



Patient and Public Involvement

**Annual Report on Engagement
and Consultation Activities for
the period covering
1 April 2010 – 31 March 2011**



Working with you

A report of health consultations that took place in Haringey from 1 April 2010 to 31 March 2011, and will take place until April 2012. This report is a requirement of section 24A of the NHS Act 2006 which came into effect on 1st April 2010.

Introduction

This report tells you about the consultations that took place from 1 April 2010 to March 2011 in Haringey about health and health services that made a difference to the way NHS Haringey plans, buys and improves health services for you.

The NHS in Haringey is responsible for commissioning NHS services for Haringey residents and providing services in the community. We plan local health services and manage the local NHS budget.

Your views matter to us and we would like to thank everyone who gave their time and knowledge to shape health services in Haringey during this period.

If you have any suggestions about how this report could be improved, please use the contact information at the back. We really do appreciate your feedback as we plan to produce a similar report every year.

This report also lists the consultations planned from 1 April 2011 to March 2012. However, as we are in a period of change in the NHS, our plans for local consultations may change. At the back of this report, you will find information on how to contact us if you need a more up to date picture of planned consultations.

Consultations carried out in Haringey

This section of the report covers consultations that took place any time from the 1 April 2010 to 31 March 2011.

There are many definitions of consultation but, in essence, consultation means the act of asking a person for their views about a proposal before a decision has been taken.

Following is a list of consultations that have taken place in Haringey either by NHS Haringey, or another organisation, that has affected the way that NHS Haringey plans, buys or improves health services for Haringey residents.

National Childhood Measurement Programme (NCMP)

What was the overall purpose of the consultation?

Established in 2005, England's NCMP is where every year, children in Reception Year and Year 6 are weighed and measured during the school year. The NCMP is a 'must do' from the Department of Health (DH) and the data is required for all PCTs in England to report on their Vital Signs target VSB09 and is part of the proposed DH Public Health Outcomes Framework.

Locally the programme is part of the School Nursing contract. A school nurse co-ordinates school nurse assistants and administrative staff to visit each primary school to measure the children in the two year groups. The School Nursing service and Haringey Primary schools follow annual guidance released by the DH. By using a skill mix approach this is a cost effective use of the School Nursing service workforce and one promoted by the DH.

The aim of the consultation was to engage on the proposal to release savings in the programme co-ordination and administration.

In order to manage costs the local programme will not send 'results letters' to parents. This will be different from the national guidance.

What were people consulted about?

The impact of decommissioning the measurement programme and on other ways in which NHS Haringey could monitor obesity levels among children in the borough.

Who was engaged?

The Health Overview and Scrutiny Committee, Haringey Local Involvement Network (LINK), Haringey Council's Adult and Children's services, all voluntary organisations in Haringey and service users. The engagement document was also published on the NHS Haringey website for the engagement period.

What did people say?

NHS Haringey did not receive any feedback from stakeholders on the proposals to end the National childhood measurement programme in Haringey.

What changes were made?

NHS Haringey's Board approved the proposal on 28 February 2011.

GP-Led Health Centre – The Laurels Health Centre

What was the overall purpose of the consultation?

To consult on the proposal to decommission the GP led health centre in Haringey.

NHS Haringey engaged with stakeholders over the future provision of an 8am – 8pm GP-led service and walk-in service at the Laurels Health centre.

GP led services differ from a normal GP practice in that they are open for longer periods. They also provide an 8am – 8pm seven days a week walk in service so that people with minor injuries can be seen without an appointment, even if they are not registered with the practice

The GP led practice and walk-in service based at the Laurels was suspended in September 2010 as the GP practice and their partners that were then providing the service could no longer afford to do so.

Who was consulted?

The consultation document and questionnaire was sent to Haringey stakeholders including the Health Overview and Scrutiny Committee, Local Involvement Networks (LINK), Local MP, Local Medical Council (LMC), all Haringey GPs, 1400 voluntary sector groups and a proportion of patients attending the Laurels.

How were people consulted?

A consultation document and feedback questionnaire was distributed widely across Haringey. In addition, an online questionnaire was linked to the Trust website.

When did the consultation take place?

The consultation ran from 17 January 2011 to 17 March 2011.

