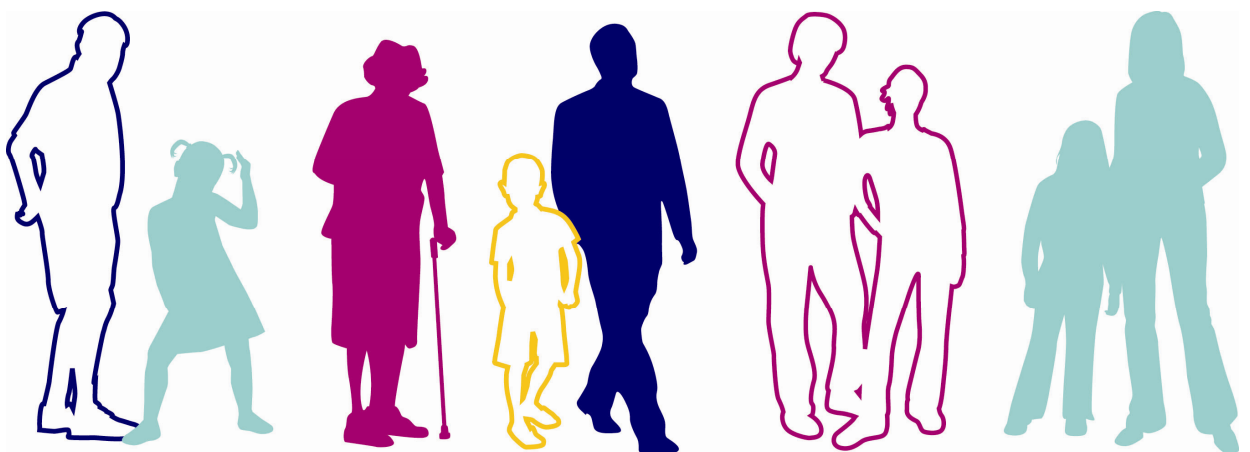


Patient and Public Involvement

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



Delivering Better Health in Barnet

Introduction

This report tells you about the health consultations that took place in Barnet from 1 April 2010 to 31 March 2011. These are the consultations and engagement exercises that made a difference to the way NHS Barnet plans, buys and improves health services for you.

This report is a requirement of section 24A of the NHS Act 2006 which came into effect on 1st April 2010.

The NHS in Barnet, also known as Barnet Primary Care Trust, is responsible for commissioning NHS services for Barnet residents, providing health services in the community and managing 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 Barnet during this period.

If you have any suggestions about how this report could be improved, please send them to us using the contact information at the back of this report. 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 Barnet

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.

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

- Delivering Better Health in Barnet Survey
- Delivering Better Health in Barnet Residents and Stakeholder meeting
- Older People's Assembly of the Barnet 55+ Forum
- Barnet, Enfield and Haringey Clinical Strategy Review
- Barnet, Enfield and Haringey Mental Health Trust Patient Survey 2011
- Pharmaceutical Needs Assessment Consultation
- Finchley Memorial Hospital Redevelopment Stakeholder and Residents Meetings
- Supporting life after stroke - Review of stroke information literature
- PEAT Survey



Delivering Better Health in Barnet Survey

What was the overall purpose of this consultation/engagement?

When it comes to planning or developing our services, we depend on engaging with patients and the public to ensure that we are meeting the needs of our local community. This year, at a time of financial constraints, the Better Health in Barnet Survey asked respondents' opinions on which services and values should be prioritised in a difficult economic climate in order to inform commissioners of the public's preferences and values when considering how to best use the budget.

What were people consulted/engaged about?

Getting the basics right

People were asked to place in order of priority six criteria to be used as benchmark values to guide commissioning decisions. The six criteria were:

Ability to effectively treat

Ability to effectively cure

Age of users

Number of service users

Preventative value

Relative poverty or wealth of location of service users

Improving health

People were asked to choose three preventative health measures from a list of six that they were most likely to engage in to improve their health.

Local and accessible

Local people were asked to indicate which specialties they would like to be provided locally from a list of 33 currently provided in the Acute sector.

Best outcomes from the best centres

People were asked if they would support smokers being required to stop smoking six weeks before referral for surgery.

They were also asked if they agreed that medically obese patients be required to lose weight before referral for surgery.

Building resilience

Patients were asked which treatment service, from a choice of self care, pharmacist, GP, walk-in centre, and A&E department they would choose for a range of conditions.

When did the consultation/engagement take place?

This engagement took place over July and August 2010

Who was consulted/engaged?

Residents of Barnet were consulted.



