



Better Health, Better Lives

Annual Report on Consultations, and
the Results of Commissioning Decisions
April 2010 – March 2011



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1. Introduction.....	4
2. NHS Rotherham’s approach and commitment to consultation, engagement and involvement	5
3. Publication and Future Work	6
4. Completed Consultations	7
5. Planned Consultations April 2011 to March 2012.....	17

ONE

Introduction

The duty to report on consultations about commissioning and other relevant decisions is set out in section 24A (1) of the NHS Act 2006.

“Each PCT must, at such times as the Secretary of State may direct, prepare a report –

- a) On the consultation carried out, or proposed to be carried out before the making by the PCT of commissioning decisions, and*
- b) On the influence that the results of consultation have on its commissioning decisions”*

Quoted in DH publication “Real Accountability” (Nov 2009) p8

This means that primary care trusts should report on consultations where the information has been used to commission or change services, these are our ‘commissioning decisions’. Section 242 of the NHS Act 2006 defines commissioning as decisions made in carrying out PCT functions, and includes decisions about primary care, secondary care and community health services – several sections apply and cover all these functions. As well as information collected by the PCT, the report should also include information collected by partners or providers, or other trusts from which we have commissioned services. Although section 242 (1B) widens involvement activity the report does not extend to other forms of involvement

activity; for example, giving information is not consulting, and should therefore not be part of this report.

Consulting in the sense of the report is the act of asking a person for their views on a proposal or issue, before a decision is taken. Consultations must have the following four elements:

- i. It must take place when a proposal is at a formative stage;*
- ii. The proposer must give sufficient reasons for any proposal to permit intelligent consideration and response;*
- iii. Adequate time must be given for consideration and response;*
- This may vary, and does not necessarily mean 12 weeks*
- iv. The outcomes of consultation must be conscientiously taken into account in finalising any statutory proposals.*

This report will be available from the NHS Rotherham headquarters, on the NHS Rotherham website, and Yorkshire and the Humber Strategic Health Authority.

This report complies with Real Accountability, the Department of Health Guidance about the Duty to Report on Consultations which was published in November 2009.

NHS Rotherham's approach and commitment to consultation, engagement and involvement

NHS Rotherham is committed to engaging all those individual residents and representatives of communities and groups who have an interest in, or are directly affected, by health services in Rotherham. For us, engagement and consultation is about valuing the benefits of involving patients and the public in the commissioning process and the provision of health and social care services. We feel that appropriate, timely and ongoing involvement leads to:

- *improved planning and decision-making, by incorporating different views*
- *more accessible and responsive services based on local experience and needs*
- *increased interest in, and understanding of, our work*
- *more appropriate use of services and more realistic expectations*
- *increased confidence in NHS Rotherham, as a result of greater openness and transparency*
- *a better informed and empowered public, active in their own care*
- *a greater opportunity to address health inequalities and improve access to services*

- *an increased opportunity for organisational learning*
- *improved communication between patients and clinicians*
- *better understanding by patients, carers and their families about their conditions and treatment plans*
- *Better value for money as services are focussed around patients needs*

This is demonstrated in our proactive, value for money approach to engagement, reinforced by our “You said we did” poster campaign and information on plasma screens displayed in health premises. From July 2010 this was developed further, through an internet based consultation hub – Citizen Space which enables the public to access and take part in both completed and current consultations.

THREE

Publication and Future Work

We will continue to identify and promote access to local, regional and national consultations through our web-based consultation hub.

The report covers the following;

- a) Consultations completed between 1 April 2010 and 31 March 2011.*
- b) Consultations started between 1 April 2010 and 31 March 2011, but not yet completed*
- c) Consultations planned for 2011/12.*



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Completed Consultations

4.1.1 Consultations completed by NHS Rotherham

concerns, security of posts, changes to roles and workplaces.

4.1.1a Transforming Community Services

Alternative proposals around the future management of two GP practices were offered.

When did this happen?

May – August 2010

What we asked?

We asked staff and stakeholders to offer their views and opinions on the integration of community services with the Rotherham NHS Foundation Trust.

Essentially the change would not affect service delivery but would mean a change of employer for staff. In some cases this meant being employed by a non NHS organisation.

Who was consulted?

Staff and stakeholders.

What information was provided to people?

