

Patients, Carers and Public Specialised Commissioning Engagement Event



Report

Tuesday 1 July 2014
The Centre, Birchwood Park, Warrington

Introduction:

The North West Specialised Commissioning Team, Strategic Clinical Networks and Senates invited their patients, carers and members of the public Advisory Group members across the North West to an afternoon workshop to discuss specialised services commissioning.

Aim of the Workshop:

- To understand what specialised services are, how they are commissioned and why we need to improve services;
- To identify and explore ways to achieve meaningful engagement with patients, carers and members of the public in engagement and consultation re future improvements and changes to specialised services.
- To understand what is important to patients and carers in relation to any future changes to specialised services e.g. travel times vs access to high quality services

Presentation and discussions

Angela Lynch, Interim Strategic Planning Lead, Specialised Services, started the event with group discussions and ice-breaker exercises “what is specialised commissioning?” This session concluded that specialised commissioning seems to be very complicated from a patient, carer and public perspective.

Following a lively and productive discussion **Jenny Scott**, Head of Specialised Commissioning, presented common themes which occur in specialised services:

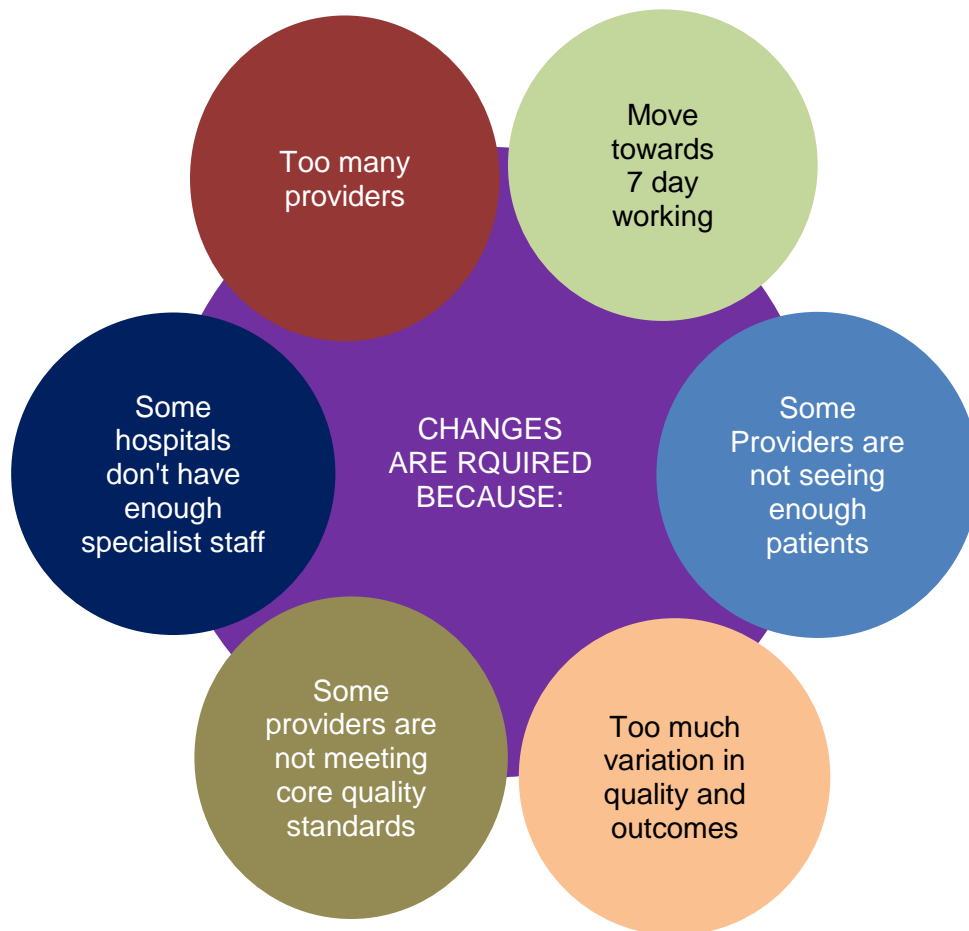
- Often cover rare conditions, so for some services they are only required by small numbers of patients
- Patient care journey can involve lots of steps and clinicians – GP, hospital, and specialist hospital
- Relatively few specialised centres which require skilled workforce and often specialist equipment
- Services are often high cost
- Best planned on a population larger than that covered by a single CCG

Jenny went on to describe the patient journey focusing on 6 Rights of good care: RIGHT patient, RIGHT place, RIGHT time, RIGHT care, RIGHT clinician and RIGHT price.

