



Patient Participation, Engagement and Involvement in City & Hackney 2014-2015



NHS

City and Hackney
Clinical Commissioning Group

Section One: Context Setting

1.1 Demographics

A vibrant inner-London borough, two thirds of Hackney's population come from non-white ethnic backgrounds. Hackney also has the largest Charedi Orthodox-Jewish community outside New York and Israel, and significant Turkish and Kurdish speaking communities, as well as Caribbean, Vietnamese, Chinese, African and Eastern European communities.

The 2010 Index for Multiple Deprivation placed Hackney as the second most deprived borough in the country after Liverpool (City and Hackney JSNA 2012). It is worth noting though, that significant differences exist between different areas within Hackney and prosperity and deprivation live closely together.

Although the overall birth rate in Hackney is declining, the number of people living in the borough continues to rise. This is particularly the case for working age adults as well as those over 65.

Its geographical neighbour, City of London Corporation, is smaller, very different in its make-up and unique within London. Hundreds of thousands of people commute to and from City every day, yet only 7,604 people live there permanently as opposed to 252,119 in Hackney (Census 2012).

City and Hackney CCG Joint Strategic Needs Assessment (2012, updated in 2014) is available [here](#).

1.2 Vision for Engagement

It is our aim to reflect our diverse populations and their needs in the way that services are commissioned. We want to ensure that information and opportunities for involvement are available and accessible to all.

We are committed to working for the local public and patients, and aim to work in partnership with them, as well as with local government, voluntary organisations and the wider community. We firmly believe that this collaborative approach will achieve the best outcomes for residents. In particular, we want to make sure that the voices of vulnerable and hard to reach groups are represented, heard, and responded to.

As well as having structures in place that enable wider, collective participation through the commissioning cycle, it is our objective to support individual patients to take control of their own health and make informed decisions about the care they receive. This dual engagement allows us to work with both the individuals and communities who are often best placed to suggest ideas and interventions that are most suited to the local context and as such, can lead to improved health outcomes.

The video below gives an overview of patient and public involvement in City and Hackney and has been produced together with our patient and service user representatives.

View the video by clicking the image below:



City and Hackney CCG Engagement Strategy is available [here](#).



1.3 Structure and Resources

City and Hackney CCG has nine Programme Boards, each focused on a different area of clinical specialty. These are:

- Maternity Services
- Children's Services
- Planned Care
- Urgent Care
- Integrated Care (incl. Better Care Fund)
- Long Term Conditions
- Primary Care Quality
- Prescribing and Medicines Management
- Mental Health.

The CCG's Patient and Public Involvement (PPI) team works across all nine boards.

The team consists of a Lay PPI Chair, PPI Clinical Lead, PPI Programme Board Director and PPI Project Officer. The Lay Chair tenure is for two years at a time and the sessional commitment for the role is five meetings per month, representing one for the CCG Governing Body and one for the Clinical Executive, as well as the Prioritisation and Investment Committee, Audit Committee and PPI Committee. In addition to the non-pay budget allocated for PPI, we also have a contract with London Borough of Hackney for PPI related communications.

We have commissioned Healthwatch Hackney and Age UK East London to deliver 'NHS Community Voice', a service aimed at making engagement more patient-led, community-based, and easy to access. The service has been running since January 2015.

Information about our Programme Boards is available [here](#).

Information about Patient and Public Involvement at City and Hackney CCG is available [here](#).



2 Section Two – Developing the Infrastructure for Engagement and Participation

2.1 Key involvement structures

Our work with patients and members of the public takes place through our involvement structures which are now embedded into the way we operate day to day. Service planning and procurement, as well as monitoring outcomes and quality, go through one or more of the following:

- **Programme Board representatives** within the nine Programme Boards
- **Patient and Public Involvement Committee** which meets monthly to discuss issues and topics related to commissioning
- **NHS Community Voice** meetings which are open, community-based meetings taking place across the London Borough of Hackney and City of London Corporation.





Patient and user representation within the Programme Boards	Patient and Public Involvement Committee	NHS Community Voice
<p>Programme Board representatives are local patients/service users with first-hand experience of using local health services and extensive connections to local communities. Their role is to represent the patient voice within the Programme Boards and to use real life experiences to shape service planning.</p> <p>Examples of work include:</p> <ul style="list-style-type: none"> • Input into developing commissioning intentions for 2015-16 • Developing patient experience metric for Better Care Fund/ Integrated Care • Input into the City and Hackney Urgent Healthcare Social Enterprise (CHUHSE) procurement, service mobilisation and quality monitoring • Attendance at Programme Board meetings and at PPI Committee meetings 	<p>Supported by the PPI Team, the Committee meets once a month to discuss topics relevant to the CCG and the services it commissions, as well as local and wider NHS issues, consultations and other engagement.</p> <p>Involved throughout the commissioning cycle including evaluation, service design /re-design, consultations, commissioning plans and procurement. Representation from local patient groups, stakeholder groups as well as providers and Healthwatch.</p> <p>Examples of work include:</p> <p>Receives regular updates from all Programme Boards</p> <ul style="list-style-type: none"> • Input into commissioning intentions for 2015-16 • Procurement for NHS Community Voice • Co-designing the criteria for Innovation Fund 2014 and Innovation Fund 2015 and taking part in the selection process • Input into consultation (Functional Older Adults) • Overseeing 3 x patient experience improvement projects delivered by Homerton University Hospital 	<p>Facilitated by Healthwatch Hackney and Age UK East London, NHS Community Voice delivers monthly open meetings in accessible community venues. Each meeting is focused on a health topic selected by patients and a patient led steering group oversees the delivery of the service.</p> <p>These meetings bring together patients from all GP practices, members of public, community and voluntary sector organisations, providers as well as healthcare professionals and commissioners. Recommendations from the meetings influence service planning.</p> <p>Examples of work include facilitating discussions and collating recommendations on:</p> <ul style="list-style-type: none"> • Care.Data • Out of Hours care • Mental Health support for families • Menopause • Reablement and Intermediate Care • Health services available in the community

Patients and members of public are also involved, informed and represented through:

- **Lay PPI Chair** – Represents the patient voice at the CCG Governing Body, Clinical Executive Committee and Scrutiny Committee, as well as the Prioritisation and Investment Committee. .
- **GP clinical lead** – Provides clinical overview and represents the patient voice at the Clinical Executive Committee.
- **Healthwatch Hackney and Healthwatch City of London** – In attendance at the Governing Body's meetings, Contracts Committee meetings and Prioritisation and Investment Committee.
- ['Get Involved' section of the CCG's website](#) – Provides information about the different ways in which people can get involved.
- [Quarterly PPI Newsletter](#) – Goes out to all local GP practices as well as the community and voluntary sector and patient involvement networks.