A comprehensive document was produced listing all the services affected, together with a range of options for the future management of the delivery of the service.

What you told us

All comments and feedback were collated. Many comments related to staffing

Did this impact on commissioning decisions? If so, how?

The initial commissioning plans were changed as a result of the consultation. The consultation directly affected the management of the two GP practices, leading to the creation of a social enterprise, and the end location of Children's services.

How was this reported?

Multiple methods were used to report back, including staff briefings, dedicated emails and newsletters. Press releases and reports were also used, and information was available on internet and intranet sites

4.1.1b Pharmaceutical Needs Assessment (PNA)

When did this happen?

Pre-consultation work June 2010
Formal consultation August- October 2010

What we asked?

Pre-consultation - survey work undertaken to inform the subsequent formal Pharmaceutical Needs

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Assessment.

The aim of the consultation was to ensure that pharmacy services are developed in line with peoples' needs and preferences, and to highlight gaps in services. One major theme of the public consultation was to highlight which services people would use in pharmacies.

Who was consulted?

Stakeholders, pharmacies and the public. The majority of the public use survey was completed at the pre-consultation stage.

What information was provided to people?

Following the pre-consultation, work was undertaken to produce the draft plan, which was made widely available.

What you told us

The most popular additional services were health checks, vaccinations and weight loss advice.

Did this impact on commissioning decisions? If so, how?

What were the commissioning/ relevant decisions taken following the consultation?

An evaluation of the 2010-11 flu vaccination pilot scheme was undertaken and used both GP and patients' views. Subsequently this service is being rolled out in community pharmacies.

The PNA is being used when assessing all new contract applications for Community

Pharmacies at monthly Community Pharmacy panel meetings.

The PNA has supported the commissioning process for stop smoking advice.

How was this reported?

Internally to staff, through commissioning panel meetings and internal structures.

4.1.2 Informal consultations and engagement used to inform commissioning

4.1.2a Dental Access Survey

When did this happen?

Three days in different locations (north, central and south Rotherham), May 2010

What we asked

We asked what people knew about access to dental services, in terms of availability and cost, and also what barriers people experienced in terms of availability and cost.

Who was consulted?

Members of the public (234 responses).

What information was provided to people?

1:1 information provided by staff supporting people to complete an electronic survey.

What you told us

- 79.49% of those surveyed had an NHS dentist; 99.02% of those visited

the same dentist regularly.

- *84.88% of those surveyed had routine check-ups.*
- *62.27% of those surveyed reported that they had seen a dentist within the last 6 months.*
- *64.10% of those surveyed were unaware that the Health Advice Centre could assist people to find a dentist.*

Did this impact on commissioning decisions? If so, how?

The results of the survey were taken to the Dental Operational Group, and led to an information campaign in health premises, and better information on dental access on the NHS Rotherham website

How was this reported?

A press release was issued and information placed on the NHS Rotherham website.

4.1.2b Community Equipment Review

When did this happen?

Between September 2009 and July 2010.

What we asked?

We asked how happy people were with the service and where the service could be improved.

Who was consulted?

Joint Commissioning Team Service User and Carer Group, Service Users, and the Older People's Forum.

What you told us

Levels of satisfaction with the service were generally high, but improvements could be made to ensure faster returns of equipment need.

Did this impact on commissioning decisions? If so, how?

The review has been completed and approved. A copy of Executive Summary available from NHS Rotherham (the full report is 97 pages).

An action plan has been developed from recommendations. 50% of actions were completed by June 2011, with the remainder due to be completed by December 2011.

How was this reported?

Adult Board

4.1.3 Nationally led consultations

2010-2011 has seen a number of consultations with the potential to inform the national plans for the NHS.

In each case, the same approach has been taken:

- *Links to the DH consultation from the NHS Rotherham website*
- *Emails with a link to the documentation and a summary sent to a variety of stakeholders, including partner organisations, community bodies and interested individuals*
- *Key community groups have received*

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briefings and updates

- *Summaries have appeared in NHS Rotherham newsletters*
- *Paper copies provided on request.*
- *For some of the consultations, focus groups were specifically arranged, with any data collated and sent to the DH.*

These consultations have included:

- *Liberating the NHS white papers*
- *Information Revolution and Greater Choice and Control Consultation*
- *Public Health White Paper*
- *The NHS Listening Exercise*

4.2

The Duty requires the PCT to be responsible for reporting on consultations undertaken by NHS trusts or NHS Foundation Trusts, that are independent of the PCT, but the outcome will influence the commissioning decisions of the PCT.