What did people say?

The comments received indicated that people felt that The Laurels should not receive any further funding in the current climate.

What changes were made?

NHS Haringey's Board took into consideration the views of those consulted and approved the proposal to decommission the service.

Nutrition and Dietetics – Decommissioning the DESMOND Programme

What was the overall purpose of the engagement?

The Nutrition and Dietetics service provides advice to patients suffering from a nutrition related disease such as Coronary Heart Disease, obesity or type-2 Diabetes. This service is called DESMOND - Diabetes Education and Self Management for Ongoing and Newly Diagnosed.

In reviewing the DESMOND service an alternative service, called Conversation Mapping, has been identified to provide patients with education on self management

care. Conversation Mapping will be delivered as currently used in Enfield to newly diagnosed diabetics by practice nurses in primary care.

What were people consulted about?

People were consulted on the proposed service changes to:

- reduce the team of whole time equivalent posts by one band 4 Dietetic Assistant, leaving 13 still in post and one .03 whole time equivalent Community Nutrition Assistant
- provide a more cost effective self management programme called Conversation Mapping, which is currently used in Enfield, with Practice Nurses in primary care providing information to newly diagnosed diabetics.

When did the consultation take place?

The consultation took place from 31 January through to 18 February 2011.

Who was engaged?

The consultation document was sent to the Overview and Scrutiny Committee, Haringey LINK, Haringey Council's Adult and Children's services, all voluntary organisations in Haringey and the DESMOND service users. The consultation document was also published on the NHS Haringey Trust website for the engagement period.

What did people say?

The majority of the people who took part in the consultation commented that the DESMOND service had always received good feedback. They also expressed concerns on the possible impact this would have on existing service users. Haringey LINK did not favour the proposal. However the Haringey Health and Overview Scrutiny Committee welcomed the fact that there would still be Turkish language provision in the new approach.

Overall service users feared that a short-term saving would result in a long-term expense due to worse self management of diabetes and a perceived inevitable increase in complications.

What changes were made?

NHS Haringey noted the concerns of those consulted, however felt that the effect on patients would be minimal if the new Conversation Mapping programme was launched and facilitated well within community and primary care. In the short-term it was agreed that the programme was likely to see a reduction in improved diabetes outcomes such as reductions in HbA1C's, however this was expected to be rectified once the new programme was fully implemented at a local level. NHS Haringey's Board approved the proposal on 28 February 2011.

Foot Health

What was the overall purpose of the engagement?

The Haringey Foot Health Service provides care for Haringey residents identified as at risk of foot health complications. For example, people with:

- Diabetes with complications
- Rheumatoid arthritis
- Severe hardening of the arteries in the legs and feet
- Any illness needing long term steroids
- Any illness that renders the foot liable to infection, ulceration or gangrene
- Registered blind

The service is commissioned to offer a range of interventions for the above patients including education on foot care, the care of corns, calluses, thickened toenails, the treatment of ulcers and acute infections of the feet. There is an emergency service available to deal acute problems of those patients acceptable for treatment. The service is available at health centres or in patients' own homes.

What were people consulted about?

People were consulted on plans to:

- stop provision of non-medical foot care (advice on caring for their feet and toe-nail cutting which is currently provided to low risk controlled diabetic patients). This is 5% of total activity. This proposal would impact on adults over 50
- To stop the paediatric Biomechanical service provision
- Reduce the number of sterilised packs for foot care that are purchased.

When did the engagement take place?

The engagement ran from 18 January 2011 to 1 February 2011.

Who was engaged?

An engagement document was sent to the Health Overview and Scrutiny Committee, Haringey LINK, Haringey Council's Adult and Children's services, all voluntary organisations in Haringey and service users. The engagement document was also published on the NHS Haringey Trust website.

What did people say?

NHS Haringey received feedback from the LINK, local GPs, the Health Overview and Scrutiny Committee and the Local Medical Committee (LMC). The majority of whom were against this proposal. The comments received are summarised below:

- The service provides an effective preventative and curative model of care
- Biomechanical services are already under staffed for those in need

- The increase in waiting time for access and review will put a huge burden on the independence of the patient.
- Withdrawing biomechanical services for children will have long-lasting and possibly irreversible consequences for them.

