there is significant **public anxiety concerning the potential downgrading of Stafford Hospital** as proposed by a recent Monitor report. When participants of Conversation Staffordshire were asked what their health priorities were, by far the priority most frequently given was to keep services at Stafford and Cannock hospitals open. In particular **24 hour A&E** and **maternity services** were referenced by many respondents who were concerned about further strains on capacity due to Stafford's ageing and increasing population. Other health priorities that were frequently listed include **better coordination of health and social care** and **better access to GP services**.

Many participants also commented that **preventative services** and **health education** should be key health priorities, to give services users the information and support that they need to better manage their own health. This need for better communication with service users was also highlighted by other results from the survey. For example, of those who felt that the question was applicable to them, 47.7% believed that they were given **too little information to care for themselves** or another. Furthermore, 24.4% felt that they were not given enough information to make decisions about their health and 32.8% felt they were not given enough information about medication.

However, as well as a need for more information, a strong theme of the findings was a need for better two way communication with service users. Many participants expressed that they needed confidence that they will be listened to, both in terms of their own care and key decisions in the health and social care environment. Of the survey respondents 45.0% felt that they were not asked for feedback on their care as much as they wanted to be and 32.8% of those who had raised complaints believed that their complaint was not dealt with effectively. Furthermore, those who attended the events stressed the need to **empower users** of health and social care, and make sure that sharing their views and experiences could lead to tangible outcomes.

3.0 Health Priorities

Through both the Conversation Staffordshire events and surveys participants were asked what their top three priorities for health and social care were. This was an open question, to give participants free reign to discuss anything that they felt was important, and their responses were weighted according to if they were first, second or third priorities. Respondents identified a diverse range of different health priorities, often making very insightful and useful comments. Some participants felt that they could not list priorities as they felt that one service should not be prioritised over another. In addition, as the question of health priorities was raised as an open question a huge variety of different answers were given. However, a number of recurring themes did emerge in the responses given. The top ten themes are listed below in order of the frequency that they were raised and the weighting of their priority:

1. By far the most frequent theme of the priorities given was to **keep services at Stafford and Cannock Hospitals open**, in particular 24 hour A&E and Maternity services were referred to by many. A number of participants at the events commented that they were particularly concerned about the potential downgrading of the hospital because of the expected increase in the surrounding population and the ageing of the population.

2. The second most frequent priority, as stated by members of the public, was to ensure that there was **local access to services**, particularly for the elderly, children and those with long-term conditions. Those who recorded 'local access' as a priority may have been referring to the issues surrounding the local hospitals, but as they did not explicitly state this these priorities can arguably be recorded as a broader theme of local access to services generally, including but not necessarily restricted to local hospital services. It should also be mentioned that a number of people commented that if people were expected to travel long distances for care then the transport systems in place needed to be improved.

3. Another frequently referred theme was **care for the elderly**, particularly many commented that services for elderly people suffering from dementia needed to be improved.

4. The **coordination of care**, particularly for those who need to access a number of different services. In particular, it was stressed by many that **better integration of health care and social care** could lead to better continuity of care.

5. **Access to GPs**, in particular long waiting times for GP appointments and lack of access to, or information about an, out of hours service were referenced.

6. The development of **community services**, especially domiciliary care so that people can remain in their own homes.

7. **Preventative care**, for example regular checks, screenings and early diagnosis and access to care to prevent subsequent health problems.

8. Better **health education**, for example some made comments about the need to promote lifestyle changes, and some stressed the need for those with long-term conditions to be given the support and information they need to care for themselves and manage their health.

9. Another theme that can be identified is the need to **empower users** of health and social care services and monitor the quality of their care. Many participants stated that they felt that the users of services needed to feel more able to ask questions and challenge the care that they receive and also that their views and experiences should be listened to, monitored and acted on in a way that is more tangible and effective.

10. Services for those with **mental health** needs.

Top themes in Health Priorities

Quotes from local residents

'Keep Stafford and Cannock Hospitals open. We need local hospitals.'

'Give us as many resources and quality staff as in other areas like south east. It is meant to be a national health service! And don't penalise us in future for the bad treatment we have suffered in past.'

'We need the ability for people to be treated in the community where appropriate.'

'We need support for regular preventative checks/screening.'

'Staff and doctors need to listen to patients.'