4.2.1

The Rotherham NHS Foundation Trust have stated that involvement work has been completed, but has identified no pieces of work that would be classed as consultation impacting on commissioning decisions.

4.2.1

No reports have been received from RDaSH.

4.3

Report on consultations undertaken by the Yorkshire and Humber Specialist Commissioning Group, which will have an impact on the commissioning decisions of the PCT. (Information supplied by Specialist Commissioning Group based in Barnsley PCT)

4.3.1 Vascular Services

As part of Yorkshire and the Humber's regional Next Stage Review work, the Planned Care Clinical Pathway Group identified the need to carry out a review of vascular services.

The aims of the review are:

- *to agree the most appropriate patient pathway for patients requiring vascular services;*
- *to assess the level of need for these services across Yorkshire and the Humber;*
- *to develop service specifications and standards for the provision of these services.*

The SCG carried out a full review of vascular services in the region between October 2008 and October 2010. Healthcare professionals, commissioners, providers, patients and the public were involved in this process, the outcomes of which then shaped the direction of the later formal consultation. A range of options were identified by a Task and Finish group, culminating in local work to

agree the preferred option with local hospitals, GPs, patient and public focus groups.

The SCG Patient and public information PI specialists led on patient and public engagement to ascertain what was most important to patients using a combination of:

- *questionnaire – postal (sample) and online via websites*
- *telephone interviews based on the questionnaire*
- *focus groups*
- *existing data from previous relevant exercises*

The key themes arising from the engagement work were:

- *that participants rated the outcome of treatment as their overall priority*
- *they would generally be prepared to travel further for an operation*
- *they expressed a preference to be transferred back to a local hospital after treatment*
- *transport implications need to be carefully considered, particularly the need to lessen the effects of increased travel on all those involved.*

The outcome of the engagement work formed a key foundation on which the formal consultation was built.

Formal Public Consultation

A formal public consultation took place

between 26 October 2010 and 28 January 2011 to obtain the views of all stakeholders about the preferred option for the way vascular services are provided in Yorkshire and the Humber.

A consultation plan was developed by the SCG engagement team in partnership with the SCG's Deputy Director of Commissioning, Assistant Director of Commissioning (the commissioning lead for the consultation) and the SCG PPI steering group, with common materials agreed, disseminated and available on organisations websites. Participation was through postal, telephone or online questionnaire, or interview, and through each separate PCT's structures and networks.

Each PCT took responsibility for liaising with its own Overview and Scrutiny Committee and for working with that Committee through the implications of the proposals for the provision of vascular services in the locality for which the Committee was responsible. The consultation was also discussed at the November 2010 meeting of the Regional Scrutiny Officers' Network.

The SCG held four public meetings in Scarborough, Scunthorpe, Bradford and Wakefield - the localities more likely to be most significantly affected by the review's proposals. A number of PCTs also arranged their own public meetings and these took place in Hull, Grimsby and Wakefield (two meetings).

There was a comprehensive response to the consultation from a range of local NHS organisations, members of the public and national bodies. The SCG consultation and engagement team analysed all feedback received. A number of differing views were expressed with some respondents questioning the case for change and others expressing strong support.

All of the evidence was considered at the SCG Board meeting on 25 March 2011. Their decision was that hospitals should work in partnership to deliver vascular services within the Yorkshire and Humber (and Bassetlaw) region, with complex and emergency operations being carried out in four specialist centres and the remainder of care continuing to be carried out locally, implemented by June 2012.

Consultees who requested further information and provided contact details will be notified of the consultation findings.

The consultation findings are available in a report which can be found on the SCG website www.yhscg.nhs.uk and the website of the region's PCTs.

4.3.2 Morbid Obesity Surgery

The Yorkshire and Humber SCG reviewed its commissioning policy for morbid obesity surgical services to address the difference in access criteria, with seven PCTs working to NICE recommended criteria for surgery and seven working

to restricted criteria. The aim was to understand the views of patients, carers and the public on NHS funded surgery for people who are considered morbidly obese, with work taking place between October 2010 and January 2011, and led by the SCG engagement team, working with locality PPE staff.