What changes were made?

Following these comments and discussion at the Board meeting on 28 February 2011, NHS Haringey's Board did not go ahead with this proposal.

Bladder and Bowel Service

What was the overall purpose of the engagement?

The Bladder and Bowel service provides specialist symptom control and counselling for people with continence issues. Specialist advice and training to other professional dealing with people who have continence issues.

What were people engaged about?

The aim of the engagement was to raise awareness of NHS Haringey's plan to change the service by:

- non provision of disposable incontinence products to both male and female patients

When did the engagement take place?

The engagement ran from 18th January 2011 to 18th February 2011.

Who was engaged?

The Health and Overview Scrutiny Committee, Haringey LINK, all voluntary organisations in Haringey, services users and Haringey Council's Adult and Children's services were consulted.

How were people engaged?

An engagement document was sent to all groups and relevant individuals. The engagement document was also published on the NHS Haringey website for the duration of the engagement period.

What did people say?

Comments were received from the LMC, LINK, the Overview and Scrutiny Committee and service users.

NHS Haringey received 33 responses from service users. The general consensus was that the pads should not be removed and if they are a free alternative should be

offered. Many of the service users felt that the alternative use of pants was not suitable as they are elderly and unable to wash the reusable pants.

What changes were made?

NHS Haringey noted that the vast majority of the comments received were in relation to the withdrawal of the pads and the impact on quality of life, skin integrity and secondary infections.

NHS Haringey's Board agreed on 28 February 2011 to reduce the team of seven whole time equivalent posts by one band 4 Nurse while maintaining the type of disposable incontinence products currently provided to clients.

Musculoskeletal Physiotherapy Service

What was the overall aim of the engagement?

- To engage on the proposal to reduce the number of staff and introduce a revised criteria for treatment.
- Introduce a list of medical and other conditions which will not be treated by the service.

The implementation of the revised criteria would mean that the service will change from an open access service to a restricted service.

It was proposed that this change is implemented for a period of six months. During this time the Integrated Care Organisation (ICO) transformation workstream for musculoskeletal physiotherapy service would be producing a longer term solution.

When did the engagement take place?

The engagement ran from 18th January 2011 to 18th February 2011.

Who was engaged?

An engagement paper was sent to the Overview and Scrutiny Committee, Haringey LINK, Haringey Council's Adult and Children's services, all voluntary organisations in Haringey and service users. The engagement document was also published on the NHS Haringey Trust website for the engagement period. A number of engagement questions were asked to guide responses.

What did people say?

Some respondents disagreed with the proposed changes, citing the following reasons:

- For older people who have suffered falls it is important to help further falls?
- Physiotherapy is important to empowering patients to an early recovery and independence

- These proposals will also put a heavy strain on the patient carers, relatives and friends

What changes were made?

Following these comments, NHS Haringey noted that the changes proposed would not impact on the musculoskeletal service in the long-term as the saving would be made on temporary staffing and would be revisited in six months time where the Integrated Care Organisation (ICO) transformation workstream for the musculoskeletal service will be producing a longer term solution.

This proposal was approved by NHS Haringey's Board on 28 February 2011.

Chlamydia Screening

What was the overall purpose of the engagement?

To engage on the proposal to end the PCT's administrative support to the Chlamydia screening programme, and instead increase the availability of opportunistic screening in a wider range of appropriate primary care services.

By decommissioning the administrative element of the national Chlamydia screening programme, would result in no targeted screening activity in the borough, and no recall for testing on an annual basis. This would include contraceptive services, community pharmacies, abortion services and GP practices. This has the advantage of reaching people most at risk of carrying or catching Chlamydia.

What were people consulted about?

To no longer provide administrative support to the Chlamydia screening programme.

When did the engagement take place?

The engagement ran from 18th January 2011 to 18th February 2011.

Who was engaged?

An engagement document was sent to the Health Overview and Scrutiny Committee, Haringey LINK, and the LMC. The engagement document was also published on the NHS Haringey Trust website.

What did people say?

Respondents expressed concern at the potential loss of this service for the following reasons:

- Withdrawal of the admin support would adversely affect partner notification and impact on patients' health who remain undiagnosed
- Loss of local knowledge and impact on the coordination of the screening programme

- The importance of having available and effective screening service; more resources for GPs for screening and follow up treatment.