'We need to listen to the experiences of the elderly. '

As well as these broader themes, some also mentioned very precise and personal health priorities. Although, by the very nature of these very specific priorities they were not referenced by enough people to be mentioned in a statistical sense, they are nonetheless very important and will all be communicated to the CCGs individually in an additional, private report. Some such comments include:

> *'Post-polio syndrome... We have yet to meet a health professional in our area who knows what it is'*
>
> *'Support for post-natal depression.'*
>
> *'Support for my son who has ASD'.*

> *'more info and support for MS sufferers.'*

4.0 Quality of and access to care

As well as considering the health priorities of service users, the Conversation Staffordshire survey also asked a number of key questions to explore the quality of care and access to care that service users have already experienced. In many respects, the results of the survey were very mixed. Positively, only 14.6% (of those for whom the question was applicable) disagreed or strongly disagreed with the statement that *'I am given the support that I need to live as independently as is possible for me.'* In addition, when asked whether *'I am treated as an individual by health and social care organisations and staff'* only 15.3% of respondents disagreed or strongly disagreed.

However, although the majority of respondents felt that they were treated as individuals by health and social care organisations, 76.1% felt that there were gaps in the health and social care system. When respondents were probed further about what they felt that these gaps were, as to be expected, there were a number of different answers. Again, all these personal responses will be individually be communicated to the CCGs. Some of these issues include a lack of support for those with MS, those with CFS or ME and for younger people who have been affected by strokes.

Indicators of care quality and access

	Strongly agree or agree	Neither agree nor disagree	Disagree or strongly disagree
I am treated as an individual	63.4%	21.5%	15.1%
I am given support to live independently	51.2%	34.1%	14.6%
There are gaps in the health and social care system	76.1%	18.47%	5.43%

A further recurring issue is that of communication. Of those who felt that the question was applicable to them, 24.4% disagreed or strongly disagreed that they were given enough information to make decisions about their health and 32.8% felt they were not given enough information about their medication. In addition, 47.7% felt that they were given too little information to care for themselves or another. In comparison, only 1.1% of respondents felt that they were given too much information. This suggests that a lack of information tends to be much more of a problem than a surplus of information, an issue that is mirrored by national NHS surveys. Some additional comments include:

'I have type 2 diabetes. Most of my information comes from the charity Diabetes UK and from the members who post on their Facebook page.'

'The Internet can be very useful - if used judiciously.'

'It seems to be assumed that I will know since I have been asthmatic all my life but things change.'

'have to read the leaflet, that's ok for me but some people wont or print too small.'

Other significant questions asked by the survey include whether '*when my health needs change the care I receive changes quickly enough*' and *'I feel like I have a say in the health and social care I receive'*. The results for these questions were extremely mixed. Of those applicable 33.8% agreed or strongly agreed that their care changed quickly enough when their health needs changed and 23.0% disagreed or strongly disagreed.

'I don't know who to ask [when my needs change]'.

However, 43.2% neither agreed nor disagreed, perhaps answering in this way because they did not have strong feelings or did not have enough experience of changing health needs to be able to answer more strongly.

Indicators of involvement of service users

	Strongly agree or agree	Neither agree nor disagree	Disagree or strongly disagree
When my needs change the care I receive changes quickly enough	33.8%	43.2%	23.0%
I feel that I have a say in the health and social care that I receive	37.2%	27.7%	35.1%
I am asked for feedback on my care as much as I want to be	26.3%	28.8%	45.0%
If I have raised a complaint it has been dealt with effectively	35.9%	31.3%	32.8%

Similarly, of those applicable, 27.7% neither agreed nor disagreed that they had *'a say'* in the health and social care they received, whilst 37.2% felt that they did and 35.1% felt that they did not. This suggests that roughly the same proportion of service users felt involved in the health and social care that they received as did not.

'I am a fairly assertive person so am treated with respect. However, I can see that it is easy to be overwhelmed'.

In addition, 45.0% disagreed or strongly disagreed that they were asked for feedback on their care as much as they wanted to be, and 32.8% of those who had raised complaints felt that their complaint was not dealt with effectively. Some additional comments include:

'I don't think the statutory health services welcome complaints or see them as learning opportunities...I would like to see this change'.

'Complaints are passed on and appear not to be listened to'.

'I don't usually bother to make a complaint. Also if somebody is an elderly relative you worry that they will be victimised later on'.

'It's not just the amount, it's the type [of feedback]'.

