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<tr>
<th>Date of Meeting</th>
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<td>Agenda Item No</td>
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<tr>
<td><strong>Title</strong></td>
<td>Listening to our patients 2015-16 report</td>
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<tr>
<td><strong>Purpose of Paper</strong></td>
<td>This is NHS Portsmouth CCG’s annual report focused on ‘Listening to our patients’, which outlines the patient experience, engagement and consultation work undertaken during the year.</td>
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<td><strong>Recommendations/Actions Requested</strong></td>
<td>The Governing Board is asked to note the report and approve for publication on the CCG website.</td>
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<td><strong>Potential Conflicts of Interests for Board Members</strong></td>
<td>None</td>
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<td><strong>Date of Paper</strong></td>
<td>August 2016</td>
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Listening to our patients

2015-16 report
Contents

1. Introduction ...................................................................................................................................... 3
  1.1 Year at a glance ............................................................................................................... 4
2. CCG consultation and engagement activities during 2015-16 ................................................... 5
  2.1 Long term conditions survey ............................................................................................ 5
  2.2 Guildhall Walk engagement and consultation .................................................................... 6
  2.3 Acute Visiting Service ....................................................................................................... 8
  2.4 A Portsmouth blueprint for health and care ...................................................................... 9
  2.5 Health and wellbeing for our city .................................................................................... 10
  2.6 Voluntary and community sector patient experience feedback ........................................ 10
  2.7 Voluntary and community sector grant funded projects .................................................. 12
  2.8 Autism Co-ordinator - pilot evaluation ........................................................................... 13
  2.9 Learning disabilities - day service transformation ......................................................... 14
  2.10 Learning disabilities – supported living ........................................................................ 15
  2.11 Learning disabilities – residential care ......................................................................... 16
  2.12 Child and adolescent mental health - single point of access ......................................... 16
  2.13 Future in Mind - children and adolescent mental health ................................................. 16
  2.14 Substance misuse - drug and alcohol services ............................................................... 17
  2.15 Continence service review .............................................................................................. 18
  2.16 Integrated personal commissioning ................................................................................ 19
  2.17 Adult mental health - pledge engagement event ............................................................. 19
  2.18 Autism Board .................................................................................................................. 19
  2.19 Patient Participation Group city wide forum ................................................................. 19
  2.20 Governing Board meetings ............................................................................................. 20
3. Complaints, concerns, comments and compliments ................................................................. 22
4. Healthwatch mystery shopping – access to GP services ............................................................ 23
5. Provider feedback .......................................................................................................................... 27
  5.1 Friends and Family Test .................................................................................................... 27
  5.2 NHS 111 patient experience survey ................................................................................ 28
  5.3 GP patient survey ................................................................................................................ 28
6. Primary care update ...................................................................................................................... 31
7. Get involved .................................................................................................................................. 34
8. Summary and conclusions ......................................................................................................... 34
9. Contact us .................................................................................................................................... 35
1. Introduction

NHS Portsmouth Clinical Commissioning Group (CCG) is an NHS organisation responsible for commissioning, or buying, healthcare services on behalf of the population of Portsmouth City from acute hospitals, mental health providers, community providers, the independent sector and independent contractors. We commission for a population of around 217,500 people with an annual budget of £296 million. We are led by local GPs elected to represent all the GP practices in Portsmouth. Our responsibility is to ensure that Portsmouth residents have access to the best healthcare, as and when they need it.

We do not buy all health services. NHS England buys dental and pharmacy services and a range of complex, more specialised services. Portsmouth City Council buys some healthcare services like substance misuse, alcohol, sexual health services and screening programmes. The CCG works closely with these other organisations and with all local providers of healthcare services.

“We will listen to our patients, their families and friends and hear what they are telling us”
NHS Portsmouth CCG, Quality Strategy Framework November 2015

The patient experience is very much seen as an integral part of quality development of services, and for the CCG, the effective and meaningful commissioning of services. Robust patient feedback will provide NHS Portsmouth CCG with an effective tool for service improvement and a lever for performance monitoring, when combined with existing commissioning intelligence.

It is important that securing patient feedback is not a token effort. There is no single patient or patient group which represents the diversity of the Portsmouth population or their health needs and experiences. Likewise, it is a tall order to expect to reach all pockets of the population. Embedding the reflections of patient experience into the culture of the organisation will take time and will not happen overnight. It is important therefore to be realistic. As such it is recommended that incremental steps are taken continually by the CCG which allow for a range of activities to capture direct feedback from patients, service users, carers or wider communities. It is hoped that this will inform the framework for future years so that eventually listening to patients and building on the patient experience becomes embedded within the CCG commissioning cycle and is not a standalone activity.

In addition, the CCG needs to be careful not to focus too specifically on single service issues. Development of patient experience is not meant to replicate existing complaints procedures or campaign efforts on the part of committed individuals or organisations. It is important for those involved to be aware of the bigger picture and the overall responsibilities of the CCG, including the constraints which we all work within, including time, resources and finances.

Developing a programme of listening to our patients is not meant to raise false expectations or increase demand but to improve the overall patient experience.
generally; that is using the patient experience to inform decisions about commissioning rather than expecting outcomes or decisions on an individual’s own care or treatment.

Those that give their time in providing feedback deserve recognition and update. The CCG needs to ensure that it listens, shares the feedback, acts on it where appropriate and shares the changes. This annual report is one mechanism of doing this.

Within this 2015-16 report we would like to formally acknowledge and thank all patients and partner organisations who have given their time and spoken openly about their experiences.

1.1 Year at a glance

- Guildhall Walk Consultation
- Voluntary and Community Sector
- Patient participation
- Primary Care
- Integrated Commissioning Portsmouth City Council and NHS Portsmouth CCG
- The Portsmouth Blueprint
- Service reviews
- New models of care
- Diverse population groups
2. CCG consultation and engagement activities during 2015-16

This report covers engagement activities during the period April 2015 to June 2016. The CCG’s major event Your Health, Your NHS (June 2015) was detailed in last year’s report.

2.1 Long term conditions survey

What we asked

A two-stage engagement programme was carried out, seeking the views of people across Portsmouth and south east Hampshire who live with one or more long-term condition.

The first stage was a survey, which sought to elicit views regarding the quality of existing services, the relative importance of different aspects of care being provided, and preferences for the ways that care could be provided in the future. The survey attracted just over 800 responses.

The second phase was a series of face-to-face discussions with groups of people who had one or more long-term conditions. This process was designed to generate more detailed feedback in terms of people’s preferences regarding where they would like to receive care and support, from whom, and in what way.

What people told us

A wide range of views were gathered, as would be expected. Some of the feedback we received was specific to people who had a particular long-term condition, but there were nonetheless some overarching themes. Among those, the most frequently-heard issues included: the importance of giving patients support and information as soon as possible after diagnosis; the importance of emotional support, as well as purely medical care; the significant role that can be provided via peer support, and the value attached to specialist nursing teams. There was also a widespread sense that the physical location of NHS services was vastly less important to people than the expertise of the staff who could be accessed.