Engagement materials including a morbid obesity surgical services fact sheet and questionnaire were produced by the SCG engagement team in conjunction with the commissioning lead and PPI leads steering group.

Methods of engagement used were:

- *online questionnaire linked to the 14 PCT websites and the SCG website*
- *hard copy questionnaire responses (Sheffield weight management support group and Bradford patient panel)*
- *focus groups for patients and for members of the public*

The key themes arising from the engagement work were:

- *The NHS should fund morbid obesity surgery*
- *Surgery should be a last option and people should have tried other tailored weight loss methods first*
- *Priority for surgery should be given to those with potential for the most long term health gain and who have other illnesses that could improve after successful surgery*
- *Psychological assessment and*

support is very important both pre and post surgery

- *A clear, open framework should be developed by the SCG and the same referral guidelines and access for everyone across the region, though clinical judgement is key*
- *Plastic surgery should be considered where there are medical reasons to support it and after a minimum time period to ensure that weight is stable*

Information about the outcome of the engagement was published on the SCG and on PCT websites.

The views obtained will feed in to the overall review of the criteria for morbid obesity surgery and will influence the recommendations for future commissioning decisions.

4.3.3 Services for Patients with Inherited Cardiac Conditions

The Inherited Cardiac Conditions (ICC) service strategy was developed with a broad range of stakeholders in spring 2010, to provide a framework for the commissioning and delivery of ICC services. One of the key principles is that the service should be designed in a way that meets the needs of the affected individual and their family, and specific patient engagement activity was carried out in May and June 2010 in order for this to underpin the content of the service strategy. In addition to comments from identified patient and carer representatives within the network, three

patient events were held in the region (in Hull, Leeds and Sheffield) during June 2010. These sessions used a variety of techniques to determine patient and carer views and the outcomes along with the feedback received from a wide array of health professionals, was presented to the Inherited Cardiac Conditions Board in September 2010. The key themes identified were:

- *Communication*
- *Diagnosis and treatment*
- *Education and training*
- *Aftercare and follow-up*
- *Funding and resources*

The final version of the strategy will then be developed to incorporate the intelligence from the engagement activities.

Specific actions taken in response to the Patient and Carer Feedback - December 2010:

- *Reports to the Yorkshire and Humber Inherited Cardiac Conditions Expert Panel and to the consultants and nurses who deliver the service.*
- *Statements added to the Strategy to make it clear that emotional support is an essential part of the service and is highly valued by patients and carers.*
- *Links on Yorkshire and Humber website to direct patients, carers and GPs to the relevant charities for Inherited Cardiac Conditions.*
- *Patient information given out in the Leeds and Sheffield services reviewed*

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to ensure consistency

- *Discussions to take place with GPs and Yorkshire Ambulance Service (YAS) to find out what kinds of information, training and knowledge they have in Inherited Cardiac Conditions. This may lead to further work to improve the experience for patients and families.*
- *Discussions to take place with Accident and Emergency (A&E) Departments to find out how the A&E experience could be improved for patients and families.*

The implementation of the service strategy will continue to be informed and influenced by patients and carers, under the oversight of the SCG PPI Steering Group.

4.3.4 Services for Patients with Congenital Cardiac Conditions

The Draft Strategy for Congenital Cardiac Services in Yorkshire and Humber was developed by the Congenital Cardiac Network (CCN). The Strategy sets out a framework for commissioning and delivery of Congenital Cardiac Services, in line with regional commissioning principles and covers adults and children.

The views of patients, families and carers were gathered via three engagement events. The aim of these events was to ascertain patient and carer views on the current service, and to find out whether the priorities laid out in the Strategy document reflected the priorities of

patients and carers, in particular whether there were any ‘gaps’ from the patient and carer viewpoint. The outcomes were discussed by the CCN Board, and passed to the Patient, Parent and Carer Engagement (PPCE) Steering Group for action. The PPCE Steering Group then advised on how to prioritise and act upon the wealth of feedback received. A final version of the strategy was signed-off by the SCG Board in December 2010. Patient feedback information was produced, using guidance from the SCG Patient and Public Involvement (PPI) Steering Group, indicating how patient involvement had impacted on the content of the strategy.

The implementation of the service strategy will continue to be informed and influenced by patients and carers, under the oversight of the SCG PPI Steering Group.

