



Commissioning Strategy for the Management of Long Term Conditions 2009-2012

Communication and Engagement; Report of Findings and Recommendations

October 2008- Jan 2009

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Contents

		PG
1	Introduction	3
2	Groups and Individuals invited to take part in communication and engagement	4
3	Responses Received Statistical	5
4	Responses Received Comments	11
5	Issues Raised	21
6	Recommendations	22

1. Introduction

Following approval by Wolverhampton City Primary Care Trust board on 7th October 2008, a period of communication and engagement was undertaken in relation to the Commissioning Strategy for the management of Long Term Conditions.

This strategy sets out the underlying principles which will assist in future commissioning decisions around service provision for people with long term conditions in Wolverhampton. We know this term can cover a wide range of conditions, however the strategy focussed on heart disease including heart failure, diabetes, asthma, chronic obstructive pulmonary disease (COPD) and arthritis.

The strategy was divided into ten main themes and people were asked to comment in three ways:

- a) the strength of their feeling about the comment from strongly agree to strongly disagree
- b) a space was provided under each question for people to record their own comments about the theme
- c) an additional space at the end of the questionnaire allowed for people to comment on issues that were important to them but they felt the strategy had not addressed.

The full strategy document and an executive summary of the main document were available either electronically or in paper format and the questionnaire gave details on how these could be obtained for further reading if required.

The themes were selected so people could comment on them without having to read the full referenced document. This method of theme presentation was chosen so the communication and engagement around the strategy was not exclusive to those able to read and digest policy level documents.

In order to be as inclusive as possible, a pinpoint event was held jointly by the Primary Care Trust, Wolverhampton Voluntary Sector Councils Health and Wellbeing and LINKs Projects. This event enabled the themes of the strategy to be explained in both pictorial and translated format to help people have an understanding of the questions they were being asked. The results of this event are recorded alongside the questionnaire feedback and include photographic representation of responses/ comments.

Acknowledgement and thanks is given to Geeta Patel and Jane Viner for their involvement in the pinpoint event.

2. Groups and Individuals invited to take part in communication and engagement

The aim was to invite a range of individuals to complete the questionnaire to include current service users, potential future service users and providers of services. This included wide spread methods such as posters in libraries to targeted visits/ mailed surveys to individuals and groups.

2.1 Groups and individuals invited to complete questionnaire

Group	Methods Used
General Public	Press Release prepared Posters in libraries Link on home page of PCT'S website
PCT Staff	Stop Press Emailed G.P with Follow up prompter Email Emailed Head of Services Presentation to Long term conditions Steering group (Includes RWHT representation) Cascade presentation/ awareness raising to Nursing Clinical Leads Linkage on PCT intranet Homepage Follow –up on Stop Press Emailing of Specialist Nursing services
Other Providers	Presentation at Diabetic LIT () Presentation at Respiratory Meeting (including GP with specialist interest in respiratory medicine) Meeting with Consultant Respiratory Nurse RWHT Presentation at Health and Scrutiny Meeting with Heatun Housing Meeting with Chief Executive Age Concern Meeting with Cardiac Network lead Presentation at Joint partnership Board for Physical and Sensory Impairment
Patient Groups	Mailed questionnaire to 250 patients on Community Matron caseload (LTC patient most at risk and with multiple conditions) Attendance at World Diabetes day at Connaught Hotel to distribute paper questionnaires Attendance at COPD Pulmonary rehab sessions to distribute paper questionnaires Attendance at Diabetes Support Group Meetings to distribute paper questionnaires Paper questionnaires provided to specialist respiratory nursing service for distribution at Breathe easy events/ clinics Article in Arthritis newsletter to 200 members Article in Joint Physical and Sensory Impairment newsletter Article in Health and Well Being E- Bulletin

2.2 Invitees to Pinpoint Event

24 organisations were invited for the session. 7 were able to attend.

Table 1 below details these

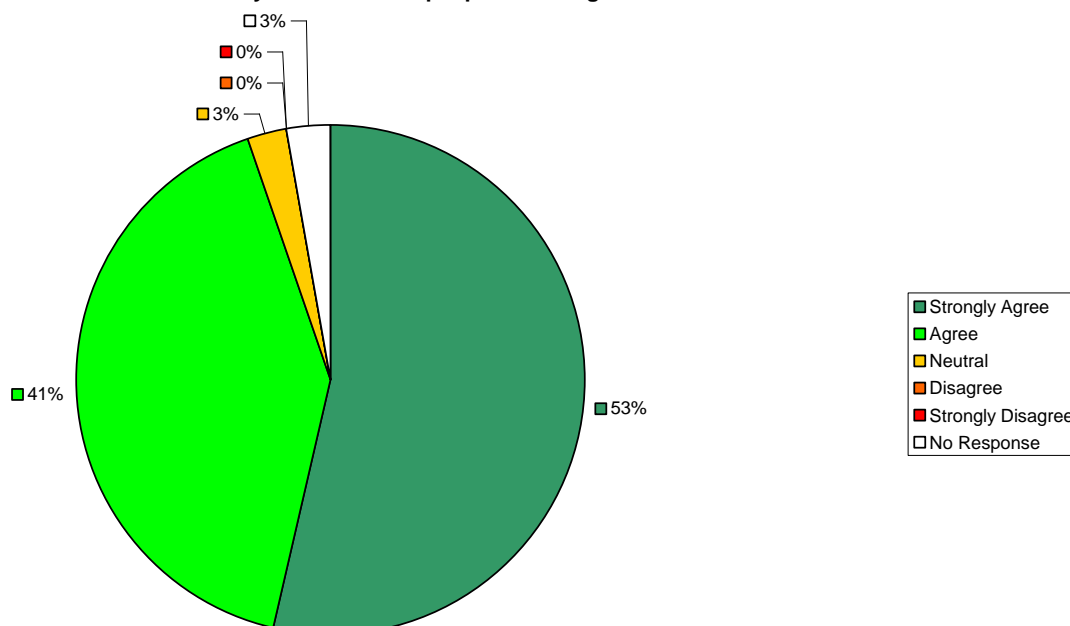
Name of Group	Numbers attending
Asian Women and Diabetes Group	1
Awaaz, Asian Families organisation	1
Nari Sangh Asian womens group	5
Wolverhampton Elders Asian Disabled	2
Carers Task group	1
West Midlands Caribbean Parents and Friends Association	1
Wolverhampton Coronary Aftercare Support Group	1