What we did

All of the feedback captured, and a report summarising the themes which emerged, has been submitted to the Commissioning Team working across Portsmouth and south east Hampshire, to inform their review of the service. This has been done at a relatively early stage in the process of redesigning the way the local NHS supports people with long-term conditions, before any firm conclusions have been drawn regarding service specification, and so the views of the participants can be given full weight before decisions are made.
2.2  Guildhall Walk engagement and consultation

What we asked

The local NHS has been involved in a long period of engagement regarding urgent care services, stretching back over the last few years.

During 2015-16, the CCG carried out engagement activities about urgent care, both concerned with understanding more about the choices people make when they need urgent (rather than emergency) care, and also more specific work to generate feedback regarding the possibility of making changes to the way that Guildhall Walk Healthcare Centre, and St Mary's Treatment Centre, operated.

This latter piece of work - which involved seeking the views both of any city residents in general, and people registered as patients at the Guildhall Walk GP practice in particular - was conducted in the lead-up to a formal period of public consultation, regarding planned changes to local NHS walk-in services. (Some changes were necessary at this time because the contract for the NHS services being provided at Guildhall Walk expired at the end of March 2016).

City residents were asked for their views about possible changes, what factors they felt must be considered when decisions were made, and what concerns they may have should the proposed changes be approved. Guildhall Walk patients were asked to set out their reasons for registering with the practice in the first place, the practice services they used most frequently, their overall opinion of the practice, what was important to them when choosing a practice in the future, and their concerns should a GP practice no longer be available at Guildhall Walk.

The feedback from this engagement activity was then used to inform the proposals which were set out in November 2015, and made the subject of a formal, three-month public consultation process.

The consultation invited city residents to comment on what they felt to be the potential benefits of the proposal, the potential disadvantages, and to highlight what they felt were the most important factors to be considered when making a decision. At the same time, Guildhall Walk patients were asked for their views on potential new locations for a city centre practice – primarily the Somerstown ‘Hub’, or the John Pounds Centre – and their thoughts in terms of being able to ‘walk in and wait’ for appointments, potential changes to opening hours, as well as a more general opportunity to express their views on possible changes.

The formal consultation process also included an extensive series of ‘drop-in’ sessions across the city, and meetings with stakeholders and clinicians.

What people told us

In the ‘pre-consultation’ engagement phase, there were 345 response from Guildhall Walk patients, and 493 responses from the public. During the ‘pre-consultation’ phase, it was clear that there was widespread support for the retention of a GP
practice in the city centre, after the Guildhall Walk Healthcare Centre contract ran out – both amongst residents, and clinical staff. There was some agreement that services had become overcomplicated, and few detractors from the idea of enhancing services at St Mary’s, but the majority of respondents wanted to see services (both the GP practice and the ‘walk-in’ facility) remain at Guildhall Walk. At this point the CCG received 345 responses from people registered at the Guildhall Walk practice, and 493 responses from city residents giving their views about walk-in services.

During the formal consultation process, which ran from November 2015 to February 2016, there were 405 responses from Guildhall Walk patients, and 451 responses from the local population as a whole.

The majority of the written submissions were opposed to the proposals, although the responses from people who were spoken to at a series of face-to-face events across the city tended to be more positive.

In terms of the potential disadvantages, the most widely-held concerns regarded access at St Mary’s – most frequently in terms of simply being able to get to the facility, but also in terms of the perceived physical limitations of that site. There were also concerns that the proposals might have an adverse impact on waiting times, both at St Mary’s and potentially at the Emergency Department at Queen Alexandra Hospital as well.

Respondents who set out potential advantages were most likely to refer to the perceived benefits of having GPs and nurses working together at St Mary’s, and the fact that a simplification of urgent care choices in the city would be welcome.

**What we did**

In the light of pre-consultation feedback both from members of the public, and also from clinicians and stakeholders, the CCG decided not to pursue the option of simply letting the contract for the Guildhall Walk GP practice end, without a new practice being commissioned in its place. Instead the CCG committed to maintaining a practice in a city centre location. Similarly, the option of simply letting the walk-in service close, without being replaced, was also rejected on the grounds that such a loss of capacity could have a negative impact both on patients and GP surgeries.

Following the consultation, the plans to enhance the service at St Mary’s – by employing GPs to work alongside nurses at the walk-in centre there, from 1st July, 2016 – were retained.

Regarding the GP practice, it was decided to retain the service in its current location until April 2017, whilst a procurement process was carried out to commission a new GP practice. The location of that new practice was left intentionally open – beyond the fact that it must serve the city centre area, as decided in the light of feedback received – and the CCG agreed that any new practice should continue to offer its registered list the option of walk-in appointments, and extended opening hours. The precise details of how the new practice will operate – in terms of location and opening hours – will be determined by the outcome of the procurement process.
It was clear that there were concerns about the loss of instant access to urgent (but not emergency) care and advice in the city centre area. However, it was also clear that much of the demand for GP appointments was actually related to conditions which could be more appropriately directed to pharmacy services. In response, the CCG decided to enhance the PharmacyFirst scheme to include a wider range of ailments, and also to expand the range of people who qualified for care under the scheme – most notably to include students. This change came into effect on 1st July, 2016.

### 2.3 Acute Visiting Service

The CCG is working with the Portsmouth Primary Care Alliance Ltd, which is comprised of Portsmouth GP practices, on a one-year trial of the Acute Visiting Service (AVS). This pilot scheme enables fast-track GP home visits for Portsmouth patients who might otherwise be at risk of needing hospital care. It involves a pool of GPs from the Alliance working three at a time – one each in the north, centre and south of the city - to undertake home visits from 9am - 1pm Monday to Fridays.

The service relieves pressure on GP practices, allowing GPs to continue to see more patients in their surgeries and it can also ease the risk of patients having to be admitted to hospital. Referrals to the scheme are made by GP practices and the South Central Ambulance Service (SCAS) and involve patients who meet a pre-set eligibility.

**What did they tell us?**

GP practice staff and people who have used the service were invited to complete a survey to give their feedback on the service.

Initial feedback from 65 patients has been extremely positive. 75% patients rated the AVS excellent, and 20% rated the service good. Some patients expressed disappointment that they didn’t see a GP from their own practice but the overwhelming majority (95%) were satisfied both with the health outcome and said they would happily see a GP from the service again. 88% patients felt it was an improvement to the usual home visiting arrangements (e.g. being seen earlier, length of time doctor spent with them, outcome of visit).

- **I was pleased the Dr came to the house, it made me feel comfortable.**
- **Dr was very caring, took lots of time to examine patient. Came very soon after my request for a visit.**
- **Was good to be seen earlier but obviously the GP was not familiar with the resident.**
- **Dr was very approachable and caring as well as being thorough.**

Feedback from staff members in GP practices was also positive, 28 practice staff provided feedback; 76% rated the service as excellent - and the other 24% good.
What did we do?