The Health Overview and Scrutiny Committee also requested additional information on incidence levels of Chlamydia in the borough.

What changes were made?

Following these comments, NHS Haringey noted that local knowledge will continue through opportunistic screening provided by GPs and pharmacies, with performance monitored through the appropriate contracts including Local Enhanced Services (LES). This can include partner notification, a service that will continue to be provided by the Contraception and Sexual Health (CASH) service.

People who are tested positive by their GP can be treated by their GP, while someone tested positive at a pharmacy can also be referred on for treatment to the CASH service. NHS Haringey also accepted that the long-term cost of not testing is greater than providing the testing, but confirmed that testing will continue to be carried out through opportunistic screening. NHS Haringey's Board approved the proposal on 28 February 2011.

Palliative Care Team and Marie Cure Home Care Service

What was the overall purpose of the consultation?

To engage on the proposal to reduce access to specialist symptom control and counselling for people at the end of life; and reduce specialist advice and training to other professionals dealing in end of life care.

It was proposed to:

- reduce two sessions by consultant
- reduce nursing establishment by 0.4 whole time equivalent

Who was engaged?

An engagement paper was sent to the Health Overview and Scrutiny Committee, Haringey LINK, Haringey Council's Adult and Children's services, all voluntary organisations in Haringey and service users. The engagement document was also published on the NHS Haringey website for the engagement period, with a number of engagement questions to guide responses.

What did people say?

Respondents expressed the following sentiments:

- Concerned that reduction in service will result in an overall cost increase associated with palliative due to the possibility of more patients presenting in an acute setting
- concerned that GPs confidence to manage terminally ill patients at home would be diminished if service reduced and an increase in hospital admissions would result.

What changes were made?

Following the responses, NHS Haringey's Board decided on 28 February 2011 not to implement this proposal.

Proposed changes to NHS Haringey's Contraception and Sexual Health (CASH) service

What was the overall aim of the engagement?

The Contraception and Sexual Health service (CASH) provides an open access, confidential public health service to any individual irrespective of where they live, residency status or GP registration. Services include contraception, sexual health, termination of pregnancy, vaccinations, psychosexual services, HIV testing, and HIV care. CASH also provides services specifically for young people, sex workers, men and women who have experienced sexual assault and men who have sex with men.

What were people engaged about?

The aim was to engage on the proposal to make a ten per cent reduction in the contract value for the CASH service.

When did the engagement take place?

The engagement ran from 18th January 2011 to 18th February 2011.

Who was engaged?

An engagement paper was sent to the Health Overview and Scrutiny Committee, Haringey LINK and distributed to service users at clinics. The Local Medical Committee (LMC), British Association for Sexual Health and HIV, and Clinical Directors were also consulted.

What did people say?

NHS Haringey received responses from over 150 service users, with two key themes emerging:

- Concerns about the reduction in access to the service which would make it harder for them to use, and access information and contraceptives.
- Resistance to using GPs as an alternative, because of difficulties in making appointments and concerns about confidentiality, given that other family members may use the same GP. This was particularly an issue for young people, who are the main users of the service.

Others comments included:

- Concerned that GPs would not be able to meet the additional demand created by reducing the CASH service, both in terms of level of skills required and patients educated into new model of care.

- People may go to clinics outside the borough, thus incurring a higher tariff for the Primary Care Trust(PCT).

What changes were made?

NHS Haringey's Board decided at its meeting on 28 February 2011 to defer a decision, subject to further discussion at the March Clinical Executive Committee (CEC). Following further input from Public Health and feedback from the CEC, a revised proposal was brought to the Board on 23 March 2011: From 1st of October 2011 the proposed shift in services means GPs will provide:

- All oral contraception to over 25s
- All EHC (emergency hormonal contraceptive pill)
- All pregnancy tests to over 25s
- All smears

Investment for Training and Signposting

Media and advertising costs for signposting patients to primary care are incorporated into the wider promotion of good sexual health. Within their contracts practices are allocated funding to communicate with patients about surgery services.

NHS Haringey's Board approved the proposal to decommission elements of the Haringey CASH contraception service and shift the activity to primary care at its meeting on 23rd March 2011.