How were people engaged?

NHS Barnet attended shopping malls, supermarkets, fetes and fairs around the Borough to engage with residents and distribute the Better Health in Barnet paper questionnaire, helping respondents to complete it where necessary.

The survey was taken to:

| | |
|-------------------------------|-----------|
| East Barnet Festival | 3-4 July |
| Pentland Festival | 10 July |
| Asda Colindale | 13 July |
| The Spires Shopping Centre | 11 August |
| The Broadwalk Shopping Centre | 17 August |
| Friern Barnet Summer Show | 22 August |

The questionnaire was also emailed to the parents of children at several Barnet primary schools and was available online at the Barnet website.

What did people say?

The questionnaires were completed by 359 residents, predominately women who outnumbered the men by 2 to 1. 34% of respondents were over 66 and just 7% under 25.

First Things First

The most important criteria to be taken into consideration when setting health care objectives in a tough economic climate were considered to be 'The ability to effectively treat' and 'The ability to effectively cure'. The least important was considered to be 'More funds allocated to poor areas'.

Improving Health

People ranked 'Increase your level of exercise' and to 'Improve your diet' as the most important health improvement measure they could take, followed by 'Lose weight' and 'Reduce stress'.

Local and Accessible

The services people selected most as candidates for moving to the community away from the acute sector can be found in the following table:

| | | | | | | | |
|-------------|----|-----------------|----|-------------|----|---------------------|----|
| Diabetes | 8% | Orthodontics | 6% | ENT | 6% | Clinical Psychology | 5% |
| Hearing | 7% | Ultrasound | 6% | Paediatrics | 6% | MRI | 5% |
| Mammography | 7% | Ophthalmology | 6% | X-rays | 6% | Rheumatology | 4% |
| Optometry | 7% | Gynaecology | 5% | | | Fracture clinic | 4% |
| Dermatology | 7% | Palliative Care | 5% | | | | |

The specialties suggested by least people were Nephrology and Vascular intervention. When given the opportunity to suggest other services the most



requested was phlebotomy – preferably at the GP surgery. Chiropody was mentioned several times as was mental health care.

Best Outcomes from the Best Centres

Over 71% thought people should stop smoking before surgery with 8% saying 'maybe'. Losing weight before surgery was not as universally agreed with 59% saying 'yes' and 16% 'maybe'.

Building Resilience

Responses to this question indicated that more people preferred to go to their GP for care than any other provider, yet more respondents had attended A & E than any other service.

Were there differences of opinion?

Further details regarding the responses to the questionnaire can be found in the full report which can be provided on request.

How was the feedback fed back to those who responded to the consultation?

A full report and analysis of the survey can be found on the NHS Barnet website.

What changes were made?

The recommendations derived from the Better Health in Barnet questionnaire are being taken into account by commissioners when planning services for the Barnet locality.

How could we have involved people differently?

It could have been useful to distribute these questionnaires at community pharmacies and GP surgeries.

How useful was the involvement process?

The process produced a useful set of information on public and patient preferences and values to be referred to by commissioners when considering specific service changes for their Quality Innovation Productivity and Prevention (QIPP) programmes.



Better Health in Barnet: Resident and Stakeholder meeting

What was the overall purpose of the consultation/engagement?

NHS Barnet held a Resident and Stakeholder Event at the Eversfield Centre in Mill Hill to gather views to help steer NHS Barnet's commissioning decisions for the next few years, and to update residents and stakeholders on NHS Barnet's commissioning plans.

Date of consultation:

This meeting was held on 6 July 2010.

What were people consulted/engaged about?

The main topics of consultation were:

- Which criteria should be used when making decisions for commissioning priorities in a difficult financial climate.
- Care pathways for long term conditions
- Whether ongoing treatments for long term conditions should be moved out into community venues such as GP practices, health centres, community hospitals, and pharmacies
- The advisability of the use of telemedicine and remote monitoring systems as an element in care management for long-term conditions.

Other topics that were discussed included:

GP-led Commissioning and what this means

Speeding up delivery of blood test results to GPs

Resources for carers' breaks.

How can the PCT best engage the public?

Who was consulted/engaged?

Residents and key stakeholders, public and patient representatives.

How were people engaged?

NHS Barnet Chief Executive opened with an update on NHS Barnet's position and delivered feedback from the previous Stakeholder Event that had been held in March 2010. He took questions from the floor on a range of topics. The NHS Barnet Director of Finance followed with a presentation on criteria used when making decisions on how to allocate resources. The Director of Primary and Community Services Commissioning then delivered a presentation on developments in Care Pathways for long term conditions.