Table 1 Attendees at Pinpoint Engagement Event

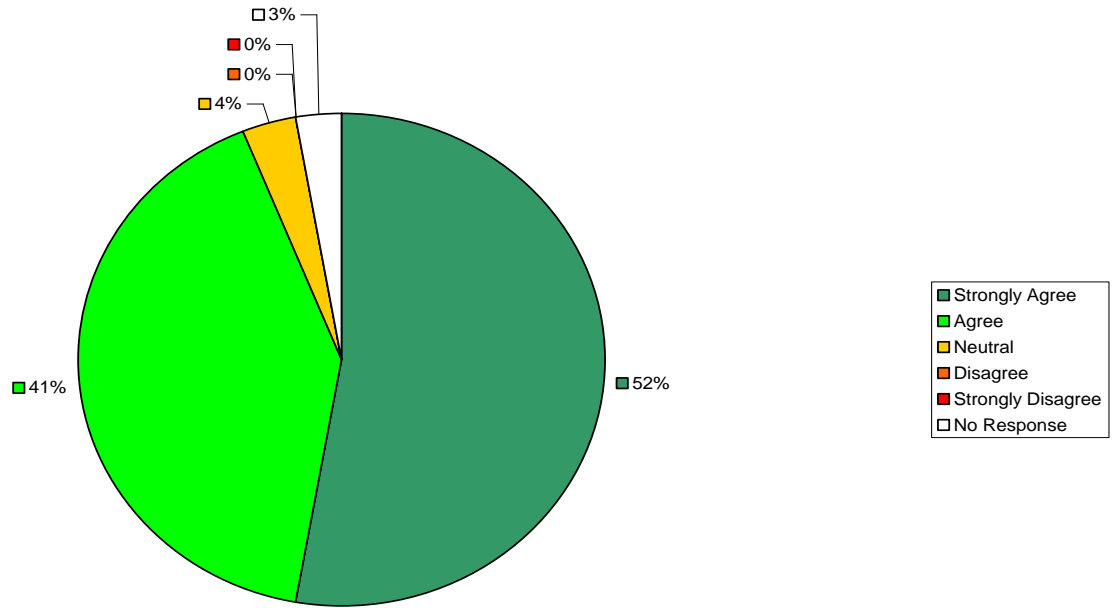
3. Responses Received; Statistical Analysis

A total of 115 questionnaires were returned, 25 via electronic means and 90 via paper format. The overall response to all the themes was one of strong support. The following charts show this through the use of colour coded charts. Green shades represent agreement, yellow a neutral response and orange/red show disagreement. Where no response was given a white segment is shown.

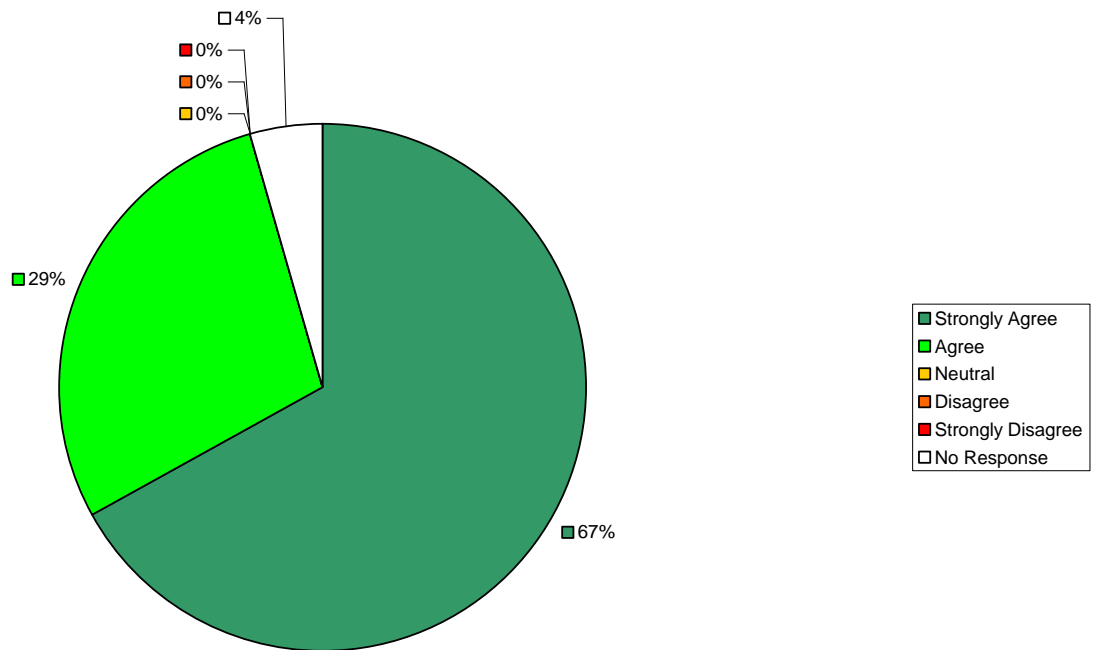
Question 1. As part of setting contracts with service providers, the PCT will expect them to state what services they will deliver for people with long term conditions.