Following the review and positive feedback from both patients and clinicians, the service has been extended to increase capacity. From September 2016, the following changes will take place:

- The hours of the service will be extended and the AVS will operate between 9am and 5pm Monday to Friday, instead of the current 9am to 1pm.
- An additional GP will be in place to cover the afternoon hours.
- There will be an additional GP on Monday mornings (the period of highest demand)
- An additional paramedic practitioner will be available, Monday to Friday, between 9am and 1pm.

The service continues to operate as a pilot and will continue to be reviewed, taking on board further comments, throughout 2016-17.

2.4 A Portsmouth blueprint for health and care

The Portsmouth Blueprint is the City’s vision to provide local people with better, more integrated support in the future, by creating a single health and care system for Portsmouth. It sets out some principles that will shape our direction of travel and describes a possible model for early intervention, prevention, wellbeing and care services, with a focus on community and primary care.

Since 1st April 2016, Innes Richens has held a dual role, maintaining his position of Chief Operating Officer for NHS Portsmouth Clinical Commissioning Group whilst also becoming the Lead for Adult Social Care for Portsmouth City Council. This dual role reflects the developing plans for the integration of health and social care within Portsmouth, and will bring the work of the two organisations even closer together.

Delivery of the Portsmouth Blueprint will give people the support they need in the future by bringing NHS and social care services far closer together than has ever been the case in the past. To do this, there is a need to plan how to move forward, and how to deliver real change to frontline services which benefit people in Portsmouth.

Sharing of the plan and securing commitment to the underlying principles has been a key activity for the CCG Executive team in year. Communications and engagement will continue into 2016-17. It has been discussed and shared with stakeholders across the city, including:

- Health and Wellbeing Board
- Health Overview Scrutiny Panel (HOSP)
- CCG Governing Board
- GP Commissioning evenings
- Patient Participation Group city wide forum
- Health & Wellbeing for our City - voluntary and community sector event
2.5 Health and wellbeing for our city

The CCG worked in partnership with Portsmouth City Council and representatives from the Portsmouth Voluntary Community Network (PVCN) to host a conference in June 2016 for the local Voluntary and Community Sector (VCS)

We are aware of the enormous contribution played by the VCS in the delivery of health and social care within Portsmouth and wanted to involve the sector in discussions regarding the Portsmouth blueprint – especially exploring opportunities to secure ongoing engagement to the development of the blueprint, encompassing the role of the VCS in its delivery. 150 individuals from 74 local organisations attended the full day event.

Evaluation of the day demonstrated that most people enjoyed the event and found it useful. There is a wish that was expressed by many to follow up the day with more specific information. This will be developed through ongoing dialogue and the CCG and PVCN are considering a range of ways to continue the conversation.

2.6 Voluntary and community sector patient experience feedback

Who did we consult and what did we ask?

We recognise that Portsmouth as a city has a diverse population and it is difficult to gather information from a few individuals and infer that it is representative of the needs of the Portsmouth population as a whole. We are keen to seek feedback from a broad range of demographic groups and as a starting point, we have visited local voluntary and community organisations which have benefitted from non-recurring CCG grant funding to chat, informally, with their different client groups and seek their experiences of NHS services.

Several groups have been visited to date:

- **Breathe Easy** – pulmonary rehab maintenance class for people with COPD, attended by over 30 people at time of visit.
- **Respond Portsmouth** – support group for new mothers and mothers-to-be, attended by 8 ladies at time of visit.
- **Sustrans Active Steps** – a walking group attended by 11 people aged 50+ at time of visit.
- **Endometriosis UK** - meeting with Portsmouth Endometriosis Support Group regional co-ordinator and 9 patients at time of visit.
- **Wessex Cancer Trust Cancer Support Centre**, Cosham, met 2 cancer patients and centre manager.

We asked an open ended question, inviting people to “Tell us what you think about health services in Portsmouth”. It was generally found that people preferred to talk to us as a group and we recorded all verbal feedback comments anonymously.
What did they tell us?

The most common health area mentioned was General Practice, which is to be expected, as by far the most contacts in healthcare are to General Practice and most peoples’ experience of care is therefore likely to be of their own GP surgery. This also reflects the national picture and the frequently reported pressure on primary care. The availability of appointments and access to services accounted for over half of all comments relating to General Practice. Quite different experiences were reported as to whether people found it easy to make GP appointments, with booking processes varying across practices.

Some example comments are shown below.

GP Practice offers 9–11 walk in surgery every day for patients. Well promoted and you do get to see a doctor.

Getting hold of a GP is difficult. Practices have emergency appointments available daily; however telephone lines are always busy and after 30 minutes of trying there are usually no appointments left. Emergency appointment system doesn’t always work.

Chemo / oncology team - everybody, without exception, was amazing. Locum surgeon who broke the cancer news went the extra mile.

Discharge from hospital to community midwife / health visitors is seamless.

Mergers between practices mean you can access more services that are available at the other practices.

The major theme was shared and discussed in detail with the CCG’s Primary Care development team. A summary of the action that has been taken to address the known pressure within primary care services can be found in the Primary Care update below (Section 6).
2.7 Voluntary and community sector grant funded projects

Over the last two years, the CCG is pleased to have been able to support local not for profit organisations to deliver health related projects. The non-recurring programme of investment in the Voluntary and Community Sector (VCS) recognises the valuable contribution the sector can make in delivering integrated health services across the city. During the year 2015-16, several funded projects helped to engage with diverse communities on health related matters.

**Portsmouth Race Equality Network Organisation (PRENO),** in partnership with Action Portsmouth, delivered an awareness raising and engagement project working with black, Asian minority ethnic community groups, particularly those where there is a high level of male participation, to develop an increased understanding of health and wellbeing issues, the NHS and its services.

For the first phase of the project, to learn about gaps in health awareness and establish health topics that BAME communities wanted to know more about, PRENO conducted health awareness interviews, focus groups and questionnaires. F2 Fellows on placement with PRENO, analysed health questionnaires and identified health topics to focus on – stroke, cancer, diabetes and mental health – which informed the development of awareness raising workshops and which topics these should focus on.

The project has helped to get the target male BAME population to ‘think about their health’. The programme exceeded its engagement targets – at its midpoint, 165 individuals had been directly engaged, with a further 100 individuals attending one or more of the events held in the second half of the year, including a stroke workshop, cancer and mental health workshops and a health awareness event in partnership with Healthwatch and a ‘Health Day’ Event delivered in partnership with the Sri Sathya Sai Service.

This project has raised PRENO’s profile and helped the group to establish its presence in the city and new partnerships. Through the various workshops, community outreach and the Health Day; health awareness amongst BAME communities has increased considerably. PRENO has received positive feedback from local BAME community groups and individuals. Based on its experience and expertise, PRENO is confident that everyone involved in this project will share what they have learned, including service providers who have also an increased awareness about the local BAME communities they work with.
**Company of Makers** surveyed the specific needs and requirements of veterans in the Portsmouth area in relation to accessing healthcare services – to provide data to inform and improve service provision for veterans and their families.

The survey sought to find out from those who have left the Armed Forces what barriers they may have encountered in accessing health-care, transition of care for any ongoing conditions, how long they took to register with a GP, how confident they are in accessing NHS services and other sources of medical and mental health support.