2.2 Partnerships, Networks and Events

2.2.1 Statutory bodies

The Patient and Public Involvement team works in partnership with local statutory bodies including the London Borough of Hackney and City of London Corporation and their Public Health teams, as well as Healthwatch Hackney and Healthwatch City of London.

2.2.2 Older People's Reference Group

We fund the Older People's Reference Group (OPRG), which is a forum promoting consultation and engagement with older people in the design and delivery of services for them. Members of OPRG are in attendance at both the PPI Committee and the NHS Community Voice steering group. The quarterly OPRG public meetings are an important part of consulting about services relevant to older people.

2.2.3 Providers

We work in partnership with our providers, including Homerton University Hospital, Bart's Health NHS Trust, East London Foundation Trust, GP Confederation,

multidisciplinary teams and others. We regularly invite the patient experience teams from these providers to attend PPI meetings and to provide updates on their work.

2.2.4 Practice-based participation groups

GP practice-based patient participation groups form an important part of the engagement networks, and with the establishment of the NHS Community Voice they will have a more direct link to the CCG. The membership of the NHS Community Voice steering group consists of the chairs of patient participation groups with representation from each of the six GP consortia in City and Hackney.

2.2.5 Community and Voluntary Sector

The various community and voluntary sector organisations in City and Hackney are important partners, fundamental to helping us reach out to the different populations in the boroughs. They enable us to engage with groups considered vulnerable and hard to reach, including BME groups, those with long term conditions or mental health problems and older people as well as children and young people, people with disabilities, those caring for others and many more.

Between March 2014 and March 2015, we began work to strengthen our links to the Community Empowerment Networks, facilitated by Hackney Council for Voluntary Services. These networks receive regular information about opportunities for involvement, and include Hackney Refugee Forum, Hackney Women's Forum, Interlink (Orthodox Jewish Community), Hackney Lesbian, Gay, Bi, Transgender and Queer forum, Children and Young People's Provider Forum, African Women's Network, Hackney African Forum and Hackney Information and Advice Consortium. As such, they form an important part of how we engage with vulnerable and hard to reach groups. This work is on-going and is expected to carry on in 2015-16.

2.3 Involvement through events and outreach

2.3.1 Innovation Fund Launch (May 2014)

The first round of City and Hackney CCG's Innovation Fund was launched in May 2014. A launch event took place, acting as an opportunity for members of the public and those individuals and organisations interested in bidding to find out more about our priorities as well as the aims of the fund itself.

2.3.2 Annual General Meeting (July 2014)

In July 2014 we hosted our first ever Annual General Meeting at the Geffrye Museum in Hoxton. This event acted as a launch for our annual report and had a strong PPI focus. As well as hearing how local health services are doing, people had the opportunity to comment, ask questions and make suggestions for service improvement.

2.3.3 Fund for Health launch (October 2014)

In October 2014 the CCG and Healthwatch Hackney jointly hosted an event to publicise the findings from the 23 'Fund for Health' community research projects. These projects were focused on understanding how our various and diverse communities experience patient-centred care and the barriers they experience in terms of accessing health services. The findings informed our commissioning intentions for 2014-15.

2.3.4 Commissioning Intentions Event (November 2014)

Each year we organise an open community meeting to discuss our commissioning plans for the year ahead. In 2014 the Commissioning Intentions event took place in November and brought together patients, stakeholders, service providers and commissioners. The recommendations shaped our commissioning plans for 2015-16.

2.3.5 Community Outreach (2014/15)

In addition to the more formal events, we are keen to ensure good links to local community and patient groups through outreach and attendance at various

meetings and events. The PPI Project Officer works across City and Hackney and visits groups on request to talk about patient and public involvement as well as to raise awareness of specific consultations and involvement opportunities. This outreach also enables us to gather valuable feedback that might not otherwise be received.

In 2014/15 the PPI team has, amongst others, worked with the following groups representing populations often considered harder to reach

- Older People's Reference Group
- NHS Community Voice meetings
- Maternity Services Liaison Group
- Forum for Disabled Children
- Better Care Fund Patient Experience Group
- Hackney People First (patient led learning disabilities group)
- Deaf Plus in Hackney
- Lesbian, Gay, Bi, Transgender and Queer (LGBTQ) Forum
- Derman (Advocacy Service for Turkish speaking people)
- Adult Community Rehabilitation Service: patient and service user group
- Healthwatch City of London Annual General Meeting
- City and Hackney GP Practice Managers' Forum
- Social Action for Health/Patients' Network (mental health service user group)
- Homerton University Hospital Patient Experience Forum



3 Section Three – (Meeting the collective duty) Engagement & Participation Activity

We want our commissioning plans to be informed and influenced by genuine input from patients and members of the public. Since April 2012, we have worked on embedding patient and public involvement into our commissioning processes. Service planning and procurement as well as monitoring outcomes and quality go through one or more of the CCG's Patient and Public Involvement structures, including PPI Committee, Programme Board Representatives and NHS Community Voice. Included below are some examples of how we've worked with patients, service users and the wider community during March 2014-March 2015.

3.1 Patient and Public Involvement in Procurement

3.1.1 NHS Community Voice procurement (June-Sept 2014)

Objective

In 2013/14 a need was identified for open community meetings with a focus on making involvement accessible and patient-led with particular emphasis on groups with protected characteristics as well as those considered vulnerable and harder to reach. We also wanted to enable those people unable to commit to committee meetings to take part and have their say on a one-off basis. We wanted the service to be patient-led from the beginning, which is why involving representatives in the whole process, starting with procurement, was vital.

How the process worked

Procurement for running this service was led by a PPI panel recruited from the members of the PPI Committee. The panel also had input into service specification and mobilising the service. The contract was awarded to Healthwatch Hackney and Age UK East London and the service has been running since January 2015 with a patient-led steering group co-ordinating and facilitating the monthly meetings.

Who was involved

- Two patient and service user representatives
- PPI Lay Chair
- PPI Project Officer
- A local practice manager
- Representatives from the finance team and contracting

Outputs, Impact and Outcomes

Patient representatives were recruited from the existing PPI committee. Those interested in taking part were then briefed on the process. Initial communication took place via email but it was decided that face to face meetings were better suited for communicating fairly complex information about the procurement process and its legalities, which were fairly new to most people involved.