5.0 How should the CCGs be involving the public?

One of the top ten priorities raised by the public was a need to empower and listen to service users. Relevant to this priority, a number of points were raised, both from the surveys and the face to face events, as to how the CCGs should involve the public. When attendees of the Conversation Staffordshire event were asked how they wanted to engage with the CCGs and with Healthwatch a variety of different options were given. Participants suggested that people could be reached in a range of different ways including through social media, websites, email and the local press, but also through presence in supermarkets, town centres and GP practices and through hospital discharge packs. A variety of different methods of engagement were also proposed such as surveys, focus groups, public forums, feedback from PALS and complaint information. A number of people also suggested that there should be more public access to the CCGs meetings.

Participants were also keen to discuss not only how the public should be engaged with but who should be engaged with. A number of people expressed concerns that the voices of the most vulnerable and disadvantaged of the community were not being heard, and it was suggested that it might be better to reach these people through their own homes. Interestingly one respondent made the comment that *'it is important that patients are involved in their own care before they can engage at a strategic level'.* However, the most frequent comment was that local voluntary groups needed to be involved and it was also suggested that the relatives of care users and local health and social care students should be engaged with. The need for Healthwatch Champions in more rural areas was also stressed. It was suggested that targeted research involving specific groups or issues should take place in addition to more general engagement involving the whole population.

Figure 3: How should we engage?

As well as discussion of methods of engagement, and the people who should be engaged with, the question of *'how should we engage'* raised issues concerning the nature of the engagement itself. Many participants stressed that the information given to the public needs to be clear and transparent if any engagement is going to succeed, and that they need to be reassured that there will be a tangible outcome as a result of their engagement.

'The CCG need to be honest about which decisions patients can influence and which decisions they can't'.

'We need confidence that the engagement is real and does mean something.'

'Are the CCG only asking for discussion on Stafford hospital after the decision has already been made, if so what is the point?'

'You need to explain the consequences of important decisions.'

6.0 Awareness of Healthwatch and the CCGs

One issue that became apparent through the discussion of how the CCGs should involve the public was a lack of awareness of both the CCGs and Healthwatch and their structure. Many felt that they wanted to be involved but wanted more information, or clearer information on the CCGs and their role.

'[we] need information before public can be involved in a meaningful way.'

'Public needs more education about CCG and what they will be involved in.'

'information [should be] easier for public to get and clear and uncomplicated'

Of the survey respondents 35.7% had not heard of the Stafford and Surround or Cannock Chase CCG. We should also take into account that those people who chose to complete the survey are likely to be those who already have a particular interest in the health and social care arena, either personally or professionally. Furthermore, 39.6% of respondents were not sure what a CCG does.

What is the role of the CCG?

When the groups at the Conversation Staffordshire events discussed the role of the CCG the discussion tended to take two forms. Members of the public discussed what they thought the role of the CCG was, or should be, and also asked questions concerning aspects of the organisation that they did not understand.

Many members of the groups felt that although they knew what the CCG was, because they took a particular interest in healthcare, that most of the general public would not. Participants tended to respond that the CCG was a commissioning body that manages resources and involves GPs. Some also commented that the CCG was going '*to carry on the PCT',* and that as well as commissioning services they were responsible for identifying the needs of the local population, monitoring services and further developing them. People also stated that further aspects of the role of the CCG were to encourage lifestyle changes and prevent readmission to healthcare services. Participants at the event stressed the importance of the CCG to provide clear information to the public and engage with them.

Figure 1: What is the role of the CCG?

However, many participants at the event were unclear as to what the role of the CCG is and a number of questions emerged including:

- How much decision making power do the CCGs have?
- How much local flexibility do the CCGs have?
- How does the CCG work with other CCGs?
- How do the CCGs involve voluntary groups?
- How do the CCGs involve the private sector?
- Which services do the CCGs commission?
- Is the management of the CCGs top up or bottom down?
- Do GPs have the time and skills to run the CCGs?
- Are the CCGs elected?
- Who are the CCGs accountable to?
- How does social care fit in?
- How are the CCGs involved with the NHS, patient groups and Healthwatch?

This indicates that there is still confusion as to how the CCGs works and specific aspects of the role of the CCGs that the general public find unclear and which need to be communicated. These questions will be posed directly to the CCGs and the response will be published.

What is the role of Healthwatch?