Jenny went on to describe what specialised services were. This included highly specialised services and specialised services: Highly specialised services could include: rare conditions, very low patient numbers, very few hospitals. Examples include: Heart and lung transplantation and Treatment of rare eye conditions. Specialised services could include:



episodic specialised services. Examples include: paediatric and neonatal intensive care, severe burn care and specialised cancer surgery. However, they could also include: 'pathway' specialised services, long term conditions. For example, Kidney care, mental health, cardiac care and cancer services. Jenny went on to describe why change was needed in specialised services.



Jenny highlighted the North West:

- Commission services for population of 6.8million across 4 area teams
- Budget of circa £1.8billion
- 40+ providers across the North West
- Specialised Commissioning Team based with Cheshire, Warrington and Wirral Area Team – covers North West
- 32 CCGs, 22 OSCs and Health & Well Being Boards

She went on to explain that obesity represents one of the most significant health issues facing the NHS. It leads to higher rates of cardiovascular disease, many cancers, respiratory and joints problems, increased risk of diabetes and kidney disease. She went on to give an example of National Guidance for Specialised Cancer Services focusing on improving clinical outcomes:

- Specialised cancer teams managing minimum populations to maintain skills
- Surgeons operating on minimum volumes
- Need for a greater degree of specialisation

- Larger centres of excellence

In summary for complex specialised cancer surgery:

- Majority of cancer care will remain unchanged – diagnostic services, non specialist treatment, chemotherapy, radiotherapy and aftercare
- Better outcomes will be achieved by concentrating complex diagnostic and surgical expertise and facilities for patients with rarer cancers
- Safe and sustainable services will be provided by fewer specialist providers in centres of excellence
- Scale of change will be minimal – a concentration of sites affects less than 700 patients undergoing surgical resections per annum
- Governance arrangements between GPs, local hospitals and specialist centres will ensure consistent high quality care irrespective of where patients live.



What is important to you when commissioners are planning Specialised Services?

Angela Lynch, Interim Strategic Planning Lead, Specialised Services and Jan Vaughan, Associate Director, Cheshire and Merseyside SCNs and Senate facilitated the group discussion focusing on the importance to patients, carers and members' of the public when commissioning specialist services. Feedback from the table discussions is shown below:

1. Communication & Information

- Information throughout the journey – use of key workers and advocates to navigate access to health and social care, particularly where families live remotely from patients
- No jargon!
- Improve health professional understanding of referral process and access to services

2. Access

- Local access wherever possible, however understand that some services require centralisation and consolidation due to access to specialist equipment etc.
- Where patients are required to travel, need to consider transport and other needs of patients and carers e.g. accommodation

3. Holistic care

- Continuity of care – pre and post specialised care need timely and effective access to community support and other services

- Seamless journey and handovers so patients and carers do not need to repeat information
- Understanding the transition needs of patients when they move from children's to adult services

4. Evidence on impact of feedback leading to improvements

- Learn the lessons from patient stories and demonstrate what has been done to improve things
- Understanding how patients and carers can most effectively provide feedback on their experience of care i.e. where? Who to? *How do patients know who the relevant commissioner is and how can engage with them?*

5. Assurance that care will be consistently high quality

- Assurance that medical and other staff have the right experience and skills to provide specialised services
- Understanding that little things matter

What does meaningful engagement mean?

Patients, carers and members' of the public told us that meaningful engagement for them was:

Early involvement

- Timely involvement from the start! Please involve us and work with us at the pre-design stage

Demonstration that commissioners have acted positively on the feedback

- Learning from self-management co-design (Scotland)
- Use a variety of different mechanisms to engage e.g. face to face discussions, workshops, social media, radio, patient stories etc.
- Learn from the Best in the Class - showing that there has been active learning from feedback – use of secret patients etc. *You said.... we heard.....we've done....*

Use a variety of different communication methods

- Capitalise on Social Media to access the views of younger people
- Provide succinct and accessible information with access to other more detailed sources available if required by the reader.