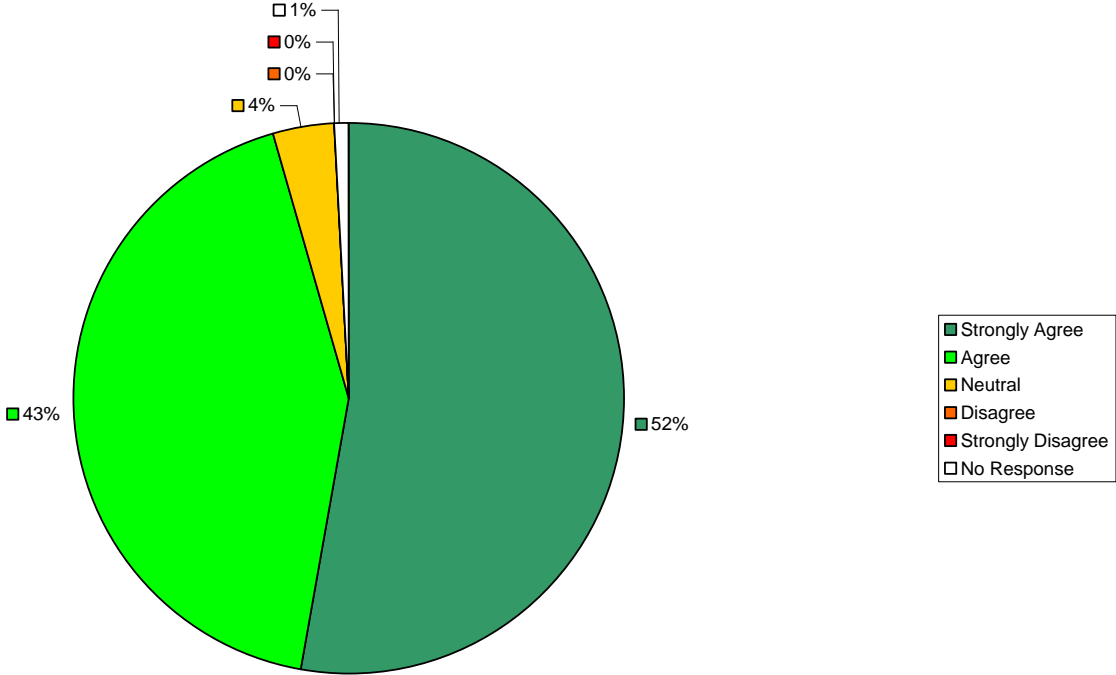
Question 2. The PCT will monitor performance against the standards in the contract or agreement and will expect the provider to include patient feedback and action taken as a result.



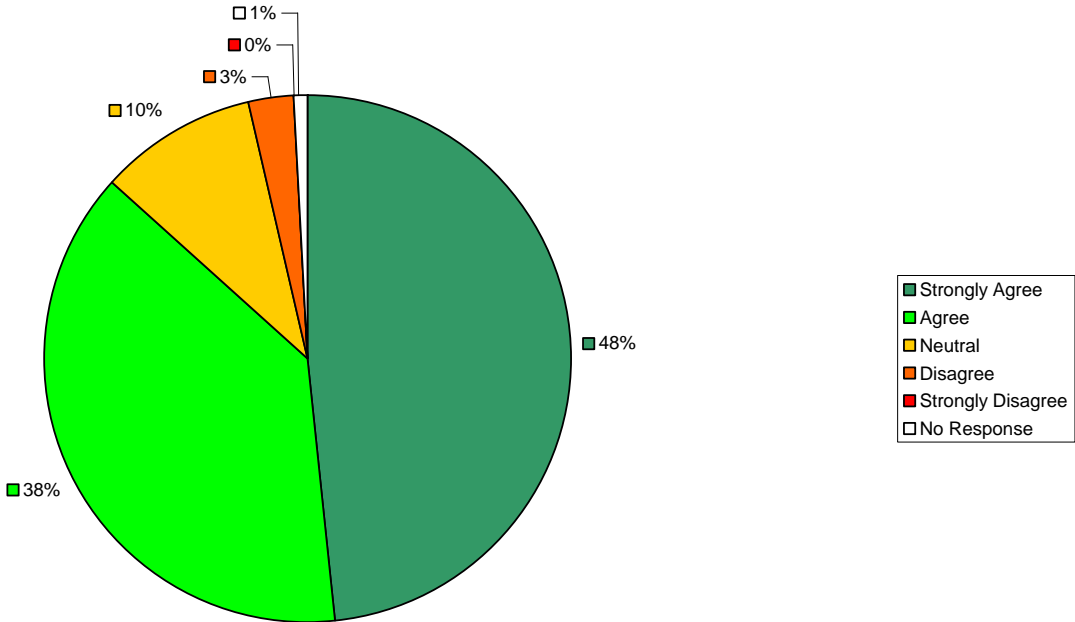
Question 3. The PCT believe that people should be offered high quality, timely information that is designed around their needs.



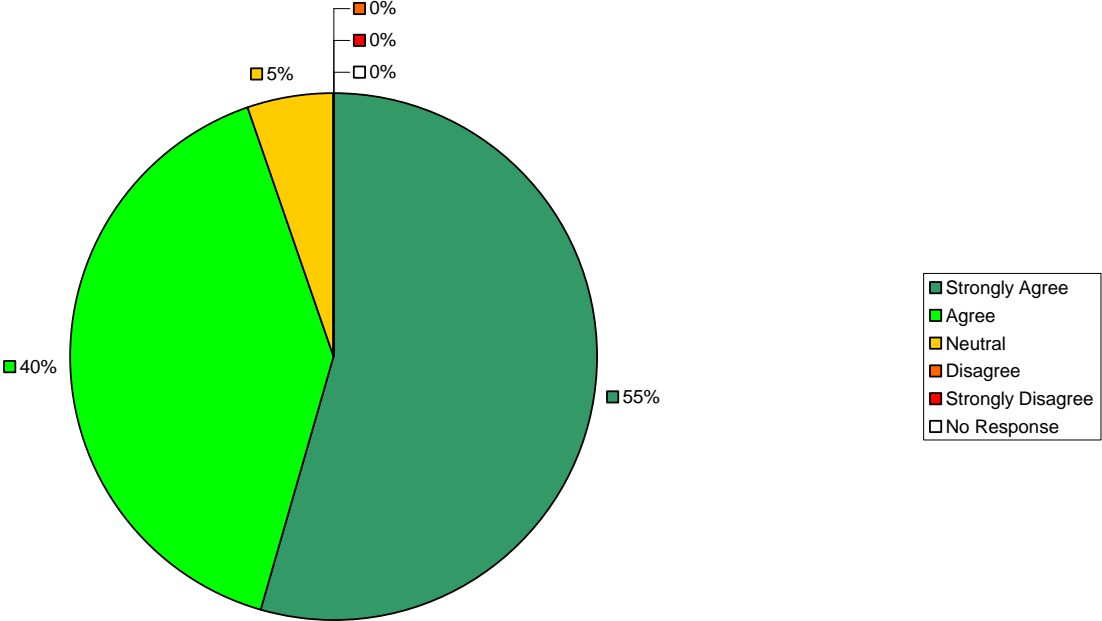
Question 4. The PCT will work with patients to find opportunities to develop self care programmes.