1,780 surveys were completed, including 346 by veterans from the Portsmouth area (PO1-PO6; surveys were anonymous - it was not compulsory for respondents to indicate their postcode area). In addition to successful FaceBook advertising of the survey, other media and events included outreach events (e.g. Veterans Outreach Support monthly drop-ins, Portsmouth Football Club home matches), workshops, broadcasts on local TV and radio, and local news articles.

Throughout the project, veterans were encouraged to highlight their status to GPs. By taking part in the survey, some respondents became aware of the Priority Treatment Pledge or become clearer about what it means for them, and also about local veteran support organisations.

A detailed report and analysis of the survey has been shared with the CCG, which will help to inform further engagement and participation events over the coming year. Summary findings will also be included in the Joint Strategic Needs Assessment.

### 2.8  Autism Co-ordinator - pilot evaluation

A review of the Autism Co-ordinator post has been an ongoing project involving parents of children who have accessed the service, both who are currently on the pathway and those who are yet to receive a diagnosis or their child. The key aim of this consultation was to ascertain the views and experiences of parents regarding the support they have received from the co-ordinator post. This role has been piloted to support parents accessing the autism diagnostic service through both the Community Paediatric Medical Service (CPMS) for children under 6 and Child and Adolescent Mental Health Service (CAMHS).

A variety of engagement methods were adopted including a focus group (in conjunction with Portsmouth Parent Voice and Autism Hampshire), 1:1 interviews, both face to face and over the telephone, and online and paper questionnaires.

Feedback from parents, families and carers was supportive of the role, noting benefits including providing a link between clinicians and parents, practical help
around appointments, helping clients through the pathway and providing support focus groups.

Feedback was also sought from professionals to ascertain their views and how the post has complimented their own work. 21 professionals working within the service and the voluntary sector responded to the online questionnaire. Organised peer support groups for parents was voted as the most important aspect of the role; followed by having the opportunity to raise any concerns. Overall, having a named individual that parents can access was seen as the crucial function of the role; enabling both face to face and telephone support.

The consultation has been informative regarding support from parents and professionals for the continuation of the post and ongoing funding is being reviewed.

2.9 Learning disabilities - day service transformation

This consultation was undertaken by Choices Advocacy on behalf of the CCG and Portsmouth City Council. The consultation was conducted with the aim of ascertaining the views of adults with learning disabilities, and their carers, with regard to changes proposed to the provision of day service activities. The local authority is aiming to do things differently in a way that will deliver both savings and service improvements - supporting people to take part in community life and offering a wider range of options, with a focus on helping people to learn skills and become more independent.

Different communication strategies were employed to enable people with learning disabilities to share their views, using differing styles to engage with people, creating safe spaces within which people have become confident and happy to share what they think and want.

356 people took part in the consultation - 254 completed questionnaires were received from service users who attend various day service venues across the city, 49 completed questionnaires were received from carers and 53 service users attended 6 focus group events that were held across the city.

Overall the consultation revealed that people were concerned about change, although were open to discussing their preferences. People expressed concern that the transformation may involve a reduction in service and concerns were also raised that people may be put at risk and have less access to the community.

It was indicated that clear communication of the transformation process is needed for both service users and carers to better begin the process of ownership of any new personalised services. There is a realisation that services need to be responsive to peoples' individual needs and that day activities reflect this intention. It was clear that where services are already providing a more bespoke and tailored service, there is evidence that there is less anxiety regarding the proposed changes, as the service users are already receiving the majority of the 'proposed' service.
The service users put a lot of emphasis on the fact that friendships were extremely important to them, along with having more choice with regard to activities. It is therefore likely that if these friendships can be maintained then any transformation to these services would be more successful.

Consultation feedback was part of the overall transformation programme, the result of which has been the re-design of Learning Disability Day Services in Portsmouth. The programme is now at the implementation stages.

2.10 Learning disabilities – supported living

Portsmouth City Council contracts with a number of organisations who provide supported living services for people with a learning disability to enable them to live as independently as possible. In advance of contracts coming to an end, in 2015 prior to competitively tendering for the support services, the Integrated Commissioning Service undertook a targeted consultation to find out what people thought about the current service and their ideas about any ways the service might be improved.

Residents, parents, families, carers and their advocates were invited to complete a questionnaire, or join a focus group/meeting, or have a 1-2-1 discussion or telephone interview.

The feedback received from this consultation has led to these services to be re-tendered and a new provider is now in place.

Learning Disability: Supported Living
Service User Questionnaire

PLEASE TICK AS APPROPRIATE

How do you feel about the support you are given?

HAPPY  OK  NOT HAPPY

Can the support provided be improved in any way?

The Support is Good  The Support could be improved

Please state below how the support could be improved:
2.11 Learning disabilities – residential care

Consultation took place with learning disability residents, their parents/families and advocates during October and November 2015. Questionnaires, focus group meetings, 1-2-1 interviews and telephone interviews were utilised.

This consultation was conducted as part of a re-tendering process and as a result of feedback received residential care provision has now been re-tendered and a new contractor is in place.

2.12 Child and adolescent mental health - single point of access

The Child and Adolescent Mental Health Service (CAMHS) Single Point of Access (SPA) was implemented in early November 2014. The purpose of the SPA is to provide equitable access for children, young people and their families and to optimise the CAMHS referral pathways, which is anticipated to reduce waiting times and lead to more effective decision making around appropriate therapeutic interventions which meet identified mental health needs.

In 2015, tailored questionnaires for specific stakeholder groups were sent out as part of this evaluation. A total of 35 completed questionnaires were received:

- 13 from CAMHS Practitioners
- 8 from Schools
- 6 from GPs
- 6 from SPA Staff
- 2 from Children and Families

Overall feedback from the consultation held with all stakeholders illustrates the difference the introduction of the SPA has made to the CAMH Service, with 71% of those who took part in this evaluation rating the ‘Overall Effectiveness of the SPA between 'Excellent' and 'Satisfactory' and 8% stating that the service is ‘Poor’.

This evaluation indicates that the SPA provides clearer access to the service which is of benefit to both service users and CAMHS Practitioners, the previous system being time consuming and confusing. This has been echoed by both children and their families and referrers, who have expressed concern over communication between themselves and CAMHS prior to the introduction of the SPA.

The completed report was presented at Children’s Trust Board.

2.13 Future in Mind - children and adolescent mental health

The Children and Adolescent Mental Health services review has been initiated in response to the national Future in Mind report – Promoting, protecting and improving our children and young people’s mental health and wellbeing which was published by the government in March 2015.
The review focuses on how services are provided to children, young people and their families across the city and included a consultation to gain an understanding of how we meet the recommendations set out in the national Future in Mind report. The aim of this consultation was to highlight to stakeholders the background to Future in Mind and the national ambition, and to learn from the experiences of all stakeholders to inform the future shape of service delivery.

Separate SurveyMonkey questionnaires were created for different stakeholder groups and were completed by 197 people during January and February 2016 – 66 children and young people, 54 parents and carers, and 77 professionals.