The impact of the process has been that patients very much have the ownership of the service. Once up and running, the service has continued to have a patient-led feel. The PPI team are also now better able to advise other Programme Boards about involving patient representatives in procurement. The service delivers open monthly community meetings with topics selected by patients.

Recommendations and suggestions made by patients and members of public are collated and passed directly on to the CCG's Programme Boards who then share their response with those who participated in discussions. This service enables us to have a wider reach and hear from those not normally represented at more formal meetings. It also acts as a two way channel for communication between services, the CCG and patients.



3.1.2 Consultant led-Community Warfarin Service Procurement (January 2015 – July 2015)

Objective

The Prescribing Programme Board undertook an open procurement for a new Consultant-led Community Warfarin Service in January 2015. Healthwatch Hackney and Healthwatch City of London represented patients and the wider community as part of the procurement evaluation panel. The objective was to ensure that the patient voice was represented throughout the procurement process.

How the process worked

As part of their role, Healthwatch panel members evaluated Stage 2 (scoring stage) of the “Invitation To Tender” (ITT) documents submitted by bidders. These detailed how they would deliver the service through their responses to a number of questions. In considering and scoring these responses, the panel assessed the capability, capacity and quality of each bidder's proposals. Responses to each question were evaluated independently by the respective panel members with scores and accompanying rationale recorded on an individual scorecard on the online Pro-contract e-procurement system.

Once bids were evaluated, panel members attended a meeting to moderate responses and agree a score. They also attended the bidder presentation and interview stage for those who were shortlisted. As part of this stage, all panel members scored the bidders on their presentation and five interview questions. The interview questions were marked individually and moderated after the bidder presentation/interview session was completed.

Following a review of the final overall scores, the panel agreed the new provider.

Who was involved:

The procurement team consisted of the following representatives:

- Healthwatch Hackney
- Healthwatch City of London
- Professor of Thrombosis & Haemostasis/ Consultant, Departments of Haematology, Pathology and Lupus
- External GP advisor
- CCG representatives (including Prescribing Programme Director, Finance, Human Resources and Medicines Management Prescribing Advisor)

Outputs, Impact and Outcomes

Healthwatch representation on the procurement panel was vital in ensuring that patients' views were being fairly represented, and to ensure that the new service offered a co-ordinated, seamless and integrated patient-focused service.

Having representation from both the City of London and Hackney also guaranteed that the views of patients from both areas were being fairly represented, in particular when looking at patient access and patient experience. This had the result of the bidder submitting a proposal which included a specific clinical hub for City of London residents. Healthwatch were able to provide expertise on all areas and specifically those relating to patient experience such as patient engagement, equality, patient information resources, access and patient feedback.



Patient and public involvement in contract and service monitoring takes place through:

- Clinical Quality Review Meetings with providers as well as regular reports from providers to Programme Boards, including their patient and service user representatives.
- Regular updates from Programme Boards to PPI Committee and input from Programme Board representative groups such as the Better Care Fund service user group and Maternity Services Liaison Group.

3.2.1 Patient Experience Metric for Integrated Care/Better Care Fund services (Nov 2014-on-going)

Objective

As well as hoping to reduce unnecessary hospital admissions, improve discharge processes, and enable more people to live independently in their own homes, it is the aim of the Better Care Fund to improve the patient experience and to make services more patient-centred. In order to ensure that the patient experience metric for the Better Care Fund reflects the views of the local population, we asked the patient and service user group for the Better Care Fund to discuss the things that are important to people about integrated, patient-centred care, and to come up with questions to measure patient experience.

How the process worked

The group looked at a list of questions collated from existing patient experience documents. These included

- [Questions recommended by Picker Institute and Oxford University for measuring patient experience in the context of integrated care](#)
- [National Voices' narratives for patient centred care](#)
- Aetna Health and Social Care survey
- Healthwatch Tower Hamlets: evaluation of integrated care
- Healthwatch Hackney: feedback from event focused on patient centred care

The group then came up with five key issues that they felt were the most important in relation to ensuring good patient experience. These key issues were put forward to the Better Care Fund/Integrated Care Programme Board:

- **Involvement:** Proportion of people who think they were involved as much as they wanted to be in decisions about their care and support
- **Control:** Proportion of people who feel in control of their care (understand what happens and why, having enough time to ask questions and to input, to feel like you can influence and make choices)
- **Contact:** Proportion of people who know who to contact if things go wrong/ know who looks after them if things go wrong
- **Coordination:** Proportion of people who think everyone treating and caring for them work well together to give them the best possible care and support
- **Information:** Proportion of people who think that in the last 12 months, health and social care staff have given them information about other services that are available to someone in similar circumstances, including support organisations

Who was involved

- Representatives of Healthwatch Hackney
- Two patient representatives
- Four carer and service user representatives
- One 'One Hackney' Quadrant Navigator (alternating between four navigators)
- Patient and Public Involvement Officer, City and Hackney CCG
- Patient Experience Lead, Homerton University Hospital
- Service User Involvement Officer, London Borough of Hackney
- Programme Board Manager, Better Care Fund/Integrated Care

The individuals above form the core membership of the Better Care Fund/Integrated Care patient and service

user experience group. Members were recruited through an open information event held in November 2014, as well as with support from local Healthwatch organisations and the CCG's existing links with community and voluntary sector groups.

Outputs, Impact and Outcomes

The patient and service user group, working alongside the Better Care Fund/Integrated Care Programme Board, now has regular input into the Better Care Fund contract and service monitoring. The group has a patient chair and it regularly invites services to come and present at meetings to learn how services measure and monitor patient experience.

A patient experience metric suggested by the group has been agreed and will be used to measure the success of the patient experience element of the Better Care Fund. The group is also in process of reviewing the existing patient experience key performance indicators and proposing new ones to be included in the service contracts.

3.3 Patient and Public Involvement in service planning, design, re-design and de-commissioning

3.3.1 Functional Older Adults Proposal (May 2014 – on-going)

Objective

The 2010 – 2013 Commissioning Strategy for People with Dementia and their Carers led to significant redesign of community services for people with dementia, older adults with a functional mental health problem and centralisation of inpatient beds for people with dementia across Tower Hamlets, City and Hackney and Newham in 2012. In order to ensure patient and public involvement in this redesign of services, the following consultation process took place.