Headway East London

What was the overall purpose of the consultation?

NHS Haringey has been funding 13 patients to access services at Headway East London, a day care centre for people with an acquired brain injury. This arrangement has been commissioned as a spot purchase for a restricted number of people currently in receipt of the service, with no equitable or open access to any other person who has suffered a brain injury and who may wish to use this service.

NHS Haringey, as part of a funding review, identified that the Headway service that it funds is not a primary care health service i.e. the service provided by Headway is a day centre where people can take part in activities and socialise with other people, as opposed to a service where people are given a medical treatment. Other people who attend the sessions run at Headway are funded through their local authority or by patients as self funders.

What were people consulted about?

The consultation focused on proposals to cease the funding of 13 patients to access services at Headway East London.

When did the consultation take place?

The consultation took place from 26 January 2011 to 14 March 2011.

Who was consulted?

Consultation with key interested parties included service users, family members and/or carers. The full consultation document and questionnaire were posted to a wide range of interested parties and respondents were also able to submit completed questionnaires in paper form or on line.

Information was distributed to and invitations to comment sought from all local stakeholders, 1400 voluntary sector groups, Local Involvement Networks (LINK), the Health Overview and Scrutiny Committee as well as being published on the PCT web site.

How were people consulted?

The consultation included two public meetings, meetings with local clinicians and presentations to Haringey's local authority. At a patient engagement meeting on the 6th January 2011, NHS Haringey met with patients and relatives on to discuss the proposal from NHS Haringey with regards to the Headway service.

What did people say?

Feedback was received from patients and carers of service users, and a local clinician in Haringey. The comments are summarised below:

- The patient and relatives asked for the funding to continue as it has beneficial effects on both the patients, and their families. Their attendance at headway prevents patients being isolated at home and also gives family members time to carry out other household functions.

No response was received from Haringey's Local Involvement Network, the Health Overview and Scrutiny Committee or the voluntary sector.

What changes were made?

Following the above comments, NHS Haringey noted that it had been found throughout the consultation period that the Headway service provision was not a core responsibility of the NHS and therefore the NHS is not required to make any provision for its funding. NHS Haringey's Board agreed at its meeting on 23 March 2011 to decommission the service.

Decommissioning of Beech Ward

What was the overall purpose of the consultation?

To consult on the proposed closure of Beech Ward, Greentrees Unit, St Ann's Hospital, as part of the wider Barnet, Enfield and Haringey Mental Health Trust

service transformation programme. Moving patients out of a long-stay ward into individual community placements is in accordance with the current 'modernising the NHS' strategy

How were people consulted?

The consultation took the form of two public meetings open to service users and carers, a series of meetings with local clinicians and presentations to Haringey Council's Health Overview and Scrutiny Committee on 14 February 2011.

When did the consultation take place?

The public consultation ran from 1 February 2011 - 25 April 2011.

What did people say?

Two Beech Ward patients/carers raised concerns regarding the change of environment from hospital to community setting and were worried that this change may cause deterioration in behaviour, including increased numbers of visits to A&E.

Following discussions with these individuals and through the process of placement matching as part of the assessment, reassurance was provided by NHS Haringey.

Each patient placement would need to include an emergency treatment plan should the patient's condition deteriorate.

As part of the placement planning and matching process Haringey PCT confirmed that the contract will include appropriate arrangements to support patients, whose health may deteriorate, including at times of crisis.

The Overview and Scrutiny Committee supported the move to greater provision of services in the community and highlighted they wanted these additional services to be based locally, and assurance that families are fully involved in placement discussions

NHS Haringey confirmed that each assessment includes patient choice and all key family members and members of the extended support network would be involved in the discussions around placement choice.

What changes were made?

As a result of the consultation and careful consideration of the feedback provided, the recommendation is to proceed with the closure of Beech Ward in order to facilitate the phased transfer of patients to individually assessed and matched community placements, following Board approval.

Approval was given by NHS Haringey's Board on 23 June 2011.

Decommissioning of Chestnuts Rehabilitation Unit

What was the overall purpose of the engagement?