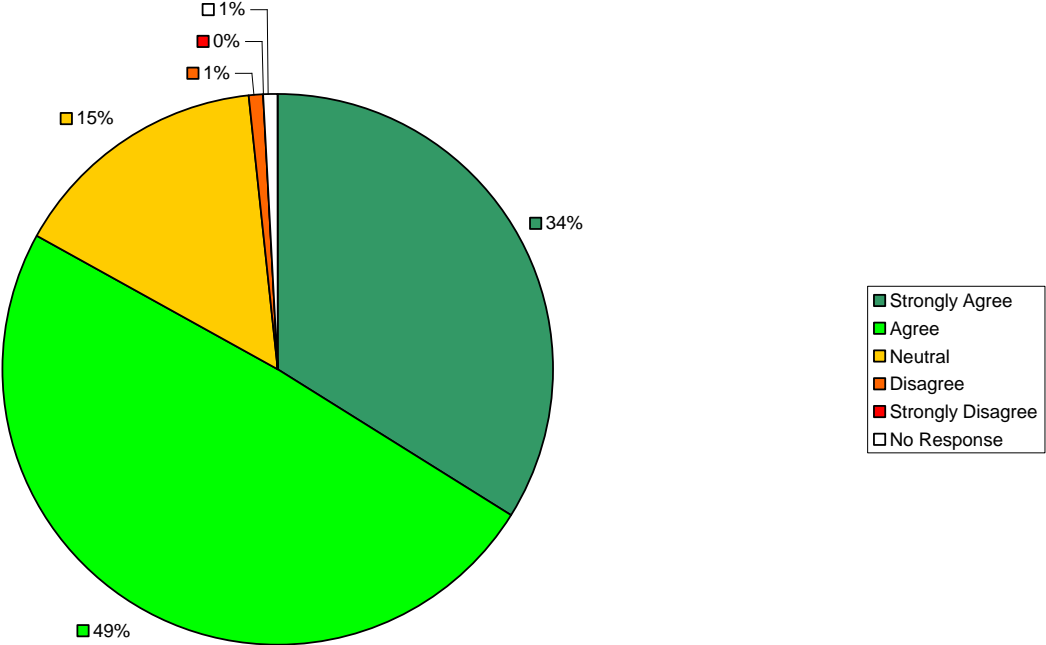
Question 5. The PCT believe all people should have opportunities to be involved in the planning of future services.



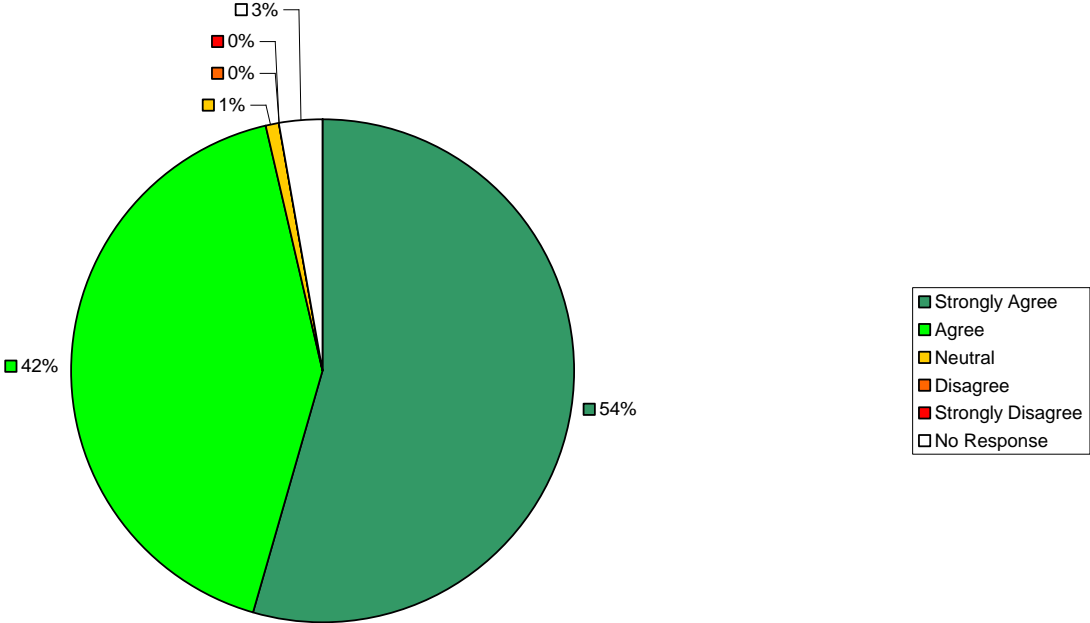
Question 6. The PCT will continue to develop the range of services and technologies which are key in delivering care closer to home.



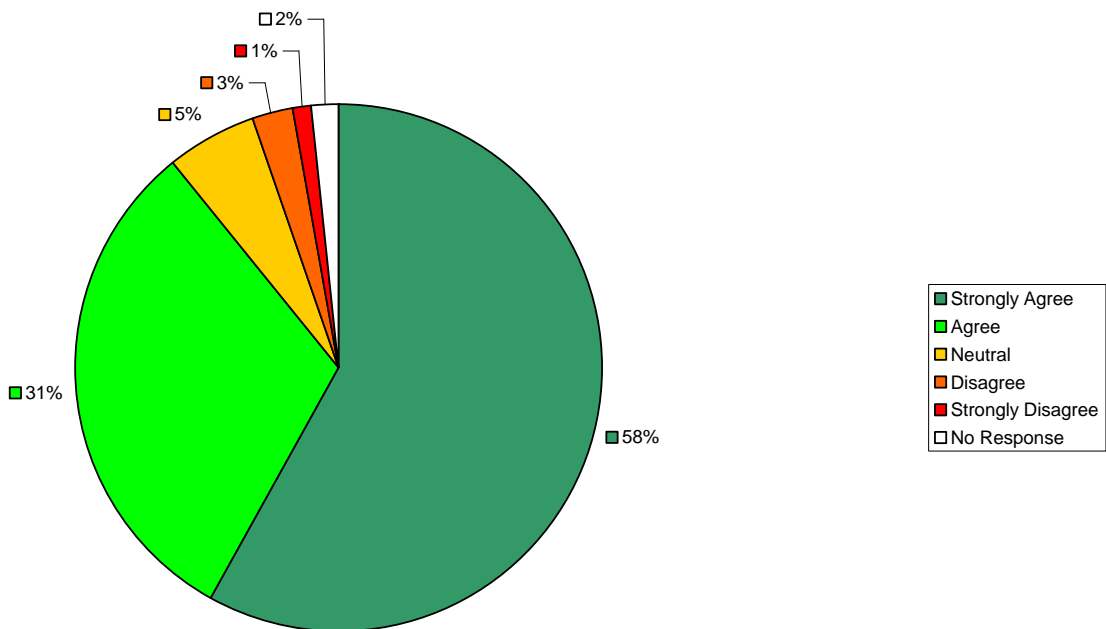
Question 7. The PCT want to find out why some people are not using our services.