111 children, young people, parents and carers attended 16 focus group meetings: The Foyer, Dynamite Group, Children in Care Council, Youth Parliament, Portsmouth Parent Voice, mum and baby groups, and groups for women with post-natal depression.

1-2-1 interviews were held with a young person and parents of vulnerable children who wished to discuss their experiences privately.

28 professionals attended workshops that were held to gain the experience of representatives of all professionals involved in children and young people’s mental health services across Portsmouth.

When asked “What is important to you”, the most important factor to children/young people is the chance to see or talk to the same professional throughout the time they are facing difficulties. This is followed closely by getting help early, when they are starting to face difficulties. For parents and carers, for the majority of the 45 respondents to this question their priority would be to get help early, when their child is starting to face difficulties. 31% parents/carers were satisfied with the service they had received.

Throughout the consultation strong views have been expressed by all parties, indicating that there are gaps in service provision, a lack of communication and information, along with the need to provide additional support for young people and parents/carers in terms of providing training and peer support opportunities.

The feedback received from this consultation has been used to develop a Children and Adolescent Mental Health Action Plan across the City involving professionals from Primary and Secondary Care; Public Health, Local Authority, Healthwatch, Social Care, Youth Justice, Education and the Voluntary/Community sector along with the feedback from young people and parents. The feedback has also been used to aid development of the wider Mental Health Strategy Action Plan for the City.

2.14 Substance misuse - drug and alcohol services

Portsmouth City Council is required to make significant savings over the coming years and one of the areas that the council members agreed to make savings in 2016-17 was from the adult drug and alcohol services budget, which would require a significant remodeling of the current specialist provision.
An engagement survey undertaken to gain the views from staff, people using services and carers on how deliver these services could be best delivered in future with the limited resources available to the service.

This consultation has been used to consult stakeholders regarding the proposals, to seek their views on some of the core components required in the reduced substance misuse services and to understand what stakeholders think about integrating the service with mental health services.

The survey ran from 18th December 2015 to 15th January 2016 and 150 responses were received – 40% were service users, 2% carers, 37% staff members / recovery workers and 21% ‘other’.

Respondents valued the existing service and there were some clear indicators from the respondents as to the key elements of the service that they wanted to be kept (1:1 Key-working and Care Co-ordination, Community Day Rehab and Needle Exchange) and those that people felt were less valuable (residential rehabilitation, substitute prescribing, specialist provision for offenders and inpatient detox). There were valuable suggestions as to how substitute prescribing could be improved and a lot of comments around peer support both for and against as a service.

The results of the consultation have been taken into account for the final service specification and business case. The tender process is actively underway.

**2.15 Continence service review**

Concerns around the community continence service initiated a review to ascertain the views and experiences of service users and carers who have accessed the service.

Due to the delicate nature of the service provided, feedback could be given anonymously via paper or online questionnaire, with the option for one to one discussions to take place should participants wish to do so.

Notification of the consultation was sent to all care and residential homes in the Portsmouth area and to all general practitioners, as well as other clinical staff working within the community. A total of 56 responses were collated from individuals using or supporting someone to access the service; 9 who directly use the service and 47 who support. Responses were also received from 3 GPs, 1 school nurse, 1 practice manager and 2 care home staff.

The main support received from those participants in the consultation was through the ordering and delivery of pads. Several issues with this element of the service were raised, with the most common cause for concern relating to the number issued per patient, which was felt to be too low. Patients and carers reported that the maximum of three pads allocated per patient, per day was not sufficient. This was also echoed by clinical and support staff. The current range of products available was also identified as a concern – a wider range of products to suit individuals personal requirements was requested e.g. pull up pads and incontinence sheets.
Clear signposting to additional support and product providers has been raised as an issue, particularly in relation to the supply of continence pads.

Commissioners have been working with Solent NHS Trust to develop a new service specification.

2.16 Integrated personal commissioning

This is an ongoing piece of work which is looking at how service users may wish to spend a personal budget in order to manage their long term condition. This has involved Age UK Portsmouth clients as an identified cohort who may benefit from Integrated Personal Commissioning (IPC). A service user group has been established to ensure that users’ views are incorporated across the project.

2.17 Adult mental health - pledge engagement event

An event was held at the John Pounds Centre on 24th September 2015 for service users, carers and professionals (statutory and voluntary services) to input into the design and content of the ten pledges around mental health which formed Public Health’s mental health strategy.

The leads for each pledge presented to small groups, giving the background to their pledges and obtaining feedback on the content. The views of the attendees were collated and fed back to each lead to consider revision of the original content.


2.18 Autism Board

In May 2015, existing members of the autism board, Portsmouth Parent Voice, Autism Hampshire, service users and carers of people with autism were invited to two stakeholder events with commissioners to discuss the future of the autism board.

Options for the autism board are still to be decided; these have included that it is chaired jointly with a voluntary sector provider, or becomes a function of the autism coordinator role; although this role is subject to future funding agreements.

2.19 Patient Participation Group city wide forum

All GP surgeries in Portsmouth have a Patient Participation Group (PPG) where patients discuss health and health care issues, either at meetings or online. If you would like to join your own practice’s group please do contact your GP surgery direct.
Patient representatives from all the individual practice Patient Participation Groups are invited to attend city-wide forums hosted by the CCG. Topics are suggested by the patient representatives and each forum includes presentations and discussions on these subject areas as well as a Question and Answer session.

**2015-16 PPG forum presentations and discussions**

**1st July 2015**
- MacMillan Information Centre, based in Portsmouth's Central Library, in terms of mental health but with an emphasis on cancer support
- Primary Care Co-Commissioning – what it is and what it means to patients and the public
- Urgent Care - with an emphasis on engagement and consultation regarding the GP led Walk-In facility at Guildhall Square

**4th November 2015**
- Portsmouth Joint Strategic Needs Assessment (JSNA) – Public Health presentation on this invaluable resource
- The Portsmouth Blueprint – delivering health and social care differently and collaboratively

**28th April 2016**
- Healthwatch Portsmouth – overview of service, ‘mystery shopping’ access to GP services, PPG review of GP surgeries

Patients have the opportunity to feedback their comments and experiences to the CCG, ask any questions, and take away information on the requested topics and current CCG news to share with their practice PPG. Information from meetings is available on our website.

Q: What are the criteria for joining practices together?
A: The decision comes from the practices themselves. The CCG checks the technical issues and as a general rule providing all safeguards are in place the CCG supports the merger, as this often brings smaller practices together enabling them to offer a full range of services.

PPG forum 1st July 2015

**2.20 Governing Board meetings**

Our Governing Board meets in public regularly and forthcoming dates for the year are published on our website. Following each public meeting members of the public have the opportunity to talk informally with Board members. Meeting papers are generally available on the website a week before each meeting.

In addition to GP, Clinical and CCG representatives the Governing Board membership includes Lay Members with responsibility for different areas, one of which is patient engagement.
On occasion, patient stories have been presented and these have effectively engaged Board members and the public in important discussions about the good and the bad in health services and have allowed the CCG to focus on what it needs to do to improve people’s experience of health care.