The Chestnuts Rehabilitation Unit in St Ann's provides elderly orthopaedic rehabilitation and stroke rehabilitation. The elderly orthopaedic pathway receives referrals from North Middlesex University Hospital and Whittington Hospital, while the stroke pathway receives referrals from three acute stroke units: North Middlesex University Hospital, Royal Free Hospital and Homerton Hospital.

What were people consulted about?

The proposal to decommission the Chestnut Rehabilitation Unit, and relocate the service to alternate in-patient providers.

When did the consultation take place?

The consultation took place from 14 December 2010 – 14 January 2011.

Who was engaged?

The engagement document was sent to the Health, Overview and Scrutiny Committee, the LINK, Haringey Association of Community and Voluntary Organisations (HAVCO) and 1400 voluntary agencies. GPs, the Local Medical Committee (LMC), the Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT), Age UK, Haringey Carers, Haringey Stroke Association and NHS Haringey Patient Panels were also consulted.

What did people say?

The Health Overview and Scrutiny committee highlighted that the decommissioning of Chestnut Ward would result in an overall cost increase if beds at St Ann's were utilised instead. The Committee was concerned that the new provider would potentially want to reduce staffing levels, and requested reassurance that this would not impact adversely on patients.

The Muswell Hill & Highgate Pensioners Action Group stated its opposition to the proposed decommission, noting that rehabilitation in purpose built accommodation with skilled professional care in a location close as possible to home is essential.

What changes were made?

The Investment Committee (a sub-committee of NHS Haringey's Board) approved the proposal on 17th February 2011.

Pharmaceutical Needs Assessment

What was the overall purpose of the consultation?

A pharmaceutical needs assessment (PNA) is an overview of what people in a particular area need in terms of pharmacy services, now and in the future. The term pharmacy services applies to NHS services including prescriptions, medicine reviews, emergency contraception and other services delivered by qualified pharmacists.

The purpose of this consultation was to decide what pharmacy services need to be developed in the borough of Haringey in the next few years in order to keep the residents of Islington healthy and well. The consultation was also used to decide if existing pharmacies need to move to a different location, alter and improve the services they offer, such as their opening hours and the PNA was used to identify if any new pharmacies need to be opened in Islington

What were people consulted about?

People were consulted about the draft 2010 Pharmacy Needs Assessment (PNA) which sets out what pharmacy services are currently provided in Haringey and the future needs for pharmacy services.

When did the consultation take place?

The consultation took place from 15 October 2010 to 17 December 2010.

Who was consulted?

The following groups were consulted:

- Haringey LMC
- Barnet, Enfield and Haringey Local Pharmaceutical Committee (LPC)
- Haringey Council Overview and Scrutiny Committee (OSC)
- Local Involvement Networks (LINK)
- Haringey Strategic Partnership Board
- Area Assemblies
- Consultative Forums across the borough
- Haringey Community Link Forum
- Haringey Association of Voluntary and Community Organisations (HAVCO)
- Volunteer Development Agencies (VDAs)
- Voluntary groups
- Practice Based Commissioning Groups
- NHS Haringey Board and NHS Haringey Staff
- Clinical Executive Committees (CEC)
- NHS Haringey patient panels
- Service providers and Staff
- Dentists
- GPs
- Haringey Community Services

How were people consulted?

In the pre-consultation phase, patient and public questionnaires were handed out at nine meetings attended by representatives of NHS Haringey. The questionnaire was also posted on the front page of the NHS Haringey website in August and September 2010. Pharmacists & GPs were invited to an evening event on 29 July 2010, held at St Ann's Hospital, where the draft PNA was presented.

What did people say?

The overall response to the pharmaceutical needs assessment concluded that NHS Haringey's population currently has good access to essential, advanced and enhanced services at times and locations from where they are needed. A more comprehensive breakdown of feedback is available at www.haringey.nhs.uk/foi/foi_docs/10263_pharmaceutical_needs%20assessment.pdf

What changes were made?

The following amendments were made in light of the comments received:

- Section 5: Reference to the 2009 Annual Public Health and LINK to the Joint Strategic Needs Assessment were re-enforced
- Section 7.2.4: Future improvements were added to the targeting of Medicines Use Review services
- Section 7.5.5: Future improvements from the analysis of the provision and distribution of the stop smoking service
- Section 7.12: Details of community pharmacies willing to provide enhanced services were added
- Section 9.1 A: section was added on the provision of services not commissioned but provided, included home deliver and language services. Examples of the future services described in Table 18 were added

NHS Haringey's Board approved the PNA on 26 January 2011.