How the process worked

In 2013/14 The East London Foundation Trust launched a project for Integrated Care, with a focus on promoting community-based services to help prevent

unnecessary admissions to hospital through integrated physical and mental health and social care support.

A proposal was made by East London Foundation Trust and the CCG's Mental Health Programme Board to change the way services are provided for older adults with mental health problems by merging two inpatient wards into one and investing resulting savings in supporting people in the community. A full consultation process was carried out and patients and members of public were asked about the proposed change and the impact it would have.

The proposal, including the business case and the different ways in which the service could be re-designed, were discussed by the CCG's PPI Committee in May 2014, June 2014 and more recently in June 2015. The consultation process itself was also discussed and comments and suggestions were collected from the Committee as well as Healthwatch City and Healthwatch Hackney.

Who was involved

- Patient and Public Involvement Committee
- Representatives of Healthwatch Hackney and Healthwatch City of London
- Mental Health Programme Board, NHS City and Hackney CCG
- Representatives of East London Foundation Trust
- Consultation and Engagement Team, London Borough of Hackney
- Various community and voluntary sector organisations as detailed in the full consultation plan.

Outputs, Impact and Outcomes

Issues and concerns raised by the PPI Committee around impact of the redesign on journey times, management of care processes and increasing demand due to population growth were addressed by the CCG and the lead provider. The consultation could only move forward once PPI committee was satisfied with the responses provided.

3.4 Patient and Public Involvement in setting the Commissioning Intentions

Objective

In order to ensure that the services commissioned by the CCG reflect the needs and views of the local population, City and Hackney CCG involves patients and service users as well as the wider community including local residents and stakeholders in planning its commissioning intentions.

How the process worked

Commissioning intentions for the year ahead are presented and discussed initially at Programme Board level, including the patient and service user representatives for the board.

Prior to sharing our commissioning intentions with the wider community, they are presented and discussed at the PPI Committee. Feedback from members is used to fine tune the proposals.

The CCG hosts its annual public Commissioning Intentions event, which in 2014 took place in November.

Who was involved:

- Programme Boards and their patient and service user representatives
- Patient and Public Involvement Committee
- Wider community including patients, members of public, community and voluntary sector, and other stakeholders as well as commissioners, clinicians and providers.

The event was widely promoted through our PPI networks, community and voluntary sector organisations as well as local media and our statutory sector partners to ensure the attendance was as representative as possible.

Outputs, Impact and Outcomes

Feedback and comments from these discussions informed the commissioning plans for 2015/16. Examples of recommendations as well as the responses

from the relevant CCG Programme Boards are included on below.

Commissioning Intentions for 2015/16 (patient feedback from November 2014): Sufficient time to talk to GP when first diagnosed with a long term condition

"When first diagnosed with a LTC it would be good to have another longer appointment where I can get information on how my condition can be managed, prognosis, care etc. It does not have to be my own GP; it could be a practice nurse."

In response to the above the CCG is now commissioning a service which offers patients extra time with a healthcare professional after they have been diagnosed with a long term condition.

Commissioning Intentions for 2015/16 (patient feedback from November 2014)

Following discussions at our PPI committee and at the 2014 Commissioning Intentions Event, people told us they wanted reduced waiting times and more choice about where to have their blood testing done. An online survey was developed and sent out to community. We are now procuring a multi-location community based phlebotomy service.

3.5 Patient and Public Involvement in Strategy Development

Involving patients and members of the public in the strategy development takes place through the CCG's structures including the Patient and Public Involvement Committee, Programme Board Representatives, NHS Community Voice, Older People's Reference Group and other community and voluntary sector partners.

[Our Five Year Plan is informed by patients and members of the public.](#)

3.5.1 Planning Personal Health Budgets for Children (2014/15 – on-going)

Objective

To ensure patient and public involvement in the planning and implementation of Personal Health Budgets (PHB) for Children and Young People.

How the process worked

Following the implementation of adult personal health budgets, City and Hackney CCG has now made them available for children and young people who are eligible for NHS Continuing Care. To ensure patient and service user views were taken into consideration when planning the process, Personal Health Budgets were discussed at the Children's Disability Forum.

Following an introduction into Personal Health Budgets, forum members' comments and concerns were recorded and made available to the Children's Programme Board and North East London Commissioning Support Unit who are working with the CCG to make PHB's available.

Who was involved

City and Hackney CCG Children's Disability Forum

City and Hackney CCG Children's Programme Board

City and Hackney CCG Patient and Public Involvement Team

Outputs, impact and outcome

Some of the key concerns and comments raised by members of the Children's Disability Group were about ensuring sufficient information and support is available for families.

Parents who wish to take up a personal health budget for their child can now access support via the North East London Commissioning Support Unit. The process in place includes the PHB team visiting the eligible families to discuss what a PHB is and giving families sufficient time to think about what will work best for them. Details of their child's health, background, likes, dislikes and what works well for them are recorded in a

support plan which is reviewed regularly. On-going support and a dedicated support worker are available to families with a PHB, and an ethics team, including lay members, is in the process of being set up. The team will cover both children's and adults' PHB work streams. Carers for the two families in the process of setting up the PHB's are being trained by the Homerton Children's Nursing Team.

So far, feedback includes the following:

- The families that the PHB team have met or spoken to so far are still unsure whether or not to request a personal health budget. One family would like to but is particularly anxious about doing so. Both the PHB Team and the Continuing Care Nursing Team (CCNT) have been available to discuss this with the families. Some families have requested to meet and discuss PHB's with other parents/carers and guardians requesting PHB's. The number of PHB applicants is still low and engagement from families is not sufficient to set up a peer group at this stage.
- The feedback from one of the families setting up a personal health budget for their child has been very positive. They have stated that the process so far has been fast and smooth. The father said they are very grateful for everything the team has done and both parents thanked the PHB staff.
- The PHB Team will hold a coffee morning with the Disabled Children's Service, and the CCNT for the cohort of eligible families in order to encourage engagement, answer questions, and support where appropriate. This may lead to the development of a peer group if the interest is there. It will also give all eligible children and their families the opportunity to explore the idea with the key professionals involved in the funding of their child's care. All the eligible children/young people and their families have been sent a flyer with the details of the coffee morning.

3.5.2 Supporting patient and service user representatives (March 2015-May 2015)

Objective

In order to ensure that patients and service user representatives can feel confident and able to take part in strategy development on an equal footing with clinicians and commissioners, the CCG provides training and support for members of public who take part in involvement activities.