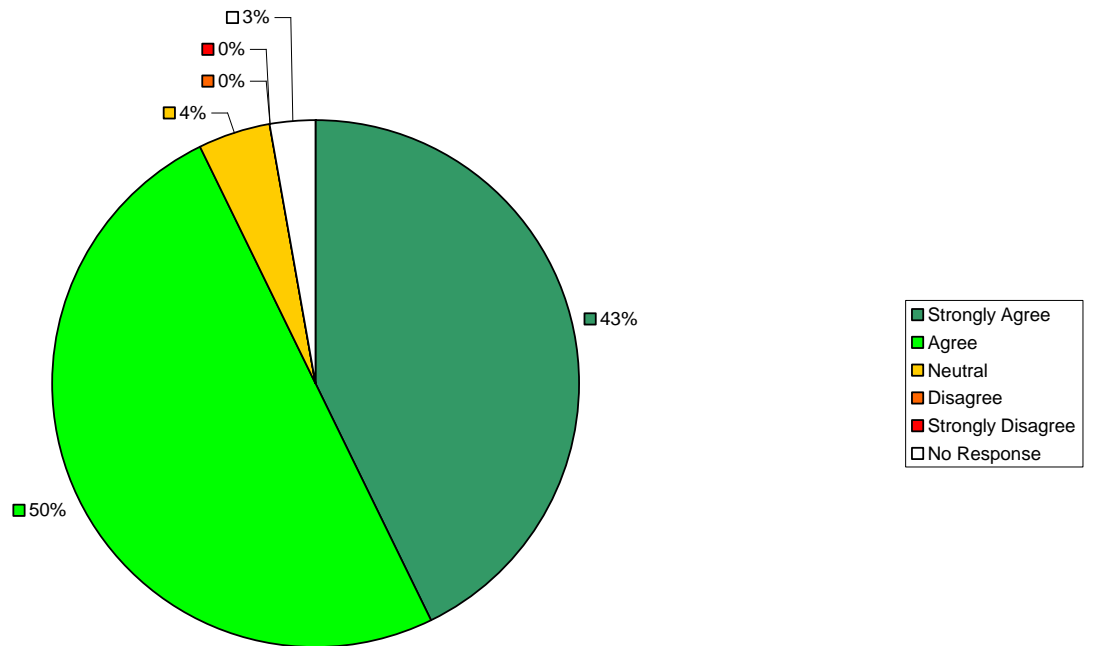
Question 8. The PCT will provide people with a personalised management plan. We will begin with those people who are at greatest risk of going into hospital. For people at lesser risk we will provide contact details.



Question 9. The PCT will use information that we have about people to help us plan future services. We will make sure that personal information is kept personal.



Question 10. The PCT will make sure that we use a wide range of methods to talk to people about what we are doing to improve services in Wolverhampton.



Statistical Responses From Pin Point Event

Question No	Agree	Not Sure	Disagree
1	11	0	0
2	11	0	0
3	11	0	0
4	11	0	0
5	9	2	0
6	11	0	0
7	11	0	0
8	11	0	0
9	10	1	0
10 Methods of feedback 11 out of 11 agree Each given 4 counters to distribute	Locality health panels 8 Groups 34 Newspaper 7 Radio 5		

4. Analysis of Comments

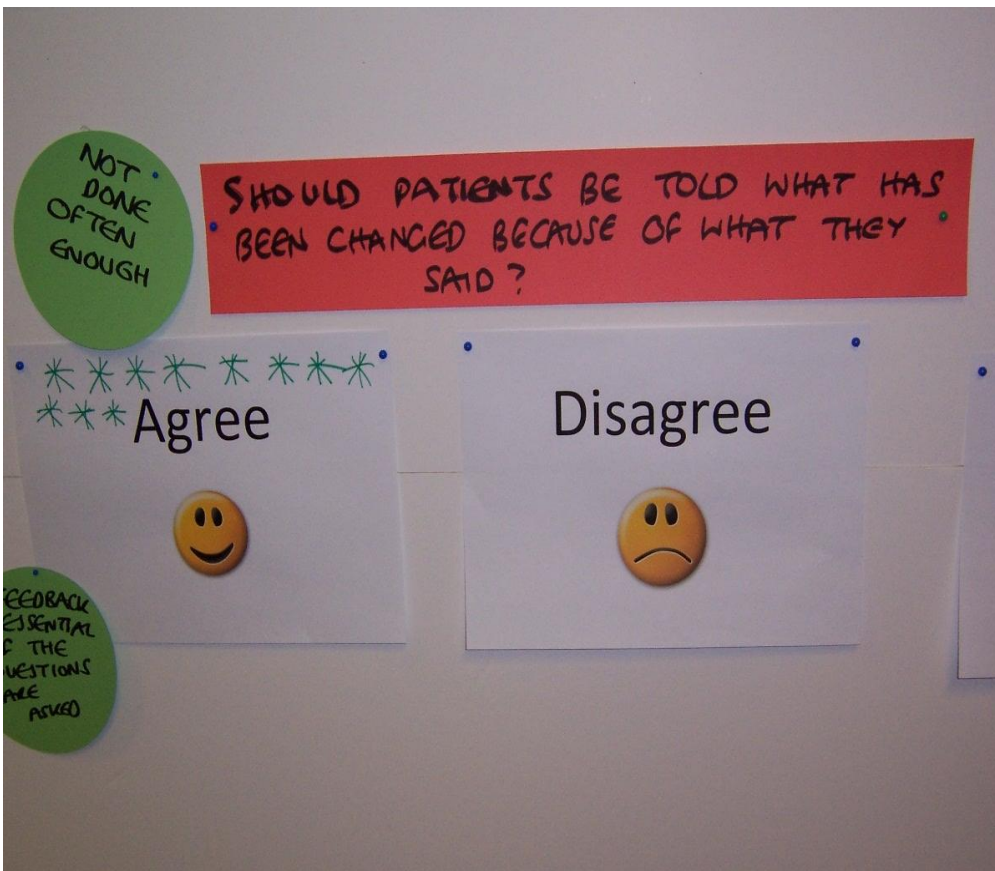
The communication and engagement survey has produced very positive support for the themes of the Long term Conditions Strategy, some of the people who responded have made valuable comments under each of the questions.