Similar to the CCGs there was also some confusion over the role of Healthwatch Staffordshire. Of the survey respondents 51.7% had not heard of Healthwatch Staffordshire, or were not sure whether they had heard of it, and at the events the group discussion suggests that many were unclear. When asked *'what is the role of Healthwatch'* the answers of participants were very diverse. Some answered that the role of Healthwatch is to deal with complaints, deliver Enter and View visits or to provide information. Others commented that the role of Healthwatch was to provide surveys, to assess services and to identify trends in health and social care. Participants also stressed that they felt that Healthwatch should minimise duplication and bureaucracy, provide a voice for local communities, and should not only record concerns but ensure that there is an effective response to these concerns.

The relationship of Healthwatch with other organisations was also discussed at length by many. Some believed that Healthwatch should support pressure groups and others commented that Healthwatch was linked to PALS, the CQC, the providers of health and social care or the voluntary sector. Some commented that Healthwatch worked with patient groups whilst others commented that Healthwatch worked with the NHS and the County Council or GPs. This reflects the complexity of the network of relationships between all these different groups and is an area concerning which participants seemed understandably confused. The broad range of different responses as to what the role of Healthwatch is perhaps indicates the large variety of expectation that is placed upon Healthwatch by the public. One participant commented that they were concerned that the efforts of Healthwatch could become too diffuse.

Figure 2: What is the role of Healthwatch?

Involve GP Practices
Provide Enter and View
Link to providers
Independent
Greater professionalism
Engage local people
Help with complaints
Conduit of public views to CCG
Work with patient groups
Place on the health and wellbeing board
Healthwatch is a link to the voluntary sector
Support pressure groups
Give surveys
Provide effective response to concerns
Link to CQC
Minimise bureaucracy and duplication
Give a voice to the community
Identify trends
Healthwatch is an extension of LINk
Work with PALs
Monitor services
Work with NHS and Council
Assess services
Give information

Questions about Healthwatch

A number of participants had not heard of Healthwatch and so were confused about what Healthwatch was. In addition, amongst those who had heard of Healthwatch there was nonetheless some confusion over the role, leading to a number of questions emerging from the focus groups at the event:

- What is the relationship between Healthwatch Staffordshire, Engaging Communities Staffordshire and Staffordshire LINk?
- How can Healthwatch ensure that it does not duplicate?
- How does Healthwatch relate to the Patient Association?
- How is Healthwatch monitored?
- How can Healthwatch make sure that changes happen?
- Does Healthwatch retain profit?

These questions indicate some of the areas of confusion that the public have concerning Healthwatch the answers to which need to be clearly communicated. Healthwatch has taken these questions on board and they will be addressed in our upcoming communications with the public.

7.0 Evaluation of event and learning points to continue the *Conversation*

Following their attendance at the Conversation Staffordshire events 22 attendees completed evaluation forms. Of those who filled out the forms all stated that they found the event to be useful, although one respondent did comment that there was 'too much bumff', which can arguably be interpreted as meaning that they felt there was too much to be read and filled in at the event. When asked what the most valuable part of the event was most chose 'being able to ask questions directly' and 'being better able to understand what the CCGs and Healthwatch do'.

The level of interest in the Conversation Staffordshire survey and events was high, however, of the respondents who completed the survey only 18.0% were under 40, and only 25.8% were male. Although, it should be taken into account that many of the female respondents were carers for other relatives and in a sense speaking on their behalf. This could indicate that younger age ranges and male respondents can be particularly hard to reach and may need to be the focus of more specific, targeted engagement. Of the survey respondents 10.1% listed their ethnicity as being from a minority background, this is actually proportionally more than would be expected as Staffordshire is predominantly white with only 5.3% estimated to be from a minority ethnic background (Staffordshire JSNA, 2012).

Additionally, because the surveys were open to the public as a whole not all of the questions were applicable to all respondents, so there was a high non-response rate for questions such as *'I am given the support I need to live as independently as is possible for me*.' Therefore, this survey could act as a starting point, by providing more general research of the population as a whole, before leading to more targeted research aimed at specific groups of service users or exploring more specific issues. There is support for this recommendation from comments both at the events and through the surveys.

'I think you should do more general research and more targeted research.'

'Focus on specific issues.'

'Call public meetings on very specific issues to be decided upon.'

Conclusions

We would like to thank every person who has participated in the Conversation Staffordshire events or surveys for allowing us to start an honest and open conversation about health and social care services and their provision.

Through the events, coupled with the accompanying online presence, social media and surveys, the intention was to give the community the opportunity to engage with the CCG and Engagement Communities Staffordshire and enable an open and valuable conversation. As a format this was very successful and proved to be a most meaningful engagement piece of work.