4.3.5 Children’s Heart Surgery

In 2006 a panel of experts agreed that the current configuration of services, for children who require heart surgery was unsustainable and recommended fewer, larger centres of excellence delivering the best possible care for children and their families, instigating the 2008 “Safe and Sustainable” review of paediatric cardiac surgical services in England.

The National Specialised Commissioning Group (NSCG), acting on behalf of the 10 Specialised Commissioning Groups in England, is leading on the process

that will deliver recommendations for the reconfiguration of these services. The NSCG has established a Steering Group on which the relevant professional and lay associations are represented. The final decision on future configuration will be made by the Joint Committee representing all NHS Primary Care Trusts in England (JCPCT).

Formal public consultation on the recommendations took place between October 2010 and January 2011, including:

- *Face to face events*
- *Online communications including video and accessible information; <http://www.specialisedservices.nhs.uk/safeandsustainable>*
- *Printed communications such as the consultation document itself and newsletters*
- *The media.*
- *Health Overview and Scrutiny Committees consultation in February/ March 2011*
- *NHS Rotherham Consultation Hub*

The public consultation centred on the following key areas:

- *Standards of care: proposed national quality standards of care to be applied consistently across the country*
- *Congenital heart networks: development of networks to coordinate care and ensure more local provision (e.g. assessment, ongoing care)*

- *Options for fewer surgical centres: to improve outcomes for children's heart surgery in the future*
- *Better Monitoring: improvements for analysis and reporting of mortality and morbidity data*

The Joint Committee Primary Care Trust will meet in November 2011 to make a final decision on the best configuration of services. To inform their decision they will fully consider the views of the public obtained during the consultation whilst taking in to account tests done on the viability of each option during the same period.

4.5

The Duty requires the PCT to be responsible for reporting on consultations undertaken jointly with other organisations through an integrated management arrangement, such as with a local authority, on commissioning decisions by the PCT.

4.5.a Being Healthy Event and Big Health Day Follow Up September 2010

What we asked?

The Health days were information and consultation events aimed at people with learning disabilities, who were a key part of organising and planning these events.

The aim was to inform NHS Rotherham and partners about how people would like things to be when they use services.

Who was consulted?

People with a learning disability and their carers.

What information was provided to people?

The events took the form of market stalls, provided by a variety of services and organisations, each with different activities and information. All activities and information were provided in appropriate interactive formats.

What you told us

People said they were happy with their doctors and did not report any problems with specific GPs.

There were some concerns about getting appointments and not enough time with the doctor.

People talked about going to the hospital and what could be better, for example, easy read signs, accessible parking and more easy read information.

Did this impact on commissioning decisions? If so, how?

The information from the event enabled the prioritising of several pieces of work, across partner agencies.

Making reasonable adjustments for patients (i.e. longer appointments) is addressed in GP awareness training.

Speak up Self Advocacy have been involved with the hospital in Future Wards work and advised on signs in the new entrance at Rotherham Foundation Trust (RFT).

The issue in relation to parking has been raised at the Patient Experience meeting at RFT and subsequently addressed.

Easy read information is currently being discussed directly with departments at RFT.

How was this reported?

The information was fed back to the Health sub group of the LD Partnership board, and informed areas of priority work.

Planned Consultations April 2011 to March 2012

5.1 JSNA 2011-12

Consultation has already started on the 2011-12 Joint Services Needs Assessment, with a series of focus groups.

- *Older People May 2011 noted several concerns for the future:*
 - *People may only be able to access services they can afford*
 - *The high unemployment rate amongst adults of working age and school/college leavers*
 - *Older adults are a proud generation who will often wait until crisis point before seeking help*
 - *Older people are being told by clinicians that their condition cannot be improved and putting it down to old age.*

The document will be published electronically once completed and agreed, and will be used to inform health and social care commissioning.

5.2 Renal Transport

Work is planned to audit satisfaction with the new service, to highlight issues arising from changes to patient transport, and inform future commissioning decisions.

5.3 Adult Mental Health

Work will be carried out to consider a new service model for adult mental health services.

5.4 Joint Service Centres

A programme of consultation will be carried out at Aston and Maltby Joint Service Centres, working with Rotherham Metropolitan Borough Council partners, to establish satisfaction with the new centres, and to highlight any emerging issues.

**For more information
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