How the process worked

Recent training sessions delivered by the CCG's Programme Board directors and managers as well as by King's Fund, covered topics such as understanding the commissioning process and the CCG's operating model. Training facilitated by the King's Fund was focused on the national and policy context for patient involvement, on confidence building, and effective communication and influencing styles. The resources from training sessions can be found [here](#).

Who was involved

- Patients and members of public
- Representatives of the PPI Committee and local practice-based patient participation groups
- Representatives of Healthwatch Hackney and Healthwatch City of London
- Patient and Public involvement Officer, City and Hackney CCG
- Programme Board Directors/Managers (delivering training)
- King's Fund (delivering training)

Outputs, Outcomes and Impact

The feedback from the training shows that attendees found it useful. Understanding how the CCG is structured and how it operates on a day to day basis was mentioned as a particularly useful element of the training, as was getting an insight into the wide remits of the Programme Boards. People felt that the training also clarified the role of the CCG in relation to other commissioning bodies following the recent changes in health and social care structures. Attendees felt that

King's Fund training on communication skills was also useful and that these skills were something they expected to be able to use at meetings.

3.6 Monitoring and acting on patient feedback

We regularly monitor patient feedback and service quality. Feedback and quality concerns are raised and addressed through:

- Internal quality processes (Clinical Quality Review Meetings and contract monitoring meetings with providers)
- CCG Quality Lead
- Monitoring local and national patient surveys
- Quarterly quality reports from all providers to the CCG Board
- Feedback from patient and public involvement representatives (PPI committee, Programme Board representatives and NHS Community Voice)
- Feedback from Healthwatch Hackney and Healthwatch City of London. Healthwatch is represented at the CCG Board, Contracts Committee and Prioritisation and Investment Committee.
- Duty of Candour reporting
- Community and voluntary sector partners, other community intelligence and ad hoc feedback gathered at events, through outreach and events.
- Regular Quality Dashboard updates for PPI Committee including data from all key providers

3.6.1 Acting on quality issues raised through patient surveys (CQUIN 2014-15)

Objective: Data from the National Diabetes In-patient audit highlighted the low numbers of patients being assessed by a diabetes nurse within 48 hours of being admitted to Homerton University Hospital. The CCG's Long Term Conditions Programme Board wanted to increase the number of people being assessed within this timeframe.

How the process worked

In order to increase the number of patients being assessed within 48 hours to 80%, a CQUIN indicator was agreed.

Who was involved

- The CCG's Long Term Conditions Programme Board, including two patient representatives
- NHS Homerton Foundation Trust

Outputs, Outcomes and Impact

As a result of acting on this quality issue raised through patient surveys and agreeing a CQUIN indicator, attendance was increased and in Q4 of 2014/15 the position for this indicator was 98%.

3.6.2 Acting on feedback from the community: NHS Community Voice meetings (January 2015 – on-going)

As part of its patient and public involvement work, the CCG funds the NHS Community Voice service. This is co-ordinated and facilitated by a patient-led steering group which helps deliver monthly, open community meetings. The topics for the meetings are set by patients and the CCG jointly.

Recommendations from meetings are collected, collated and shared with the relevant Programme Boards who respond accordingly. Some examples of responses from Programme Boards are included below with full details of the NHS Community Voice meetings available [here](#). The recommendations and responses to them are also included in the quarterly [CCG newsletter](#), which goes out to all local GP practices and various community voluntary sector partners.



Section Four – Meeting the Individual Participation Duty

As well as ensuring that collective engagement and involvement takes place, the CCG has a duty to support patients and to enable people to feel in control of their own health and the choices they make when it comes to the care and treatment they receive. This means making sure that information, tools and support are available so that patients can make informed decisions about their care. The priorities for the CCG around the individual duty are **(1) Self-Management, (2) Shared decision making and (3) Personalised care planning and health budgets.**

During March 2013-March 2014, our involvement activities were largely focused on establishing the Patient and Public Involvement structures and working towards embedding them in the CCG's culture. We are pleased to say that in 2014/15, projects promoting the patients-in-control agenda have also started to emerge and will continue to be high on the agenda for 2015/16.

4.1 Working with our Programme Boards

The PPI team supports Programme Boards in commissioning services that enable self-management and personalised care.

4.1.1 Supporting people with long term conditions (2014/15 – on-going)

Supporting people with long term conditions and enabling self-management is one of the CCG's priority areas. A Long Term Conditions contract is in place with local GP practices to support this aim, and includes extended appointments for those newly diagnosed with, and for those living with, a long term condition. The contract also includes annual reviews for people with long term conditions, including self-management support, lifestyle advice etc. Future plans include contracting Hackney Community and Voluntary Sector services to deliver an extensive peer support programme in the community in 2015.

4.1.1.1 Time to Talk (Long Term Conditions Programme Board and Planned Care Programme Board)

There are currently an estimated 75000 patients in City and Hackney over the age of 18 who have a long term conditions (LTC). Patients with LTCs have reported that they would like more time to discuss concerns with their GP. 'Time to Talk' gives patients an opportunity to have a longer consultation of up to 30 minutes with their GP or a practice nurse.

The aim is to give patients the opportunity to discuss worries, depression, lifestyle, family issues, etc. Research shows that the use of a patient "prompt" sheet acts as an aide-memoire; provides a focus for the consultation; gives patients "permission" to discuss certain things and helps provide greater tailoring for the patient.

Eligible patients are those adult patients registered with a City and Hackney GP with two or more of the following LTCs: Asthma, Atrial fibrillation, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Coronary heart disease, Dementia, Diabetes, Heart failure, Hypertension, Learning disabilities, severe mental illness, Stroke/transient ischaemic attack

This service is also available for patients recently diagnosed with cancer. Other LTCs such as peripheral arterial disease, hypothyroidism, epilepsy, rheumatoid arthritis, osteoporosis, multiple sclerosis, sickle cell, etc., can be included at the discretion of the clinician.

The service relies on practices proactively identifying eligible patients and offering them an extended consultation appointment with their named GP or a practice nurse. A prompt sheet is given to the patient in advance of the extended consultation – the aim of the prompt sheet is to help the patient focus on what they want to raise in the consultation and encourage the active involvement of patients in their own care. Patients can bring a friend, spouse or carer, or an advocate with them and the consultation can be written up as a personalised care plan for the patient.