A lot of feedback was gathered which will be taken and considered seriously by the CCG and Engaging Communities Staffordshire and will help to shape the next steps for Conversation Staffordshire. This project was only the beginning of the 'conversation' and we look forward continuing to connect with the public and letting the local community lead us on how they wish to engage and which issues are most important to them. We will update people on what those next steps will be in due course.

Appendix 1: Questions asked at event

An important aspect of the Conversation Staffordshire events was a substantial Q and A session whereby participants could ask questions to representatives from the CCG and Healthwatch directly. Below are listed the topics raised through this session:

- How will the CCGs promote health education and literacy to aid prevention and how will this be evaluated?
- Are there enough local district nurses to be able to spend the time on health education as well as caring for patients?
- How can the relationship between the public and the CCGs be made more meaningful in order to deliver the outcomes that patients want, and what can Healthwatch do to ensure that happens?
- Who decides if you need a more expensive drug, and how can we avoid a postcode lottery?
- How do we ensure a level playing field within Stafford and Surrounds CCG, and how will this be monitored so all patients from different surgeries get access to the same services?
- How is Healthwatch going to scrutinise care homes and hospitals?
- What can CCGs do, or what are they going to do, to make sure that services are better co-ordinated?
- Will the CCGs and Healthwatch visit deaf and hard of hearing groups and other community groups to find out what is important to them?
- Is there going to be a check on the effectiveness of CCGs, will there be a league table and how will that be measured tangibly? How will we ensure that we are not being fobbed off by spin?
- A lot of services are provided by the Partnership Trust, if we wanted to feed back on their services would we do so through the Partnership Trust or through the CCG?
- How will the surrounding communities access emergency services if A&E closes at Stafford Hospital?
- What will Healthwatch do differently from LINk?
- There was a significant investment in Stafford Hospital's equipment, building and resources so why are we considering closing it and wasting the investment?
- How are the CCGs going to work effectively with existing organisations to avoid duplication and ensure true engagement?
- What support is there for families that have lost a child?

- Who are managers of the CCG accountable to?

- [we do not have a question but a statement for consideration] Stafford’s population is growing, particularly due to the MOD and a number of new housing developments, and the population is not only increasing but ageing. A&E and acute care should be reinstated.

- Are CCG meetings minuted and are the minutes available to the public?

- How will Healthwatch enable access to resources to ensure that the priorities of the public can be realised?

- Are you certain that the centres of excellence have the capacity to treat the increased number of patients and have you considered the impact upon ambulance services?

- What will happen to patients in the interim whilst health services are changing?

- What will the CCG do with the priorities which have been identified today?

- How can the CCG influence Monitor?

- How will the CCGs monitor the quality of private services and how will Healthwatch hold private services to account?

- What is the difference between Healthwatch and the old Community Health Councils?

- Will Healthwatch replace the vehicle for the whistleblower provided by the Community Health Councils?

Appendix 2: Response to Questions asked of the Clinical Commissioning Groups

How will the Clinical Commissioning Groups (CCGs) promote health education and literacy to aid prevention and how will this be evaluated?
The primary responsibility for promoting health education sits with Public Health England, which is now part of the Local Authority. However, both Stafford and Surrounds and Cannock Chase Clinical Commissioning Groups (CCGs) will support patient education in line with their goals around empowering patients to self-manage their conditions more effectively and to aid prevention.

Are there enough local district nurses to be able to spend the time on health education as well as caring for patients?
Health education is a core part of delivering clinical care and all assessments of capacity would include the capacity to deliver health education. There are on-going discussions between commissioners and the community Trust to review the demand and capacity for community nursing to confirm whether the current capacity is sufficient. Although not yet complete there is an expectation that further investment is required.

How can the relationship between the public and the CCGs be made more meaningful in order to deliver the outcomes that patients want, and what can Healthwatch do to ensure that happens?
The way to make the relationship between the public and the CCG more meaningful is by the CCG spending time talking to members of the public, service users and carers and also, more importantly, listening to what they are saying about service provision.
The CCG already has examples of that in the way it has gone about developing its strategy for dementia, for example, but it now wants to do so on a far bigger scale.
One of the first questions the CCG now asks is how patients and the public have been involved in discussions about a new service, the second question it asks is how they are involved in helping to develop the service and implement it and the third question it asks is how they are going to be involved in evaluating it.
What the CCG also wants to do is to use existing organisations that have access to large numbers of members of the public to start to have discussions about what services need to be commissioned for the future to meet their needs as a population rather than the CCG just deciding that something is a good idea.