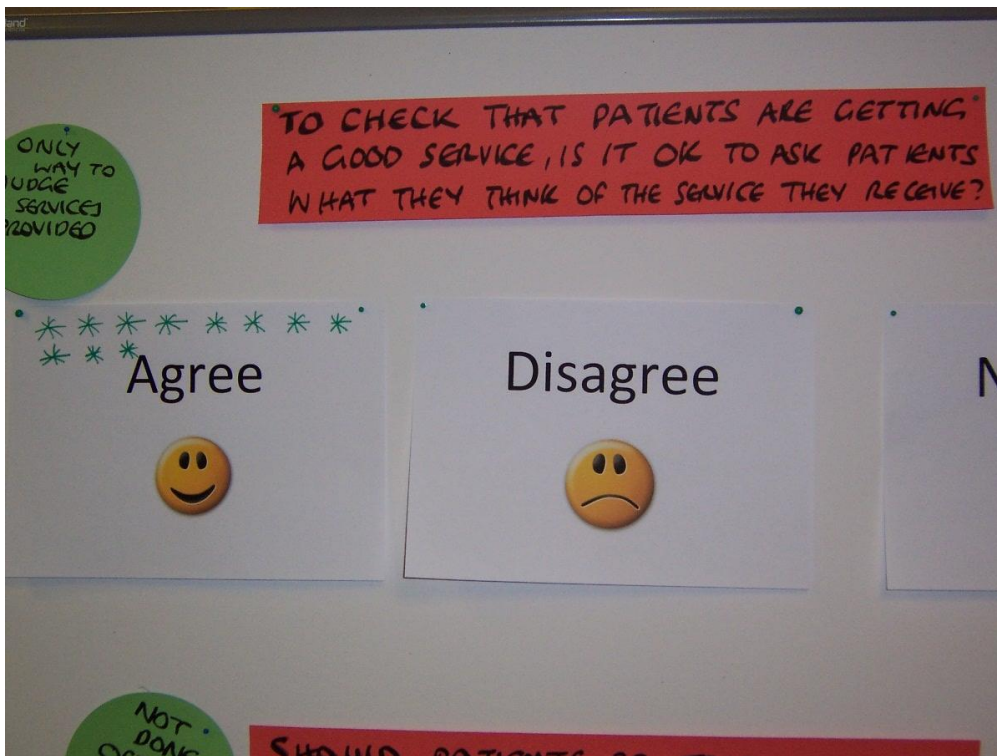
These were examined and grouped according to themes. The quotes below for each section are the transcripts of comments representative of themes both from the pinpoint event and the questionnaires.

Question 1 As part of setting contracts with service providers, the PCT will expect them to state what services they will deliver for people with Long Term Conditions

- The PCT should make sure that people can really do what they say they can
- Should be used as part of contract monitoring to ensure that the services being delivered and paid for under contract are the ones required
- Are the PCT looking at personalisation and individual budgets for this group of people?

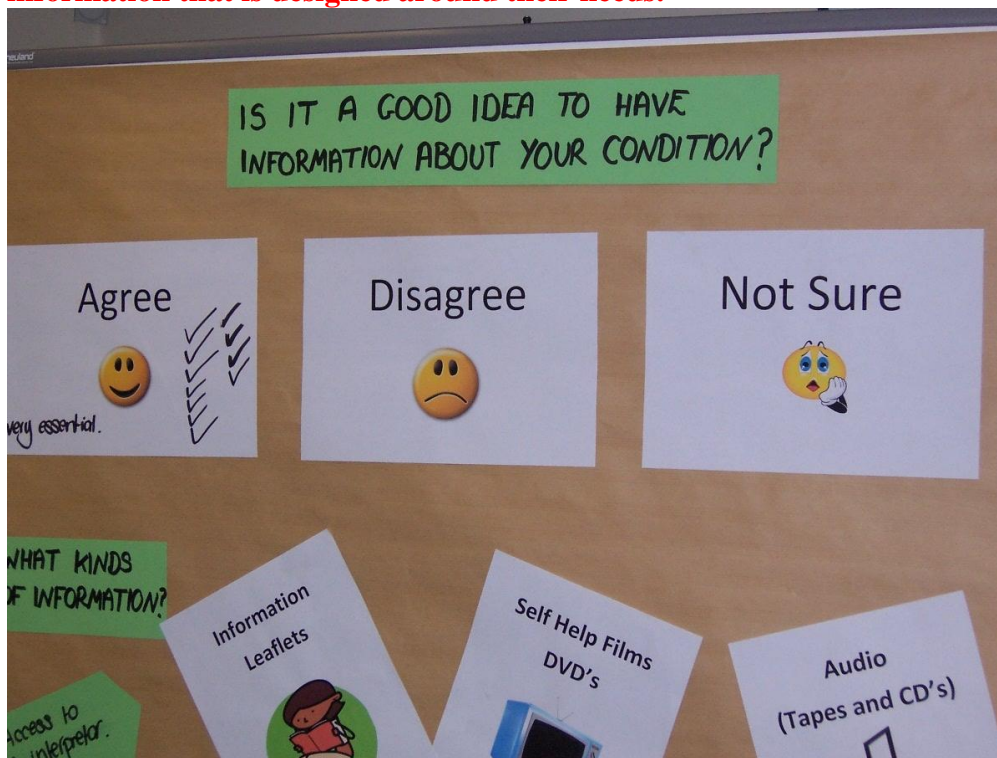
Question 2 The PCT will monitor performance against the standards in the contract or agreement and will expect the provider to include patient feedback and action taken as a result.





- As long as monitoring and feedback does not result in a lot of red tape and paperwork and detract from patient care
- Patients comments should go directly to PCT
- Who will set the standards?
- Will anyone check the providers feedback to ensure it is correct and not selective?
- Are NSF targets being met?

Question 3 The PCT believe that people should be offered high quality, timely information that is designed around their needs.