4.2 Working with our providers

4.2.1 Commissioning and Contracting

We work with our providers to help patients feel in control of their condition and their care. We commission and contract in line with NHS policies and regulations, including

- NHS Standards Contract Service Conditions: Personalised Care Planning and Shared Decision Making (SC10) and
- Service User Involvement (SC12)

4.2.2 Homerton University Hospital, Patient Experience Action Plan (2014/15 – on-going)

Following a Healthwatch Hackney Report on Homerton University Hospital, as well as a Care Quality Commission (CQC) inspection report, the Trust developed an action plan focused on improving the patient experience across five priority areas:

1. Transfer process
 - o Transitions and managing transitions in care
 - o Smooth transitions from outpatient to inpatient to outpatient / community services including GP services
 - o Ante-natal to delivery to ward to community
 - o Discharge in confidence on completion from planned treatment
2. Care and Caring
 - o Developing caring and passionate staff and ensuring patients, families and carers are treated with care, compassion and kindness.
3. Improving Trust and Confidence in Nurses
 - o Nurses and patients working together, building a trusting nurse-patient relationship
4. Healthy Environments
 - o Patients are supported to have adequate nutrition and hydration that offers choice, meets their needs and is nutritionally balanced to support their health.

- o Patients are cared for in an environment that supports diversity, health, wellbeing and recovery.
- o The environment supports families and carers to care and offers choice of refreshments that meet their needs.

5. Improving Trust and Confidence in Doctors

- o Medical staff and patients build a trusting relationship

The PPI Committee has requested regular patient experience updates on the progress of the action plan and key priority areas.

4.2.3 Bart's Hospital Trust, Patient Experience Action Plan (2014/15 – on-going)

The Trust was invited to present at the PPI Committee as well as at the CCG Governing Body following concerns raised by patients and the recent CQC inspection with a view to establish regular patient experience updates.

4.2.4 Homerton University Hospital Trust: Patient Experience Projects (2014-15 – on-going)

We have commissioned Homerton University Hospital Trust to deliver three patient experience specific projects. These are overseen by the PPI Committee. The projects include

- Values and Culture Change: Delivering a training programme aimed at improving patient experience and making care safe, personal, respectful and delivered responsibly
- Patient feedback system : Introducing new technologies to collect instant feedback from patients
- Patient Information: Developing a patient information library which is accessible, available online and easy to print.

4.3 Innovation Fund and Fund for Health: focus on confident and informed patients (May 2014-on-going)



4.3.1 Innovation Fund 2014

Launched in May 2014, the CCG's Innovation Fund supports local projects with a focus on helping patients feel confident and informed. Fourteen projects were funded through the 2014 fund. Projects funded in 2014 included:

- Setting up a recovery campus for people with mental health issues (Mind)
- Peer support programme for young people with mental health issues (Off Centre)
- Self-management group for people with epilepsy (Epilepsy Society)

4.3.2 Fund for Health 2014

In order to better understand what patient-centred and personalised care means for people, the CCG and Healthwatch Hackney jointly funded 23 community research projects.

Focused on vulnerable and hard to reach communities, Fund for Health launched in January 2014 with projects running over the Spring and Summer of 2014. The project findings were published in October 2014. These findings informed subsequent commissioning intentions and formed the framework for the Innovation Fund 2015.

4.3.3 Innovation Fund 2015

Planning for the Innovation Fund 2015 began in February 2015. The grass root research carried out as part of Fund

for Health told us that people wanted to better understand health services and to be able to access the right service when they need it.

The Innovation Fund 2015 is the result of feedback from patients, the public, GPs and the voluntary and community sector, who said that they wanted to harness the wealth of expertise and experience in the local community and use it to rethink approaches to improving health outcomes for people across City and Hackney.

Drawing from these findings, those community and voluntary sector groups, not-for-profit organisations and social enterprises that were interested in bidding for funding in 2015, were asked to put forward new and innovative solutions and services that address local health needs. The 2015 Innovation Fund reflects the following:

- We believe that understanding your own health needs and being able to access the right support at the right time is important and helps people get better more quickly.
- We want patients to be well informed and to be able to get the right support.
- We are interested in a wide range of solutions.
- Solutions that are patient focused or support and enable professionals in their work.
- We wanted to find creative, different solutions that are new to the health care sphere including technology based solutions, which are low cost and make a real difference to the people using them.

Each of the projects was judged against how well it met one or more key themes: integrated services; confident and informed users; building independence, and involving and listening to patients. In addition, there was an emphasis on helping patients to better understand their own health needs and to access the whole range of services available to them.

Thirteen new and original projects that aim to improve the health and wellbeing of people in City and Hackney have been awarded funding through the 2015 round. Full details can be found [here](#).



2015 Innovation Fund Project – Spice Ltd: time credit project aimed at improving the health and wellbeing of homeless people

This project will empower patients and improve outcomes for people with complex needs as a result of homelessness, at a large hostel at 146 Mare Street, Hackney. It will tackle key lifestyle issues that result in ill health and recurrent use of intensive services.

Nationally, this client group experience severe health inequalities and are more likely to use complex health services repeatedly. The life expectancy of homeless men is 47 and for women 43.

The project will be co-led by a core group of residents who will form the Co-Production Group along with key staff. This will ensure that responses to health problems closely reflect needs and that the activities will be attractive to residents.

The project will focus on at least three areas of activity which are proven to make significant health impacts on health and lifestyle:

- Peer support
- Self-management
- Improving information

4.4 Information Technology

In 2014/15 we have increased the use of information technologies, including social media, to engage and involve patients on both a collective and individual level. We will continue working in this way into 2015/16. Examples of the use of information technologies include:

- On-going content management and development of the CCG’s website, including the PPI focused [‘Get Involved’](#) section
- Have Your Say section on the CCG’s website
- [CCG Twitter](#) account which currently has 2,581 followers and is used regularly to promote events, news etc. Facebook page is currently in development.
- Electronic ‘live’ [PPI newsletter](#) goes out quarterly to 250 recipients, including PPI networks, the community and voluntary sector, and 43 GP practices. The Winter 2015 issue received 4,509 views.
- PPI Team and Programme Boards regularly use online survey tools such as SurveyMonkey and SurveyGizmo to involve patients, gather views and run application processes.
- All meeting papers available on CCG’s website.