Participants then gathered in groups for workshops. In the first workshop, they discussed what criteria should be used when making decisions for commissioning priorities in a difficult financial climate. In the second workshop, participants discussed care pathways for long term conditions and whether ongoing treatments should be moved out into community venues such as GP practices, health centres,



community hospitals, and pharmacies. As part of this topic, the issue of telemedicine and whether remote monitoring systems should be used as an element in care management for long-term conditions was also discussed.

What did people say?

People felt that criteria such as 'evidence' and 'is deliverable in practice' were far more important than 'cost' and 'reputation of the NHS' when making decisions. They felt that community locations for services such as diabetes could work very well, provided that the services were staffed well enough and that there was access to an onsite consultant, should this be necessary. The Community Hospital should be able to fast track patients to senior clinicians when needed. It was generally felt that care pathways were confusing and that better information was needed by the public to explain to them where to go at various stages of their care plan. The point was made that waiting times for diabetic services at Edgware Community Hospital were at the time very long in comparison to those at Barnet General Hospital, and it was agreed that were they to wholly transfer to Edgware, the service would need to be significantly enlarged. Suggestions for ways that the PCT could engage the public included newspaper advertising of stakeholder meetings and press statements about service changes, distribution of surveys to libraries, GP and dental practices, distribution of surveys to voluntary groups to send to their members, attendance at malls, libraries, fairs and supermarkets.

How was the feedback communicated to those who responded to the consultation?

A summary of the meeting was published in issue 25 of the Patients Circle, NHS Barnet's newsletter for patient and public representatives which was also circulated to its key stakeholders.



Older People's Assembly of the Barnet 55+ Forum

What was the overall purpose of the consultation?

The purpose of the meeting was to update Barnet's older residents with details of changes delivered by NHS Barnet, comment on the important issues, cover future changes prompted by the Government white paper, and take comments and questions from participants. I hope to have a dialogue with you on these matters.

What were people consulted/engaged about?

The Forum was updated on topics of current significance impacting on local healthcare including:

- Rising costs of treatment in the Acute sector
- Rising costs of medicines
- Redevelopment of Finchley Memorial Hospital
- New stroke centres
- Barnet, Enfield and Haringey clinical strategy review
- Update on the government White Paper regarding National Commissioning Board
- GP consortia plans
- Transformation of LINK to 'Healthwatch'
- Merger of PCTs to Cluster organisations

Who was consulted/engaged?

Members of Barnet's 55+ Forum attended this meeting.

How were people engaged?

Chief Executive Cameron Ward presented an update to the assembly which took place on 14 October 2010 on the above topics. He then took questions from the floor. Some more complex questions were referred to NHS Barnet staff for a more detailed response.

What did people say?

People emphasised the need to hold proper consultations with both public and health professionals. Concern was expressed regarding the ability of GPs to manage budgets while taking care of their patients. A question was asked regarding the reduced provision of counselling services in Barnet. Questions were asked about the Barnet, Enfield and Haringey clinical strategy and about cuts to treatments such as diabetes care, cataract procedures, and joint replacement surgery.

Were there differences of opinion?

There did not seem to be significant differences of opinion regarding these concerns.

How was the feedback fed back to those who responded to the consultation?

Meeting attendants heard responses at the time. Minutes of the meeting were passed to the 55+ forum, the local LINK, and to the AGM.



What changes were made?

The Chief Executive took steps to publicise the Barnet, Enfield and Haringey Clinical Strategy Review meeting report and to follow up on complaints that had been made regarding delays in cataract surgery.

How could we have involved people differently?

There was good attendance at the Forum and lots of questions were asked. It seems that this is a good vehicle for involving people of this age group who may have time to attend meetings and less access to online forms of engagement.

How useful was the involvement process?

It was useful for the PCT to hear the concerns and priorities of this sector of its local population. It was useful to update this population directly on issues of concern to them, such as the move from Acute to Community care.



Barnet, Enfield and Haringey Clinical Strategy Review

What was the overall purpose of the consultation?

In May 2010 the Secretary of State set out four new tests which any changes to NHS services had to pass:

- Support from GP commissioners;
- Strengthened public and patient engagement;
- Clarity on the clinical evidence base;
- Consistency with current and future patient choice.

In support of this Clinical Strategy Review, NHS Barnet, Enfield and Haringey engaged in consultation with GPs, public and patients afresh in order to ascertain their agreement with the Clinical Strategy and therefore its ability to pass these four tests.

What were people consulted/engaged about?