Alexandra Road Crisis Unit

What was the overall purpose of the engagement?

A joint consultation with Haringey council to consult on the proposed closure of Alexandra Road Crisis Unit.

What were people engaged about?

The proposal to close Alexandra Road Crisis Unit completely no later than 1 April, 2012.

When did the engagement take place?

The consultation ran from 31 January 2011 to 30 April 2011.

Who was engaged?

Service users, relatives, carers, providers, the voluntary sector, and advocates were consulted.

How were people engaged?

Information about the consultation was posted on the Haringey Council website, a fact sheet was produced by Haringey Council. Six consultation meetings were held for service users and their relatives and friends from February 2011 to April 2011, inclusive. Individual advocates were appointed, including independent Mental Capacity Advocates, to assist with the consultation meeting process.

What did people say?

A number of petitions, including one with 169 signatures from the group 'Save Alexandra Road Crisis Unit', another from the Liberal Democrat Group in Haringey with 586 signatures and a further 99 signatures from a joint campaign to defend all adult social care services in the borough were received.

In total 53 questionnaire responses and 21 written responses were received.

The Alexandra Road Crisis Unit was seen as an extremely important part of both mental health provision and preventative services in Haringey providing a positive pathway to avoiding hospital admissions, pressure on GPs and providing people with a short period of support away from home.

The respondents:

- were strongly opposed to the proposal
- queried what would happen to users of services should the proposed closures go ahead
- felt that resources was already stretched in Haringey, as one of London's poorest boroughs more support not less was needed
- were concerned that no viable service seemed to be on offer
- were concerned that the closure would lead to mental health services only being available to the seriously ill.

What changes were made?

No decision has been taken. The Council Cabinet will consider the proposal at the next Cabinet meeting on 4 October 2011.

Children's Community Health Services in Haringey

What was the overall purpose of the engagement?

To engage on the transfer of the management of Haringey Children's Community Health Services from Great Ormond Street Hospital to another organisation on 1 April 2011.

What were people engaged about?

Changing the management of Haringey's Children Community Health Services from Great Ormond Street Hospital for Children as part of the national Transforming Community Services agenda.

When did the engagement take place?

The consultation took place from 29 November 2010 to 13 December 2010

Who was engaged?

Service users, staff, Haringey council, local GPs, the voluntary sector and other organisations were consulted.

What changes were made?

On 19 January 2011 it was announced that Whittington Health had been chosen to provide Children's Health Services for Haringey.

Consultations taking place from April 2011 to March 2012

Temporary Suspension of Fertility Treatments

What is the overall purpose of the consultation?

Infertility is defined as a failure to conceive after regular unprotected sexual intercourse for two years in couples in the reproductive age group in the absence of known pre-existing reproductive pathology.

What are people being consulted about?

To engage on the proposal to temporarily suspend higher cost fertility treatments for Haringey residents.

An engagement process was launched in March 2011 involving various stakeholders ranging from service providers, Haringey Council's Overview and Scrutiny Committee, patient representatives and the wider public. The engagement process will end on 22 June.

When will the consultation take place?

The consultation will take place from 3 May 2011 to 22 June 2011.

Any Qualified Provider

Across England people have for some time been able to choose which hospital they attend for routine tests and treatments and which GP they register with for primary care services. Since 2010, the Government has been committed to further increase choice and personalisation in NHS-funded services. Choice for patients can be about the way care is provided, or the ability to control budgets and self manage conditions. Providing greater choice is intended to drive up quality, empower patients and enable innovation as well as improving access and addressing gaps and inequalities in service provision.

The Department of Health have pre engaged with clinicians, providers and commissioners, patient groups and voluntary organisations on how best to extend patient choice of provider through the use of an Any Qualified Providers Programme. They have identified eight services to test a phased implementation during the transitional year 2012/13 of extending patient choice of provider. To start off with, they will only focus on a limited set of community and mental health services which are listed below:

- Musculo-skeletal services for back and neck pain
- Adult hearing services in the community
- Continence services (adults and children)
- Diagnostic tests closer to home such as some types of imaging, cardiac and respiratory investigations to support primary assessment of presenting symptoms

- Wheelchair services (children)
- Podiatry services
- Venous leg ulcer and wound healing
- Primary Care Psychological Therapies (adults).