Section Five: Forward Plans for 2015-16

5.1 Ensuring equity

We have recognised a significant overlap between the equality agenda and many other aspects of social value and sustainability. For this reason we have taken the decision to bring our Equality and Diversity work stream into our [Sustainable Development Management Plan](#).

We believe that this will not only help our staff and stakeholders understand this important work stream in the wider context of sustainability, it will also help us to widen the reach of the equality agenda and avoid duplication.

We will commission in line with the Equality Delivery System and work with our providers to ensure the services they run are in line with our equality agenda.

We are in the process of delivering Equality and Diversity training for our Programme Directors, Clinical Leads and the Patient and Public Involvement representatives. This will cover the following:

- Use of Equality Impact Assessment (EIA) Toolkit when designing and redesigning services
- Embed Equality Impact Assessment delivery system into the design and redesign of services – suggested at Business Case Template (BCT)
- Identify further areas for training as required

We will also continue:

- Reaching out to marginalised or “hard to reach” groups who may not be registered with any of our member GP practices through outreach work and through NHS Community Voice meetings.
 - o Working with the active community and voluntary sector in the area, including Community Empowerment Networks.
 - o Working with Healthwatch Hackney and Heathwatch City of London
 - o Commissioning projects such as the Innovation Fund and Fund for Health, with specific focus on hearing from vulnerable and hard to reach groups and raising awareness of both service provision as well as involvement opportunities.

- Making sure that documents are written in an accessible way without unnecessary managerial or clinical jargon. We are working with patient representatives as well as a dedicated communications team in order to ensure this.
- Ensuring that the membership of our various involvement forums is considered and reviewed regularly, and that it reflects the local population with specific focus on vulnerable and hard to reach groups.
- Making sure that we meet the diverse linguistic needs of our communities. Our website uses a translation tool and we offer translation services at all our events and meetings on request.
- Adapting to the needs of people living with disabilities. Forming links with local disability organisations including Hackney People First. Specific funding streams are taking place through the Fund for Health and the Innovation Fund, focusing on gaining insight and understanding into the ways disabled people experience and use local services. An involvement forum with specific focus on disabled children and young people was set up in 2014.
- Recognising and working around the “digital divide” with younger residents becoming increasingly “tech savvy” but this not spreading to all communities.
- Working to ensure equal opportunities for involvement for those groups identified under the protected characteristics sections of the Equality Act.

In addition to the above, we continue to contract and commission in line with national policies and guidance on equality, including NHS Standard Contract Service Conditions.

5.2 On-going and Future Work Streams

We will continue maintaining and developing PPI structures that enable meaningful participation from patients and members of the public in 2015/16. Our existing and future work streams include the following:

- Incentivising providers: CQUIN for Making Good Decisions in Collaboration: in order to incentivise providers to embed shared decision making in their services, a CQUIN has been agreed with Homerton University Hospital. The purpose of this CQUIN is to encourage shared decision making between patients and clinicians. Priority areas agreed for this CQUIN are Respiratory Conditions, Urology and End of Life Care for older people. The work will also include training for consultants and GPs. Patient and Public Involvement representatives will be involved in providing the training.
- We are leading the development of a patient experience work stream around cancer for East London Cancer Board. The aims are to develop ways to engage and hear from people affected by cancer as well as to set up a small membership group to take the work forward.
- We are working in partnership with the Hackney Refugee Forum to support their Our Place work stream which aims to improve access and raise awareness of health services among migrant and refugee communities in Hackney.
- A patient and service user group is in the process of being set up for Children and Adolescent Mental Health Services (CAMHS) and we look forward to working with the group in 2015/16.
- We have teamed up with local patient participation groups to host a series of coffee mornings at GP practices to raise awareness of mental health and wellbeing through '5 to Thrive' in October 2015. 5 to Thrive Week will deliver a week of free and low-cost activities in the run up to World Mental Health Day will give residents the opportunity to get their '5 to Thrive' and improve their mental health and wellbeing.
Funded by City and Hackney Clinical Commissioning Group (CCG), and delivered by voluntary and community sector organisations and Hackney Council, activities include mindfulness sessions from City and Hackney MIND, walks celebrating the borough's history, a mentoring

information evening with Connect Hackney, a volunteer fair and sessions in Hackney's libraries. The week will end with a day-long finale on World Mental Health Day, Saturday 10 October. Hosted by Core Arts, it will include music, food, demonstrations, information sessions and more www.fivetothrive.net.

- Over the last two years the CCG has funded 165 projects through the non-recurrent funding stream. These funding decisions were made by the CCG's Programme Boards, including their PPI representatives and informed by discussions and recommendations from the PPI Committee. An evaluation process is currently on the way to decide which projects will go on to receive recurrent funding. Patient and Public Involvement representatives are involved in reviewing and scoring applications.
- During the summer, procurement processes have taken place to appoint a local community/voluntary sector provider to take on the running of the PPI for Maternity and Children's Programme Boards. The selected providers will facilitate and strengthen the work of the Maternity Services Liaison Committee and Children's Disability Forum. Patient and service user representatives have been involved in shaping the service specification as well as selecting the provider.



- We will continue developing and strengthening our links with the practice-based patient participation groups and the wider NHS Community Voice forums. We intend to provide further training to support and empower the NHS Community Voice Patient Chairs in their roles.
- Patient-led NHS Community Voice meetings will continue to run monthly, with the aim of making involvement easy, accessible and relevant.
- The 2015 Innovation Fund will fund a range of community projects focused on helping vulnerable groups access and find their way around health services.
- Development of an electronic patient experience dashboard is taking place in collaboration with Quality Observatory and other London CCGs.
- The PPI Team will support the CCG's Programme Boards in embedding shared decision making in their processes.
- The CCG will continue engaging with the wider community through annual events such as the commissioning intentions event and Annual General Meeting. The commissioning intentions event 2015 will be hosted jointly with our local authorities; one event will take place with the London Borough of Hackney and one with the City of London Corporation.



Section Six: Healthwatch Statements

Statement from Healthwatch Hackney

Building effective partnerships is an essential element of meeting the statutory obligations. Local Healthwatch organisations play a central role in acting as a patient and consumer champion for health and social care services. This section of the report provides an opportunity for your local Healthwatch to comment and reflect on the content of your report. Please indicate in this section if Healthwatch has been commissioned to undertake any engagement work for the CCG, and if so for which activities.