Question: What is the Alliance?
Response: The Portsmouth Primary Care Alliance Limited has been formed to allow practices in the city to work together to provide primary care services. Every practice in Portsmouth is now a member of the Alliance. The CCG may wish to commission services in the City which the Alliance may wish to bid for and this would present a potential conflict of interest. We have policies to manage such decisions including using Governing Board meetings in public.

Board meeting 20th May 2015
3. Complaints, concerns, comments and compliments

Portsmouth City Council (Corporate Complaints) handles complaints, concerns, comments and compliments on behalf of the CCG. The complaints lead works on behalf of patients to investigate complaints received by the CCG about the provision of services which involve other NHS providers as well as concerns about the services it commissions.

34 complaints were received by the CCG during the financial year 2015-16 (34 during 2014-15 and 14 during 2013-14).

There was no clear trend in the complaint subject. Appointment delays and cancellations were the most frequent cause for complaint, accounting for 21% (7) of all complaints made.

**Complaints by subject 2015-16**

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aids and appliances, equipment, premises</td>
<td>5</td>
</tr>
<tr>
<td>Appointments, delay/cancellation (outpatient)</td>
<td>8</td>
</tr>
<tr>
<td>Communication/information to patients (written...)</td>
<td>2</td>
</tr>
<tr>
<td>CCG Commissioning</td>
<td>4</td>
</tr>
<tr>
<td>Length of time waiting for a response, or to be seen</td>
<td>4</td>
</tr>
<tr>
<td>All aspects of clinical treatment</td>
<td>5</td>
</tr>
<tr>
<td>Patient’s privacy and dignity</td>
<td>1</td>
</tr>
<tr>
<td>Patients property and expenses</td>
<td>2</td>
</tr>
<tr>
<td>Transport (ambulances and other)</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>

A theme in 2015-16 related to delays in the provision of wheelchairs and the CCG has been supporting the provider (Millbrook Healthcare) to improve its performance communications with patients. The CCG is pleased to report significant progress in this area.

One complaint highlighted the difficulties for patients with lymphedema and the CCG is exploring the possibilities of commissioning a local service to improve this pathway.
4. **Healthwatch mystery shopping – access to GP services**

Healthwatch is a statutory body with responsibility for gathering the views and experiences of local populations in relation to health and social care in their area. As part of its community engagement work Healthwatch often hear concerns around access to GP surgeries, particularly focussing on making appointments but also relating to registrations and the availability of information.

In April 2016 Healthwatch Portsmouth produced a report about its mystery shopper exercise to understand patient experience of surgeries, which was prompted by feedback received about primary care. It aimed to:

- Identify current waiting times for routine and urgent appointments
- Identify current practice around opening times and the availability of extended hours appointments
- Identify what guidance was offered by the practice on how to access care out of hours

The Healthwatch team anonymously telephoned practices to enquire how to register or book an appointment, which produced a snapshot of services across Portsmouth. Healthwatch also called practices out of hours to listen to answerphone messages and looked at surgery websites to see what information was available to patients.

The Healthwatch team outlined their findings in a number of areas and put forward some suggestions for improvements (detailed below). These were fed back to practices individually and also collated into the report.

**Recommendations and follow up actions**

The CCG has been closely involved with the work that Healthwatch have been carrying out and the following identifies the actions that have been undertaken (or were already in progress) in response to the recommendations put forward.

**Appointment system**

The Healthwatch report focussed on how patients were able to make appointments, identifying that all practices offer the ability to telephone for an appointments, 4 practices have automated telephone booking facilities and all offer some degree of online service but with a great deal of variation between ability to book, cancel or amend an appointment.

Practices have been reminded of their contractual obligations with regard to online booking: From April 2014, GP practices have been required to promote and offer patients the ability to book, amend, cancel and print appointments using an online facility (providing they have access to the necessary approved systems). Practices should also review whether the number of appointments available online is sufficient to meet the needs of the registered population and NHS England will be monitoring patient online services closely in this financial year.
In addition for the 2016-17 primary care CQUIN (quality improvement programme) practices will be focussing on improving access for patients both in terms of capacity and patient experience. As part of the demand and capacity audit practices need to identify the level of online booking facilities available and booked and to consider increasing availability carrying out further promotion of online services as part of their improving access plan.

**Out of hours telephone message**

Healthwatch telephoned all practices, out of hours, and were considering the following 5 areas when listening to the message:

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the surgery name given?</td>
<td>All but 4 practices gave their name. This clearly helps callers identify they have rung the correct number.</td>
</tr>
<tr>
<td>Were opening hours clear?</td>
<td>6 practices did not give their opening hours which makes it difficult for callers with routine enquiries to know when to ring back.</td>
</tr>
<tr>
<td>Who were the callers directed to for out of hours care?</td>
<td>Whilst the majority of services gave 111 for out of hours advice, 7 practices were still providing the old number for a service which is no longer available.</td>
</tr>
<tr>
<td>Was it explained that 111 is a free service to use?</td>
<td>The majority of practices (76%) explained that the 111 out of hours service was free to use even from mobiles.</td>
</tr>
<tr>
<td>Were callers advised that they couldn’t leave a message?</td>
<td>Whilst none of the out of hours answerphones have the facility to leave a message only 3 practices inform callers of this.</td>
</tr>
</tbody>
</table>

They found that the majority of practices had a comprehensive, clear message about what to do but most practices didn’t explain that callers couldn’t leave a message. A number of practices were also citing the alternative number (that was in place when the 111 service was first introduced). Healthwatch made the following
recommendation (based on the most comprehensive and concise out of hours messages) regarding best practice:

“Thank you for calling (insert surgery name). We are now closed and our opening hours are (insert opening hours). If you have a potentially life threatening condition please hang up immediately and dial 999. For any other medical queries that cannot wait until the surgery reopens please hang up and dial 111, this is a free service from both landlines and mobiles. Please note it is not possible to leave a message on this phone line. Thank you for your call.”

Where a practice has opted out of providing Out of Hours care, it is a contractual requirement to ensure their patients know how to access care out of hours. The CCG has carried out a further check to see if practices have made the recommended changes. All practices have now updated their answerphone message taking into account the recommendations made.

**Website out of hours advice**

Websites were also reviewed to see if the correct information was provided for when the surgery is closed. The Healthwatch finding was that only 38% of practices gave correct information and some suggested patients call the surgery out of hours and followed the answerphone instructions, rather than just directing them straight to 111. Healthwatch suggested that practices should review this.

The CCG has carried out a follow up review and found that 16/20 practices (80%) have clear information on their websites but for the remaining 4 the information is either out of date (referring patients to NHS Direct) or not clear. Those practices have been contacted individually and advised to review the information for patients.

**Current waiting times**

The Healthwatch report identifies a great deal of variation between practices in relation to the access processes they have in place for urgent appointments e.g. walk-in clinics or telephone triage, and the length of time patients have to wait for a routine appointment. The report acknowledges that the survey took place on one morning and is a snapshot that only represents one day in time, however there were in some cases excessive waits (up to 35 days).