Who decides if you need a more expensive drug, and how can we avoid a postcode lottery?
All of the clinical commissioning groups in south Staffordshire have adopted the same process for considering the introduction of new treatments and drugs. Decisions are made by panels of clinicians, pharmacists and managers and based on guidance from the National Institute of Clinical Excellence (NICE). However, where NICE have not given a view we do have to make a local decision and depending on the priorities that have been locally agreed south Staffordshire may make a different decision from a CCG in other parts of the country.

How do we ensure a level playing field within Stafford and Surrounds CCG, and how will this be monitored so all patients from different surgeries get access to the same services?
Variations between GP practices are considered as part of the quality monitoring. If variation is found the practice would be asked to explain the differences and clinicians would consider the reasonableness of the response and corrective actions.
What can CCGs do, or what are they going to do, to make sure that services are better co-ordinated?

To ensure that services are better coordinated, the CCG has started to look at whole service provision, otherwise known as a pathway of care. By looking at the whole pathway of care rather than individual elements it helps to remove the fragmentation of services.
In the past the NHS has commissioned lots of services then tried to wire them together. What the CCG is trying to do is to commission the whole service working with different providers, but ensuring it is all integrated together.

Will the CCGs and Healthwatch visit deaf and hard of hearing groups and other community groups to find out what is important to them?
The Clinical Commissioning Groups are keen to engage with the whole population, including the many different community groups and those who may not be able to engage through traditional methods.
Earlier this year the CCG hosted an Equality and Diversity Workshop, which included deaf and hard of hearing representatives as well as representative from a wide range of community groups and organisations, to discuss how best this could be achieved. The event paid particular attention to how to engage with the nine protected groups under the Equality Act and the Public Sector Equality Duty. Interpreters signed throughout the workshop to assist the deaf and hard and hearing representatives who attended.
Conversation Staffordshire is also part of that process and the initial launch events actively sought to include some of the more vulnerable groups in the community by offering to tailor the engagement with them to meet their needs. Interpreters were again employed for the launch event to ensure the deaf and hard of hearing could contribute effectively.
Conversations have also been held with groups such as ASISST (Autism & Sensory Impairment in South Staffordshire) and Deafvibe to establish the most effective ways of communicating and engaging with deaf and hard of hearing groups, however we would love to receive feedback from anyone who can suggest ways in which this could be improved.

Is there going to be a check on the effectiveness of CCGs, will there be a league table and how will that be measured tangibly? How will we ensure that we are not being fobbed off by spin?
Clinical Commissioning Groups will have a quarterly review with NHS England's Local Area Team and annually they will have a check on the progress they are making against their objectives as part of the statute set out in the NHS Act.

A lot of services are provided by the Partnership Trust; if we wanted to feed back on their services would we do so through the Partnership Trust or through the CCG?
Initially any feedback on the services provided by the Partnership Trust should be fed back to them. This can be done through a range of measures including their Patient Advice & Liaison Service or through their Compliments and Complaints Service. This will enable the Partnership Trust to take any appropriate action, if necessary, and to enable them to learn from the experience of their patients. Feedback from patients is reported to the Clinical Commissioning Groups through the regular Clinical Quality Review Meetings, which are held between the Partnership Trust and the CCGs.
If patients, for whatever reason, felt unable to feed back to the Trust about their services, or if they felt they had not received a satisfactory response, they are able to feedback to the Clinical Commissioning Groups as commissioners.

How will the surrounding communities access emergency services if A&E closes at Stafford Hospital?
We are reluctant to pre-empt the outcome of the Trust Special Administrator. However, the CCG will not support any plans that do not meet the health needs of the local population.

There was a significant investment in Stafford Hospital's equipment, building and resources so why are we considering closing it and wasting the investment?
All of the above is being considered by the Trust Special Administrator who will take account of all factors in developing his recommendations.

How are the CCGs going to work effectively with existing organisations to avoid duplication and ensure true engagement?
Clinical Commissioning Groups will have to work in a more integrated fashion with other organisations, whether with other commissioning organisations such as the Local Authority or NHS England or with providers.

The trick will be to ensure there is clarity on who is doing what because the Clinical Commissioning Group cannot afford to duplicate the effort of other commissioners or providers because if they do that they will fail.