When will the consultation take place?

The consultation will take place from 1 September 2011 to 31 September 2011.

What are people being consulted about?

People are asked to consider the eight services listed above to identify which three services they believed should be prioritised for extending patient choice of provider in NHS North Central London. The consultation will seek to find people's views on which services are of a higher priority to their community.

Who will be consulted?

Patients and patient representatives, health care professionals, providers, Joint LINks, and joint Health and Overview Scrutiny Committees will be asked for their opinions. Local Medical, Dental, Optical and Pharmaceutical Committees, MPs, councillors, Clinical Commissioning Groups and Acute Trusts will also be consulted.

How will people be engaged?

People will be provided with a letter detailing briefly what this consultation is about. The letter will ask people to consider two questions. In order to aid people respond to the questions, a briefing document will also be provided.

Transforming Child and Adolescent Mental Health Services (CAMHS) in-patient Services for young people living in Barnet, Enfield & Haringey

What is the overall purpose of the consultation?

The NHS in Barnet, Enfield and Haringey jointly commission mental health services for children and young people in partnership with the councils in Barnet, Enfield and Haringey.

The Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT) currently provides the majority of services to identify and address the emotional and mental health needs of young people across all three boroughs. Services are provided in a range of settings including schools, young people's homes, GP practices, specialist CAMHS clinics and in-patient units.

What are people being consulted about?

Taking into account the review findings to date, mental healthcare professionals and commissioners believe that action must be taken to reduce the number of referrals

and length of stay at in-patient units through an improved evidence-based care pathway with:

- Increased community capacity in the existing adolescent teams
- New enhanced community outreach teams based on the *Alliance* model in each borough
- A single fit-for-purpose in-patient unit which is also able to meet the needs of patients currently being admitted to expensive out-of-area units
- Ensure a standard referral criteria is developed as part of the new pathway across Barnet, Enfield and Haringey

When will the consultation take place?

The consultation will take place between 3 May 2011 and 2 September 2011.

Who will be consulted?

Service users, carers, the borough LINks, and Health Overview and Scrutiny Committees were consulted. A consultation document was produced and published on the NHS Haringey website.

Quality Innovation Productivity Prevention (QIPP)

When the five PCTs (Barnet, Enfield, Camden, Islington and Haringey) formed the single management structure known as NHS North Central London, a case for change was set out along with a Commissioning Strategy Plan (CSP) (2010/11-2015/16) which set out a vision for service improvement. NHS North Central London needs to refresh their existing plan to address health inequalities and improve patient outcomes.

The refreshed Commissioning Strategy Plan (2011/12 – 2014/15) will reflect the need to respond to the current financial situation and focus on policy context that avoids top down solutions. It also aims to inform local commissioning intentions for 2011/12 as well as broaden and deepen the list of Quality Innovation Productivity Prevention plan (QIPP) initiatives under consideration in view of the increasing pressure to close the financial gap whilst continually looking to improve quality and outcomes.

When will the engagement take place?

The engagement process will take place from September to December 2011.

What are people going to be engaged about?

People will be engaged on their views and comments on the existing Commissioning Strategy Plan.

Who will be engaged and consulted?

Patients and the public, Clinical Commissioning Groups including the Members and Chairs, providers including Acute, Mental Health, Community and Specialist providers will be engaged and consulted.

The Local Authority, Emergency Health and Wellbeing Boards, Health Overview and Scrutiny Committees, Local Involvement Networks (LINKs), the voluntary sector, NHS London, GPs, Dentists, Pharmacists and Optometrists, Public Health teams and MPs and Councillors will also be engaged and consulted with.

How will people be engaged?

A range of face -to-face meetings, together with printed materials will be used to support the activity.

PLEASE GET IN TOUCH

For further information about this report or future consultations taking place in NHS Haringey and NHS North Central London please email:

engagement@nclondon.nhs.uk.