As mentioned above the CCG will gain a comprehensive picture of access across the city through the audit work that practices are currently undertaking for the primary care CQUIN. The CCG is also looking to bid for funds that will help practices to improve productivity and release capacity, for example through workflow redirection and the use of systems to help reduce the number of appointments that patients do not attend.

**Surgery opening hours**

Healthwatch were advised of the contractual obligations regarding opening hours. All General Medical Service (GMS) and Personal Medical Services (PMS) practices are
contractually required to provide services during core hours - between 8.00am and 6.30pm, Monday to Friday except bank holidays. Practices “must provide the services at such times within the core hours as are appropriate to meet the reasonable needs of its patients and to have in place arrangements for its patients to access such services throughout core hours in the case of an emergency”.

Based on the information provided on practice websites Healthwatch identified some practices are open for the whole of the core hours but it was not always clear how patients could access care for the whole duration of the core hours at other practices. It was recommended that practices highlight which services are available and when and how they can access care during the core hours.

The CCG has put in place a process to regularly review practice websites with the intention of giving feedback as to the clarity and accuracy of the information available. We will encourage practices to articulate the range of services they offer and to, where possible, indicate the times and dates of clinics etc.

**Registration information**

The national guidance advises that there is no requirement for patients to provide ID in order to register with a practice. Healthwatch were aware that, in other areas, practices had refused to register patients if they couldn’t provide photographic ID. Healthwatch Portsmouth asked practices what their processes were around patient registration and found a great deal of variation. The Healthwatch recommendation was to raise awareness for all staff in the practice regarding the guidance and to make it clear that lack of ID should not prevent a patient from registering.

The CCG has shared the updated guidance on a number of occasions and discussed the implications at the practice manager’s forum. Questions were asked regarding patients with suspected drug seeking behaviour and further clarification has been given; practices should still register patients but inform the local counter fraud service.

**Next steps**

As a next step Healthwatch is working with Patient Participation Groups (PPGs) from practices across the city to look in more detail at particular areas of best practice in the city, ranging from physical access and signposting through to access to appointments and patient involvement.

The CCG will continue to work with Healthwatch to develop links with PPGs and practices and to focus on areas that patients tell us are important to them. In addition the CCG will routinely monitor and where necessary, remind practices to update patient facing information accordingly. It is hoped that this will help to improve access to general practice in the city.

The CCG would like to thank Healthwatch for their work and collaboration in this area.
5. Provider feedback

The CCG has a number of ways of obtaining feedback from patients and families about the quality of the services they receive.

5.1 Friends and Family Test

The NHS Friends and Family Test (FFT) helps health service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for people to give their views after receiving care or treatment across the NHS. When a patient completes treatment or is discharged from a service they are invited to complete the FFT and respond to the question “Would you recommend this service to friends and family?”

Whilst FFT results are limited when used alone, they can act as an early indicator and be used in conjunction with other intelligence to add to the overall picture of quality and patient experience. The results are regularly monitored and reviewed by the CCG Quality team. Example FFT results from the last 6-monthly report are shown below. It should be noted that the FFT does not provide results that can be used to directly compare providers because of the flexibility of the data collection methods and the variation in local population.

The real strength of the FFT lies in the follow up questions that are attached to the initial question, and a rich source of patient views can be used locally to highlight and address concerns much faster than more traditional survey methods. This data is not submitted to NHS England but some of our providers report back to the CCG on these follow-up questions and comments through contractual monitoring routes and these are reviewed with the Quality team.

Results have remained relatively consistent across the six month period with a small drop in satisfaction (would/would not recommend) over December 2015.

Main method of collection: paper/postcard at point of discharge with a very small number collected online.
5.2 NHS 111 patient experience survey

South Central Ambulance Service NHS Foundation Trust undertakes a regular patient survey for the NHS 111 service in Hampshire, which includes the Friends and Family Test plus a range of questions to assess user satisfaction with the service and whether it meets their needs. The survey is carried out every six months and is Hampshire-wide rather than specific to Portsmouth, however it generates a lot of valuable information that is used to identify areas of good practice and areas for improvement.

The survey findings and arising action plans to make improvements are regularly reviewed via the CCG Contract and Clinical Quality Review Meetings with the provider.

5.3 GP patient survey

The GP Patient Survey is an England-wide survey, administered by Ipsos MORI on behalf of NHS England.

Participants representing a sample of the population are sent a postal questionnaire, with the option of completing the survey online or via telephone. Results are available every six months for every practice in the UK providing data about patients’ experiences of their GP practices across a range of topics including:

- Making appointments
- Waiting times
- Perceptions of care at appointments
- Practice opening hours
- Out-of-hours services
The information below reflects some of the key results for NHS Portsmouth CCG, based on the July 2016 publication (for the periods from July to September 2015 and January to March 2016) - 6,398 questionnaires were sent out, and 2,337 were returned completed – a 37% response rate.

The survey does have limitations: sample sizes at practice level are relatively small and qualitative data is not included, however it uses a consistent methodology so is comparable across organisations and over time.

Practices and the CCG review the survey results in conjunction with other data to identify potential improvements and highlight best practice. Findings from the previous survey helped to inform the development of the current CCG Primary Care CQUIN – the Quality Improvement Programme for GP practices, which includes a practice access audit and improving access plan.
Q3. Generally, how easy is it to get through to someone at your GP surgery on the phone?

For further information please visit the website: https://gp-patient.co.uk/
6. Primary care update

As a CCG with delegated responsibility for the commissioning of primary care, NHS Portsmouth CCG is well placed to support and drive initiatives to realise the vision contained within national plans and respond to local patient feedback.

The General Practice Forward View (GPFV), published in April 2016, sets out a national plan aligned with increased investment to transform primary care. The plan attempts to set out steps that can be taken to grow and develop workforce, drive efficiencies and relieve demand, modernise infrastructure and technology and to support practices to redesign the way primary care is delivered to patients.

The CCG primary care team leads on supporting its GP member practices across the city on a variety of local initiatives that have been developed, which include those below. This summary notes some of the investments and initiatives that are already underway in primary care but by no means include the full breadth of plans and opportunities that are also being explored. The primary care team will be producing a Primary Care Action Plan that illustrates not only the key drivers and strategies that underpin existing workstreams but also the work that will enable the CCG to realise that vision for primary care as described in the Portsmouth Blueprint.

Access audit and releasing capacity plans

Through the 2016-17 Primary Care CQUIN (quality improvement programme) all practices in Portsmouth will carry out an access audit in order to fully understand demand and capacity during a ‘usual week’, and this information will be collated by the CCG. It will include collection of the following information:

- Urgent and routine appointments - both available and booked
- The share of activity between staff groups - GPs, nurses and healthcare assistants
- DNAs (booked appointments which patients do not attend)
- Dedicated admin time for clinicians

For the first time we will have a rich picture of the availability and demand for primary care services across all practices in the city. The next step will be for practices, in conjunction with the CCG, to create an improving access plan (or releasing capacity plan) which may be as much about improving experience for patients and morale for staff as it is about generating ‘more’ appointments.