What support is there for families that have lost a child?
A Child of Mine is a charity that has been set up to provide bereavement care for parents and families who have lost a child. Their website www.achildofmine.co.uk contains information about the support they can provide and also information on other support groups locally such as:

- **West Midlands Bereavement Group;** part of a multi agency bereavement group in the West Midlands, set up to ensure equitable bereavement supportive information is available after the death of a child, whether the child's death was sudden, unexpected or, expected. The group looks at ways of improving and streamlining bereavement provision to babies, children and young people under 18. We provide information to General Practitioners and health care professionals to enable them to support and signpost parents and carers. The group meets monthly and feeds back into the Child Death Overview Panel on its progress and recommendations for good practice after a child's death.

- **Eclipse Child Bereavement Service;** a service based in Staffordshire, that seeks to support children and young people aged 5 - 18, through the grieving process.

  We can assist children in working with their feelings safely as they grieve. It is never too soon or too late to help a bereaved child. We can be involved immediately in the aftermath of a bereavement, or a child may be referred years after the loss occurs

Who are managers of the CCG accountable to?
The Chief Officer is accountable to the Chairmen of each Clinical Commissioning Group. He is also accountable to Sir David Nicolson as Chief Executive of NHS England.

[we do not have a question but a statement for consideration] Stafford's population is growing, particularly due to the MOD and a number of new housing developments, and the population is not only increasing but ageing. A&E and acute care should be reinstated.

Are CCG meetings minuted and are the minutes available to the public?
Proceedings of the CCG committee meetings are recorded in minutes and once approved by the relevant Chairman they are made available to members of the public unless they are exempt from disclosure under the Freedom of Information Act as set out in the CCG's Constitution.

Primarily, the minutes are available to the public via the CCG website, however anyone who does not have access to the Internet but wishes to see the minutes can obtain copies from the CCG.

Are you certain that the centres of excellence have the capacity to treat the increased number of patients and have you considered the impact upon ambulance services?
The Trust Special Administrators have assured the CCG that they will take account of all the above factors in developing their recommendations.

What will happen to patients in the interim whilst health services are changing?
There is an expectation that changes will need to be introduced over time and that there may need to be some double running, or running existing and new services at the same time, to ensure patient safety throughout the transition.

What will the CCG do with the priorities which have been identified today?
Feedback from events such as Conversation Staffordshire helps to inform the first stage of the Commissioning Cycle. This is a five stage process which helps commissioners to understand the needs and aspirations of the local population and then to design, implement and monitor services in order to meet those needs.

The five stages of the commissioning cycle include:

- Engaging communities to identify health needs and aspirations
- Engaging the public in decisions about the CCGs priorities and strategies
- Engaging patients in service design/redesign and improvement
- Patient centred procurement and contracting
- Patient centred monitoring and performance management

How can the CCG influence Monitor?
We will feed all of our concerns and comments into Monitor and believe that they will take these into account. The CCG will continue to commission safe effective services for our patients.

How will the CCGs monitor the quality of private services and how will Healthwatch hold private services to account?
All services commissioned by the CCG to deliver services on behalf of the NHS regardless of whether they are a private provider or NHS provider will be subject to the same level of scrutiny and are expected to deliver the same standards of care. The provider will be monitored by the CCG through meetings such as the Clinical Quality Review Meetings which look at a range of factors including the quality and safety of services as well as patient experience.

Appendix 3: Response to Questions asked of Healthwatch.

Q1. What is the relationship between Healthwatch Staffordshire, Engaging Communities Staffordshire and Staffordshire LINk?

Engaging Communities Staffordshire (ECS) is an innovative Community Interest Company, established to ensure health and social care organisations in Staffordshire work better together on how they listen, engage and involve people across the County. It has been set up with the support both of the County Council and NHS organisations across Staffordshire, and holds the contract to deliver Healthwatch Staffordshire.

Local Healthwatch was introduced nationally on 1st April 2013 to replace Local Involvement Networks as part of the government's health and social care reform and is supported by the national organisation, Healthwatch England. Healthwatch builds on the remit of LINks with extended powers and statutory responsibilities as follows:

The Seven Pillars of Healthwatch

1. Gathering views and understanding the experiences of all who use services, their carers and the wider community.

   Local Healthwatch will:

   - Ensure systematic and ongoing engagement with all sections of the local population so that a wide cross-section of views are represented in respect of local health and social care
   - Seek the community's views about the current provision of health and social care (including use of high quality research) and use this to identify the need for changes or additions to services
   - Demonstrate an ability to analyse and channel high quality user feedback and public views on services to relevant commissioners so that they can inform the whole commissioning cycle
   - Make reports and recommendations about how services could or should be improved