Training and support

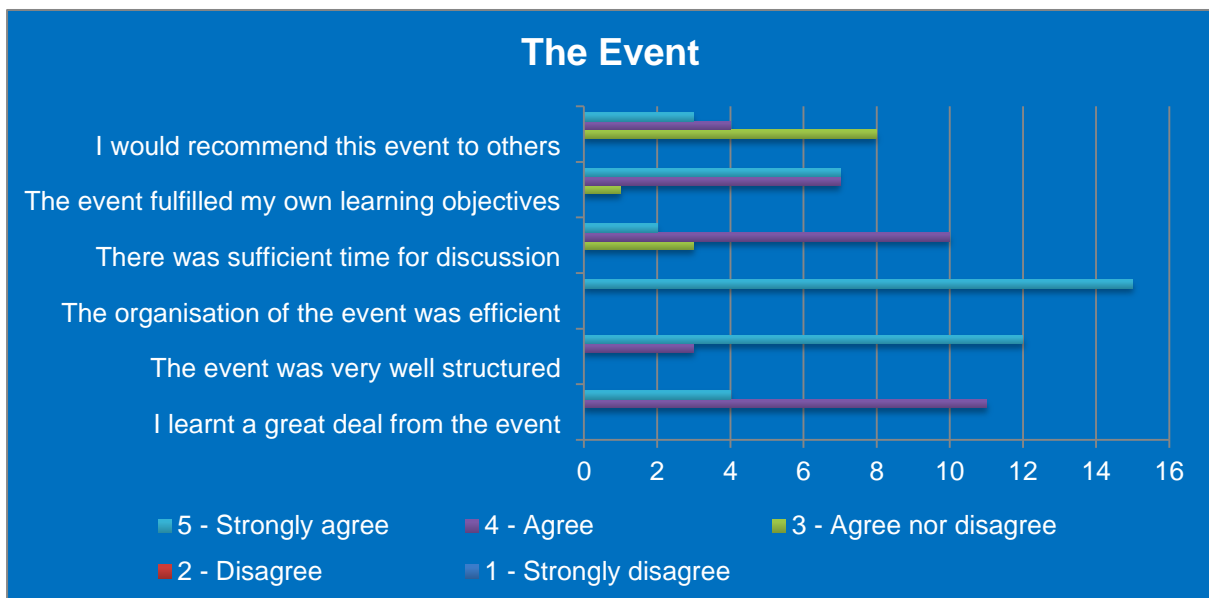
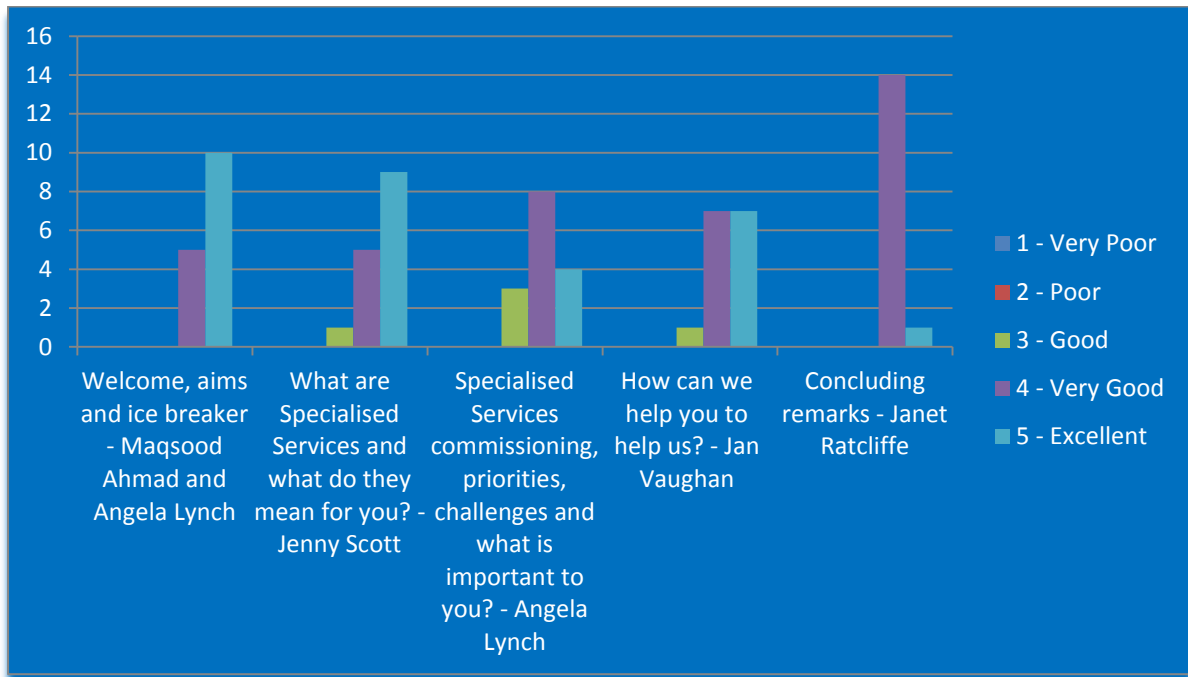
- Training and support to empower patients to speak up and not be in awe of clinicians
- Build support from bottom up e.g. Patient Participation Groups PG at GP Surgeries
- Work with and through self-help groups