- Note: In the interests of transparency we declare that Healthwatch Hackney was lead partner in the Fund for Health, that we have been commissioned to carry out Patient Engagement research for One Hackney, are partners in a contract Age UK East London to support the Super Patient Participation Groups known as NHS Community Voice, a contract to support the Better Care Fund Patient User Experience Group and a sub-contract with Homerton Hospital in its CCG funded review of hospital discharge. Healthwatch Hackney also has a seat on the CCG board.
- We welcome the City and Hackney CCG continued commitment and work to develop its Patient Participation in Hackney.
- The Patient Representatives are on most CCG's Programme Boards and are increasingly well known to relevant stakeholders.
- The PPI Committee continues to offer excellent engagement with a range of patient representatives and groups involved.
- The CCG's Lay Member has been an active and effective champion for Patient Involvement
- Learning from the Fund for Health findings continues to provide important insight into some of the most marginalised groups' barriers to accessing healthcare.
- The CCG continues to support Patient and Service User Involvement across Hackney, particularly in supporting some of the long established patient forums in Hackney. This enables the patient voice to play an important role informing service development and delivery.
- The super PPG structure developed under the banner of NHS Community Voice has provided a valuable forum for patients to speak directly with commissioners and providers about service challenges and improvements. The underlying PPG structure is recognised by all as requiring a refresh and investment to build better patient involvement.
- In our last statement we welcomed significant positive changes in rhetoric, accountability and accessibility. The CCG continues to demonstrate this commitment and a willingness to adapt approaches to improve Patient Involvement. There are numerous examples where the CCG shows patients have been engaged to inform service development and commissioning.
- As we reported last year, in the current climate, commitment to delivering Patient Centred Care remains severely hampered by tight timeframes, limited resources, stretched staff, and a tendency for some health professionals to focus on medical models and solutions and be reluctant to relinquish control to patients.
- These are the areas we would like to work with the CCG to develop:
 1. Timeframes continue to be a major barrier to effective patient involvement. This applies across commissioners and providers, not just the CCG. Genuine involvement takes time and resources. Agendas are often too full for genuine discussion, time is too short to set up meaningful patient groups and the time investment is not always there to support representatives to genuinely understand the task, and be able to play a full part. Currently we are working with Hackney Council to set borough-wide standards to be agreed through the Health and Well Being Board. We hope this will contribute to further improvement in this area.

2. With the set-up of NHS Community Voice there has been an improvement in qualitative feedback. However, there remains a challenge to improve mass engagement and increase the range of involvement from Hackney's communities. We look forward to working with the CCG on this agenda to increase Hackney resident participation in healthcare monitoring and development.
3. We are grateful that the CCG is receptive to the reports and recommendations we have made. We would like to explore a mechanism with the CCG for when we, or other patient groups, make recommendations on monitoring impact. This would enable us to feedback to patients how lessons from their experience have been taken on board, and encourage patients to be more involved through any route.
4. The Fund for Health identified a range of recommendations to help providers to improve accessibility. We welcome the opportunity to work with the CCG to see how this learning can now be fully incorporated into service contracts so issues ranging from understanding that literacy levels are quite low in Hackney and NHS jargon can be confusing, to large print letters, BSL interpreters, steps into buildings, lifts too small for walking frames, no waiting space for wheelchair users etc. are tackled.
5. A large barrier to access is for people who do not speak English well. (2011 census shows 1 in 5 people in Hackney speak English 'not well' or 'not at all'), and we often find this is not recognised in the CCG's engagement plans. The Fund for Health and other long term engagement work show that simply translating documents is not the answer, as people often a) do not have good literacy either and b) are fundamentally unaware of how the health service works. We welcome CCG plans to review this area and call that this is given the high priority it deserves.
6. We continue to encourage the CCG and the PPI team to develop relationships with other large commissioners and providers PPI teams to share intelligence and PPI work.
7. We welcome the way the CCG's Programme Committee are encouraged to engage with the PPI Committee, which continues to be a lively and excellent forum for debate and discussion. We appreciate the work of the PPI team to support members to fully participate at these meetings. However, the agenda is very crowded and time to properly discuss items remains a challenge. It would be useful to explore how this could be addressed so that the Board is able to fully address the issues brought to it.



Statement from Healthwatch City of London

Healthwatch City of London has been pleased to provide the City population with a voice and representation on the City and Hackney CCG in particular on the PPI committee during our second year on the programme of patient involvement.

Questions have been asked by Healthwatch City of London as to why there were such poor outcomes for City registered patients in respect of out of hospital cardiac arrest. Survival rates of 4.8% are the lowest in London. We have recommended that all businesses, pharmacies, community premises and sheltered housing should have a defibrillator on the premises with staff trained on its use. The matter has been forwarded to the Urgent Care Board, London Cardiovascular Clinical Director and the Director for out of hospital cardiac arrest at the London Ambulance Service. We are continuing to monitor and facilitate the communication of this important issue.

We were really pleased with the outcome of our involvement in the procurement panel for the warfarin service in City and Hackney. This service will provide increased capacity in the community to meet the demand for treatment with warfarin. As the report emphasises, our presence guaranteed that the views of City and Hackney patients alike were being fairly represented, in particular when looking at patient access and patient experience with the inclusion of a specific clinical hub for City of London residents. We will be building on links to ensure good feedback to Healthwatch once the service is in place.

Throughout the year, Healthwatch City of London has highlighted concerns in respect of Bart's Health Trust particularly the very poor administration in outpatients and the financial situation in relation to developing new cardiac and cancer services.

Earlier in the year, Healthwatch City of London queried the impact of the proposed changes at East London Foundation Trust (ELFT) regarding bed reduction and the impact on City residents in having to travel significant distances with relatives to Mile End after the move of the older person's ward. ELFT was asked to resubmit proposals which were returned with a budget to support City residents with transport and assurances on bed adequacy.

In the coming year we would like to work with the CCG in improving links with the voluntary and community sector in the City and would like to arrange an introductory meeting to strengthen the PPI relationship with the City based groups. A recent meeting was arranged by Healthwatch for the CCG to talk to the City of London 50+ group who meet in the Portsoken areas of the City on the Pharmacist Medication Review Service.



Name CCG: NHS City and Hackney Clinical Commissioning Group

Name of the person who completed this report: Eeva Huoviala

Internal sign off obtained from: CCG Governing Body

Healthwatch statements produced by: Healthwatch City of London and Healthwatch Hackney

Date submitted to regional team: 30 September 2015

Please note the report covers the period – 1st April 2014 to 31st March 2015