2. Making people's views known, including those from excluded and underrepresented communities

   Local Healthwatch will:

   - Communicate the local community's views to health and social care commissioners in a credible and accessible fashion
   - Represent local people views through membership of the Health and Wellbeing Board

3. Promoting and enabling the involvement of people in the commissioning and provision of local Health and Social Care services and how they are monitored

   Local Healthwatch will:

   - Give input to new or proposed services
   - Use the broad range of stakeholder engagement techniques to maximise opportunities for local people to have their say
   - Exercise their enter and view powers judiciously by working collaboratively with other inspection regimes
   - Act as critical friend to commissioners and providers of services to help bring about improvements

4. Recommending investigation or special review of provider services, either via Local Healthwatch England, or directly to the Care Quality Commission (CQC)

   Local Healthwatch will:

   - Continuously evaluate existing health and social care services, making recommendations for special reviews or investigations to the Care Quality Commission through Healthwatch England based on robust local intelligence

5. Providing non clinical advice, signposting and information to all service users about access to services and support in making informed choices

   Local Healthwatch will:

   - Influence or provide advice and information (signposting) services to ensure that all sections of the local population have access to good quality impartial advice and advocacy relating to health and social care services available to them
   - Establish and maintain a database of existing local networks and support systems

6. Through its annual report, making the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion on behalf of the Secretary of State and of Parliament

   Local Healthwatch will:

   - Ensure local intelligence gathering systems complement those established by Healthwatch England

7. Provide access to a professional Independent NHS Complaints Advocacy Service

Local Healthwatch will:

- Make arrangements for supporting local people with any complaints they may wish to progress in relation to NHS service provision either through:
    - ✓ a directly provided complaints advocacy service; or
    - ✓ referral to a third party contracted by the local authority expressly for these purposes

Q2. How can we ensure that it does not duplicate?

The delivery of Healthwatch Staffordshire by Engaging Communities Staffordshire enhances The services of Healthwatch with the inclusion of robust research, evidence and insight to give people of Staffordshire an enhanced Healthwatch service to ensure meaningful engagement nforms the production of credible research and evidence based insight reports to influence service commissioning and provision and eliminates duplication within the organisation.

Q3. How does Healthwatch relate to the Patient Association?

The Patients Association is a healthcare charity which for nearly 50 years has advocated for better access to accurate and independent information for patients and the public; equal access to high quality health care for patients; and the right for patients to be involved in all aspects of decision making regarding their health care.

The Patients Asscociation gave a presentation to Staffordshire LINk Co-ordinating Group on its project on complaints handling processes at Mid Staffs NHS FT. As part of the ECS evidence and insight information gathering, desk research to gather intelligence and information on patient experience, service user feedback and complaints information is collated from the Patients Association on a regular basis.

Q4. How is Healthwatch monitored?

The delivery of Healthwatch Staffordshire is commissioned from Engaging Communities Staffordshire by Staffordshire County Council under a 3 year contract. ECS reports its Healthwatch activities, outcomes and impact to the County Council on a monthly basis against a series of key performance indicators which are the Council's expectations of the contract to ensure that the people of Staffordshire receive an effective Healthwatch service.

As part of the governance structure for ECS, staff within ECS who work on projects and activities across all ECS and Healthwatch services, are accountable to the ECS Board for their performance and deliverables.

Another part of the ECS governance structure is the establishment of the Healthwatch Advisory Group whose remit includes advising the ECS Board on Healthwatch Priorities and the Enter and View programme of activity.

ECS must produce an annual report for Healthwatch Staffordshire to Healthwatch England.

Q5. How can Healthwatch make sure that changes happen?

Through the development of effective working relationships with commissioners and providers to ensure that service users are involved and informed in service delivery, change, review and challenge and the use of evidence based insight reports to influence the decision-making processes.

Using the media to highlight the outcomes of our evidence gathering and reporting, action taken and outcomes achieved.

Q4. Does Healthwatch retain a profit?

Healthwatch Staffordshire is delivered by Engaging Communities Staffordshire (ECS) which is a Community Interest Company registered with Companies House and is 'not for profit' organisation. In other words any reserves which are achieved, are re-invested into the company and/or services for community interest or benefit and not paid out to shareholders or directors as a dividend. Annual accounts for ECS will be registered with Companies House.