Concluding remarks:

Janet Ratcliffe, Associate Director for Greater Manchester, Lancashire and Cumbria SCNs and Senate thanked everyone for their excellent contribution to the group discussions. Janet hoped that the delegates found the workshop useful and informative. She had picked up a number of issues that she was not aware of before attending the workshop. Janet thanked

the facilitators and SCNs organisers in particular Stephanie Jones and Gloria Payne for the hard work they had done behind the scenes to make this event a success.

Evaluation



Delegate list

	Name	Title	Organisation / Area of interest
1	Debbie Adams	PCP	Network Kidney Group
2	Maqsood Ahmad	Network Manager	Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks & Senate
3	Norma Armston	PCP	Cancer
4	Sharon Bird	PCP	Palliative and End of Life Care / Maternity
5	Janet Bott	Director of Clinical Services	David Lewis
6	James Brown	PCP	Cancer
7	Dennis Crane	PCP	Dementia / CVD
8	Cliff Cotsworth	PCP	Diabetes
9	Carol Devine	Greater Manchester AAA Screening Programme Manager	University Hospital of South Manchester NHS Foundation Trust
10	Linda Devereux		
11	Sharon Dickenson	PCP	Person Shaped Support Organisation / Mental Health
12	Katherine French	Service Development Manager	Parkinson's UK
13	Carolyn Goble	PCP	Person Shaped Support Organisation / Dementia
14	William Greenwood	Network Manager	Cheshire and Mersey Strategic Networks and Senate
15	Atta Hanfi	Patient Cabinet	Bury CCG
16	Belinda Hanson	Greater Manchester AAA Nurse Practitioner	University Hospital of South Manchester NHS Foundation Trust
17	Mike Harnor	Trustee/Executive	Greater Manchester Neurological Alliance
18	Maxine Harris		Motor Neurone Disease Association
19	Shelagh Hatton		Alder Hey Children's Hospital
20	Linda Hill		Macmillan Cancer Support

21	Viki Hunt	Operational Therapy Manager – Major Trauma Rehab Unit	5 Boroughs Partnership NHS Foundation Trust
22	Bernadette Hurst	Network Manger	Cheshire and Mersey Strategic Networks and Senate
23	Stephanie Jones	Quality Improvement Manager	Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks & Senate
24	Ann Long	PCP	Roy Castle Foundation / Cancer
25	Margaret Low		
26	Angela Lynch	Interim Strategic Planning Lead, Specialised Services	NHS England
27	Kate McNulty	Vice Chair	Kidney Patients Association
28	Julie McWilliam	Service Development Officer	Cheshire & Merseyside MS Society
29	David Makin	Former Chair	GMCCN PUP Group
30	Audrey Meacock	PCP	Palliative and End of Life Care
31	Nanette Mellor	Chief Executive	Liverpool Neurological Centre
32	Ray Murphy	PCP	Cancer
33	Gloria Payne	Quality Improvement Lead	Cheshire and Mersey Strategic Networks and Senate
34	John Pryor	Committee Member and Service User	Bolton Society for Blind People
35	Janet Ratcliffe	Associate Director	Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks & Senate
36	Alison Rylands		
37	Mohammed Sarwar	Chief Executive	Multicultural Arts Centre
38	Jenny Scott	Head of Specialised Commissioning	Cheshire, Warrington & Wirral Area Team
39	Ghulam Rasul Shahzad	Chairman	BME Elders Welfare Association / Action for Pakistan
40	Jan Vaughan	Associate Director	Cheshire and Mersey Strategic Networks and Senate
41	Gary Young	PCP	