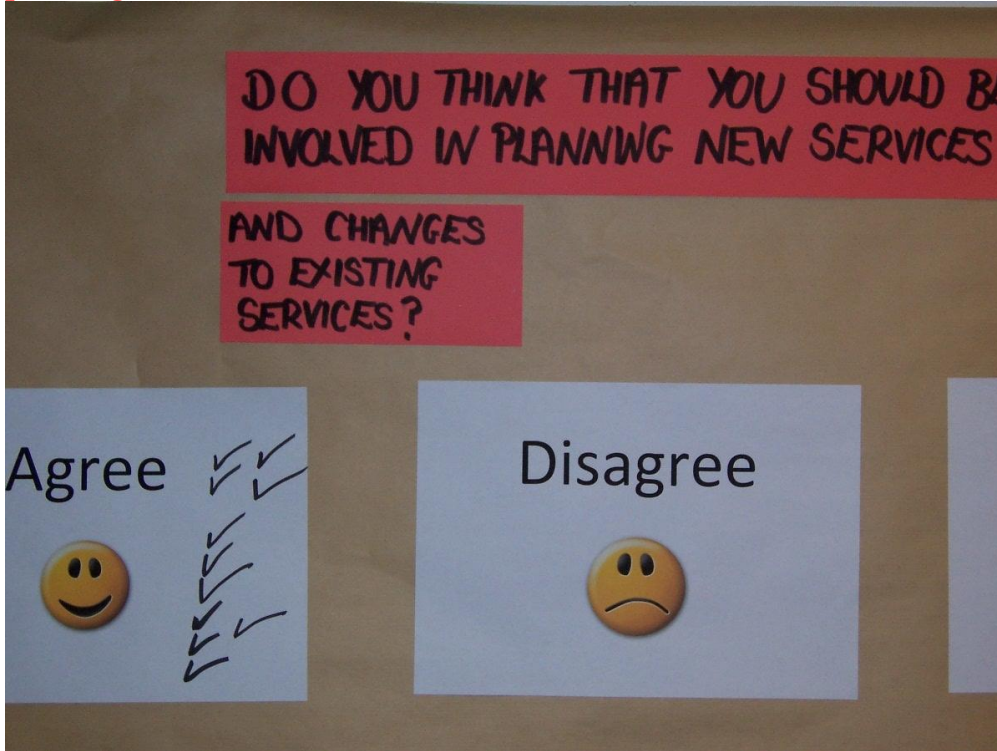
- Much information available is too general , more specific information would be beneficial
- Often the current systems in place forget the needs of the individual patient are the priority not the system.
- I assume that high quality timely information is the latest research published in the medical world but can be implemented?
- Information should be provided in straight forward language and not using jargon
- Without timely high quality information patients cannot make decisions

Question 4 The PCT will work with patients to find opportunities to develop self care programmes.



- All patients should be encouraged to carry out a level of self care which would be safe and appropriate for them to do so
- The use of education programmes and courses would be of great benefit in giving patients the options when developing self care programmes
- A noble proposal but what if patients do not want a self care programme?
- Include carers
- Good
- All patients should be encouraged to carry out a level of self care
- Should provide one to one sessions
- Good but too much information can confuse people

Question 5 The PCT believe all people should have opportunities to be involved in the planning of future services.



- Good if you can people involved but venues are not convenient.
- Sometimes difficult due to personal disability
- But no one listens
- It is our money that is being spent we should have a say on services provided
- Specialists should take the lead and plan from a professional perspective

Question 6 The PCT will continue to develop the range of services and technologies which are key in delivering care closer to home.

- But must aim to keep the human touch and not get over technological
- Human contact is important
- If resources can be found this should be encouraged
- W-ton PCT covers a wide areas so will care closer to home mean that there will not be 'post -code lottery' situation.
- Consultation and communications is key in terms of meeting the needs and ensuring potential users are aware of what is available.
- Close working with voluntary services is essential
- Worried about cross infection
- Will it cost too much?
- Takes nurses more time to visit at home
- How can community find out what is happening?
- Home monitoring is a good idea especially for older patients

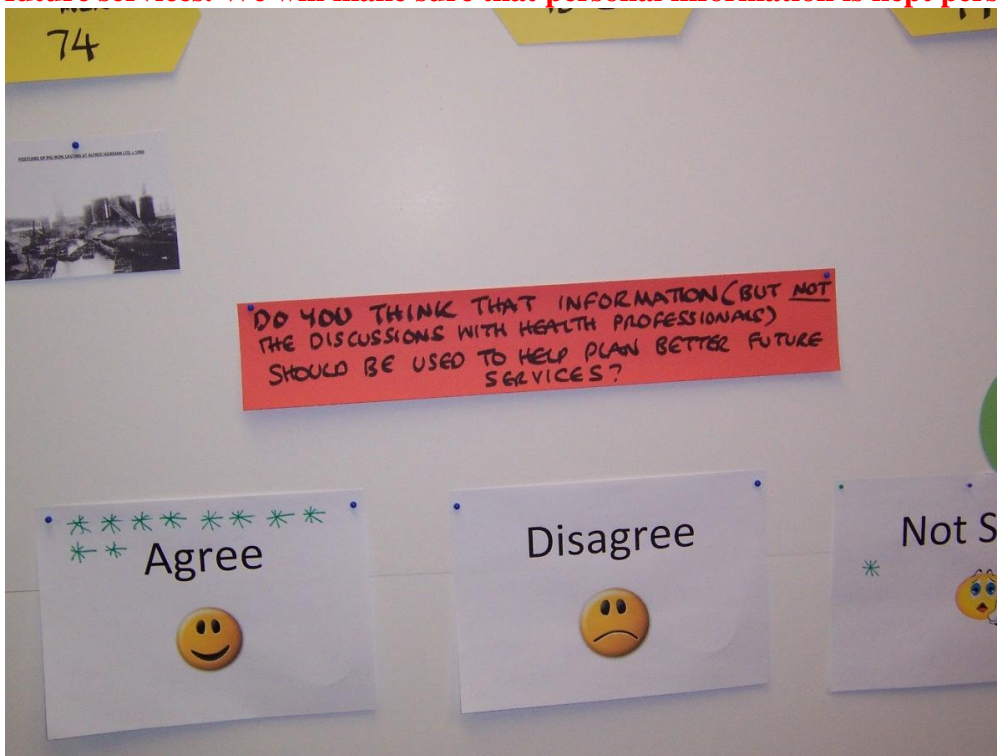
Question 8 The PCT will provide people with a personalised management plan. We will begin with those people who are at greatest risk of going into hospital. For people at lesser risk we will provide contact details.