Technology

The CCG has openly supported practices in the city to move to a single clinical system. Portsmouth is also fortunate in that the community health provider, public health services and potentially adult social care service will also all be using SystmOne as their clinical system of choice. With patient consent, this enables the sharing of patient information between health professionals and organisations that are involved with a patient’s care and facilitates working across sites. The benefits of sharing a single clinical system will be realised with the support of a local practice user group, established to ensure we are able to fully utilise the potential of this
system and engage all agencies in the development of processes to minimise any risks and maximise benefits.

The CCG has invested in two decision support tools to support GPs with quick and relevant access to information around clinical pathways and local referral criteria. Practices will be carrying out an evaluation of the two systems in the coming months in order to inform the CCGs commissioning intentions for the future.

As previously noted, following the Healthwatch mystery shopper exercise, practices have been reminded of their contractual obligations relating to online appointment booking.

Some practices offer a text message service to remind patients about appointments. There are currently investigations underway about how interactive text messages could be utilised which would allow additional functions such as cancelling an appointment.

**Primary care triage hub**

The Urgent Primary Care Triage Hub ensures patients are accessing the right level of care from the right place at the right time through an effective central telephony and online primary care triage service. The model is trialling access to a range of health professionals as well as GPs and includes fast access to physiotherapists and mental health workers where this is the most appropriate intervention for patients. It currently serves a population of 55,000 patients and is soon to be evaluated in order to inform future commissioning intentions.

**New models of care**

The CCG has developed the Portsmouth Health and Care Transformation Programme that outlines our aspirations to integrate care across organisations and to mobilise primary care at scale which will support new models of care as described in the Five Year Forward View. Working in collaboration with the Portsmouth Primary Care Alliance (representing GP practices in the city) and our principal community care provider (Solent NHS Trust), along with other stakeholders, the CCG is developing robust plans to define a new out-of-hospital model of care to be delivered within the city which integrates primary, community, and social care provision. Although there will be a phased approach to delivering the out-of-hospital care model, the CCG is committed to begin implementation in 2016-17. This will be delivered through the establishment of community hubs and spoke sites within the city.

**Better Care Fund**

In 2015-16, the cluster of practices in central Portsmouth received Better Care funding to develop the weekly Virtual Ward Multi-Disciplinary Team review meetings so that a GP could become an integral part of the review process for patients with complex care needs. This helped to ensure that the right interventions were put in place for these patients, with care plans updated in real time across all agencies involved with the patients’ care. For 2016-17 the model is being rolled out initially to
the south cluster of practices, through the Primary Care CQUIN, with a view to involve the north cluster later in the year.

**Estates**

As part of the Estates and Technology Transformation Fund bid, work has been undertaken with key stakeholders to continue developing the local estate strategy to create a 'one public sector estate' approach to premises within the city. Surveys have been conducted for primary care estate within the city and a feasibility study has been undertaken for a community hub in the north of the city.

We will continue to work with relevant agencies to define and deliver a hub and spoke model of community and primary care service delivery in Portsmouth and to work with primary care providers to ensure that premises are fit for purpose and are able to effectively meet the needs of primary care into the future.

You will have noticed that several practices in the city have come together through mergers to work more efficiently and improve their services to patients. Services become available at different locations and the choice available to patients is expanding.

**Workforce**

The CCG will ensure that practices engage with the NHS England programme to roll out Clinical Pharmacists covering a minimum population of 30,000 patients and work is ongoing to review the role of the CCG Medicines Management Team.

Non-recurring funding has been utilised to pilot new roles working across practices to more actively support vulnerable patients in their home, freeing up doctor time to undertake additional appointments. These roles will be expanded and reviewed.

A piece of work mapping current, actual primary care workforce and assessing future predicted workforce need is in progress and will inform plans to devise a means to meet future workforce need, including diversification of the primary care workforce, ensuring retention of current workforce, and creating opportunities to attract new clinical staff to Portsmouth.

As part of a bid for additional funding from NHS England (Wessex Change Fund) the CCG is looking for investment to support Healthcare Assistant training and mentorship as well as securing some formal management training for GPs and Practice Managers. Practices are encouraged to access training for administration and reception staff via TARGET (practice training programme).
7. **Get involved**

There are a variety of ways you can get involved and let us know what you think about health services in Portsmouth:

- Patient Participation Groups – the majority of our GP surgeries in Portsmouth have a Patient Participation Group, which is informally run and where patients can discuss health and health care issues. If you would like to join your own practice’s group please do contact your GP surgery direct.
- City wide Patient Participation Group Forum – patients representatives from all the individual Patient Participation Groups are invited to attend regular, city wide forums.
- Governing Board meetings – the NHS Portsmouth CCG Governing Board meets in public regularly and meeting dates are published on the CCG website.
- Healthy Discussions – a ‘sign up’ which lets us know that you are happy to be contacted occasionally to tell us your views on the NHS in Portsmouth. Sign up forms are available at Board meetings and via the CCG website.
- Healthwatch - Healthwatch Portsmouth is an independent member led organisation made up of local people who want to get involved in improving services. Further information can be found on their website [www.healthwatchportsmouth.co.uk](http://www.healthwatchportsmouth.co.uk)
- Better Care Stakeholder Reference group – a group of representatives to help inform development in integrated care. To find out more email: bettercare@portsmouthcc.gov.uk or see [www.portsmouth.gov.uk](http://www.portsmouth.gov.uk) and search ‘better care’.

8. **Summary and conclusions**

This report summarises a range of activities that have been undertaken to involve patients and the wider community in the commissioning of local NHS services.

It is, of course, hard to capture everything within an annual report and certainly hard to capture the spirit and nature of the conversations held. We are proud of the range of activities that have been undertaken which range from regular contact with established groups, a vibrant and challenging city wide Patient Participation Group, successful partnership working and relationship developing with other organisations including our local Healthwatch, involvement of patients in the planning and review of services, specific projects to reach diverse communities within the population and development of a culture which is ready to embrace patient involvement and promote openness and transparency in the work of the CCG.

The spirit of conversations has always been open, sometimes challenging and frequently rewarding. Specific actions have been taken which is a direct result of our patient engagement activity and we have questioned progress on key areas to ensure that patient feedback is regularly taken account of in commissioning issues. The variety of consultation and engagement activities means that a wide range of
viewpoints have been directly secured, and these have been broadened further through our relationship with organisations within the local voluntary and community sector who have been able to provide an extended link to population groups.

For the forthcoming year it is proposed to continue securing patient involvement and feedback in the same ways, at all times considering further opportunities to develop, improve and maintain input.

There is one important area of patient involvement which has been difficult for the CCG, and that is securing regular communication with young people. This will be a particular target group for 2016-17 to add to the existing range of methods and approaches. It is likely that this will require a change in approach and use of different methodologies. The CCG will begin by trying to establish a one off group (virtual or real) of young people to advise on preferred methods of contact and areas of interest.

Once again, the CCG would like to formally acknowledge and thank all patients and partner organisations who have given their time and spoken openly about their experiences.

9. Contact us

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