- Reassuring if you have a pre existing condition
- More forms more writing , less care , less compassion.
- Sensible. Good idea
- Who will ensure the plan is followed?
- Contact details should be provided first then more information if needed
- Who will make sure secondary care follow this ?
- Personalised care plan good idea but might need carer involvement
- A personalised care plan would make a patient feel that they are in charge of their health care and they would have responsibility
- Personalised care plans are a very good idea when are they coming into practice?
- People should take responsibility for their health
- People should co-operate with the nurse and the Dr's
- Patients should be trained properly in the illnesses that they suffer, in my opinion training is very important.

PERSONALISED CARE & PLANS TO BE SUCCESSFUL NEED THE COMPLETE COOPERATION OF THE PATIENT. IN CERTAIN CASES THE CARER SHOULD BE INVOLVED

ਮਾਧ ਬੜਾ ਖੁਸ਼ ਨੇ ਫ
 ਜੇ ਕੁਝ ਈ ਹੁਮੀ ਕਰਦੇ ਤੇ
 I am very happy with what you are doing.

Question 9 The PCT will use information that we have about people to help us plan future services. We will make sure that personal information is kept personal.



- In today's climate of recent calamities, how we can be assured our details are kept confidential you cannot guarantee this
- Confidentiality is most important
- Will our medical records be passed onto to the Government?
- Accurate data collection is essential for needs analysis activity, projection of future need and commissioning decisions.
- There is a lot of information held by current service providers which should be added to this data.

Question 10 The PCT will make sure that we use a wide range of methods to talk to people about what we are doing to improve services in Wolverhampton.



- Good. Information is needed then we will not feel isolated.
- Getting people involved is most important
- Need to consider abilities of sick and elderly who often do not have email and are cautious of over the phone questionnaires
- Especially to BSL users
- Feedback is essential
- Face to face meetings are good
- Not everyone wants to listen, can't help those who don't want to listen
- Kiosk in the Mander centre would be good to get information from
- More information at Dr's surgeries

General Comments re the Strategy

- The draft strategy is fine but could be expanded as time goes on and feedback is obtained
- The questions are set out in a way that one would almost always answer on the side of the PCT
- Pleased to have taken part, I hope this benefits all those who suffer with health problems
- Don't see people as just an illness or set of symptoms
- Early intervention with low level support is important
- People's experiences of services should be monitored and measured
- Seems to have covered most things
- It is all well and good making these services but people need to know about them.
- If the strategy is for three years what will happen to the funding after that?
- PCT should remember not every one has a computer
- I think a drop in centre in the middle of town , where a specialist doctor could be to answer questions would be great idea.
- I strongly agree with these proposals but will be keen to see them implemented and not discussed for several years at great expense to the NHS.
- Need to make sure all the necessary links are made between Social Services, PCT and Voluntary sector.

Overall Comments re Pinpoint Event (Provided via Geeta Patel)

What I enjoyed	What I disliked
We want more sessions like this more often	Finding the rooms in which the sessions were held, poor directions
Learnt a lot about what is going on	Needed more variety in vegetarian food
Meeting people at session	
Good company	
Feel more informed	
Met with diverse people, who have the same aspirations for health services	
Enjoyed opportunity to ask questions, and to have more depth of discussion	
Gained useful information	
Learnt a lot, from a base of knowing nothing about these health issues	
Found out about information available from libraries	

Important to have information available in languages other than English, both written and spoken, including interpreting with groups.

5. Summary of Issues Raised

This section refers to both the issues raised via the questionnaire document and the pinpoint event.

5.1 Communication

The key issue is one of communication. Wolverhampton City PCT is committed to involving local people in how and what services are provided and to assist in this the contacts details of how to get involved were included on the questionnaire and provided to the participants at the pinpoint event.

People were saying that they wanted more information about what is happening and a greater use of resources like radio and local media to get messages across. The issue of feedback following engagement or consultation was also raised as an issue. The strategy identifies the need for service providers to demonstrate that they have undertaken this .

5.2 Information

People have identified that good quality information needs to be provided in order for other things to happen . This is in relation to both enabling people to work with their health care providers to main their own health and for them to be able to contribute to the discussions around planning and contracting of services. The strategy supports these ideas.

5.3 Standards of care

People are concerned that any changes in the way that services are provided does not impact on the quality or level of the service provided. When services are provided in new ways it is important that people understand why this is being done. People want re- assurance that different providers or different ways of providing things will not lead to services being delivered in a sub standard way .The strategy is committed to achieving this with a renewed emphasis on contract monitoring and compliance.

5.4 Confidentiality

Whilst people do not object to the use of data there was concern that data may be lost or used inappropriately. Any systems that use data will need to be able to demonstrate what security methods are in place . This is completely in line with the existing security precautions included encryption that Wolverhampton City PCT follows.

5.5 Action Now , Planning For Future

It was identified that a strategy is a good start but action to take forward the ideas in the Strategy is needed and that there needs to be a commitment to maintaining services over time.

5.6 Inclusion

People in Wolverhampton want a healthy Wolverhampton for all and have supported the idea of finding out why some people are not currently using services.

6. Recommendations

6.1 Amendments to LTC Strategy

There was positive endorsement for all the themes of the strategy and therefore no major changes will be made. This was in part expected as the themes themselves had been subject to previous engagement activities both at local and national level. However the engagement around the Strategy has provided a focus of issues that are important for people in Wolverhampton. These are considered below

1.2 Feedback

The availability of this report will be communicated to the stakeholders who engaged in it. Where possible this will be by direct mailing ,otherwise a link to the details of how to obtain the report will be provided on Wolverhampton PCT Website. A query and response sheet will be formulated to address where possible the queries raised by individuals during the communication and engagement process. The availability of this will be publicised through the above channels.

6.3 Commitment to Involve

It is important to involve all stakeholders from early on in the process of service design and provision. Comments gained from these exercises has shown that people want to be more involved.

6.4 Support for Self Care

There is a strength of support for people to become more involved in their own care and this area of the strategy should be prioritised in the implementation phases.

6.5 Continued Partnership Working

Throughout the processor this engagement and communication exercise links into groups have been made. It is recommended that these links should continue to serve as a means of communicating progress against the strategy.