People were consulted about their support for the key proposals of the BEH Clinical Strategy.

Who was consulted/engaged?

GPs, MPs, Local Authorities, LINKs, voluntary and community groups, as well as patients and the public.

How were people engaged?

GPs were invited to a local meeting and individually surveyed by telephone to ascertain their support for each specific proposal.

A four page pull-out was included in free local papers delivered to more than 250,000 homes in the area, and 142 people took up the opportunity to hear and discuss the Clinical Review Panel's findings at three public meetings in Enfield. The BEH Clinical Strategy website www.behfuture.nhs.uk was updated and hosted all the documents and review information, and regular coverage appeared in local newspapers. The Clinical Review Panel's report was cascaded to many individuals and voluntary and community groups. Local Involvement Networks (LINKs) and Council Health Scrutiny Committees were also closely involved in the process – LINKs were present at both the Clinical Review Panel and on the Strategic Coordination Group and had a big input into the review of the fourth test – patient choice.

What did people say?

The Barnet LINK group and Health Overview and Scrutiny Committee indicated their support. GPs in Barnet broadly supported the recommendations of the Clinical Strategy.

Were there differences of opinion?



It was noted that even though there was a range of opinions amongst GPs in Enfield, GPs in Barnet were broadly in agreement. Additionally, the Barnet LINK and Barnet HOSC indicated their support of the Strategy, although those in Enfield did not.

How was the report fed back to those who responded to the consultation?

Reports on the outcome of the consultation were published on the BEH website and widely publicised.

What changes were made?

Secretary of State Andrew Lansley has accepted the findings of the Review of the BEH Clinical Strategy. As a consequence of accepting the IRP's advice, existing proposals for clinical changes at Barnet and Chase Farm—to centralise A&E and maternity at Barnet and North Middlesex Hospitals and for a new Urgent Care Centre at Chase Farm—will be implemented. Services at Chase Farm will change, but the hospital will remain open.

How useful was the involvement process?

The involvement process can provide all key stakeholders to the proposed changes, press and public, with the assurance that the strategy has been rigorously reviewed and consulted upon.



Barnet, Enfield and Haringey Mental Health Trust

Patient survey 2011

Survey of people who use Barnet, Enfield and Haringey Mental Health NHS Trust community mental health services 2011

What was the overall purpose of the consultation?

To improve the quality of services that the NHS delivers, it is important to understand what people think about their care and treatment. One way of doing this is by asking people who have recently used their local mental health services to tell us about their experiences. This survey was carried out by The Care Quality Commission, the independent regulator of health and adult social care services in England which also protect the interests of people whose rights are restricted under the Mental Health Act.

What were people consulted/engaged about?

People were asked about their experience/opinion of their health and social care workers, their care plan, their care review, medications, talking therapies, crisis care, day to day living, issues, and overall experience.

Who was consulted/engaged?

Service users aged 16 and over were eligible for the survey if they were receiving specialist care or treatment for a mental health condition and had been seen by the trust between 1 July 2010 and 30 September 2010. The survey included all service users in contact with local NHS mental health services, including those who receive care under the Care Programme Approach.

How were people engaged?

At the start of 2011, a questionnaire was sent to 850 service users. Responses were received from 241 service users at Barnet, Enfield and Haringey Mental Health NHS Trust.

What did people say?

Based on service users' responses to the survey, this trust scored the following:

For questions about health and social care workers, this trust scored **8.5/10**.

For questions about medications, this trust scored **7.2/10**

For questions about talking therapies, this trust scored **7.6/10**

For questions about care coordinators, this trust scored **7.9/10**.

For questions about care plans, this trust scored **6.7/10**

For questions about care review, this trust scored **7.5/10**.

For questions about crisis care, this trust scored **7/10**.

For questions about day to day living, this trust scored **5.8/10**.

For questions about overall, this trust scored **6.4/10**.

The vast majority of participants said:



- That they were listened to carefully, treated with respect and dignity and that they had trust and confidence in the health or social care worker they had seen most recently.
- That they could contact their care co-ordinator if they had a problem, and that their care was well organised.
- They had an out-of-office contact number they could call for emergencies.

The results showed that people needed to be more involved in some aspects of the provision of their care.

- Around a quarter of those who were prescribed new medication said that they were not told about the possible side effects.
- There remains a proportion of respondents who said that they did not know who their care co-ordinator or lead professional is.
- A tenth of those with a care plan said that they did not understand it.

Were there differences of opinion?

For more detail you can download the full report at

<http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys/communitymentalhealthservices.cfm>.

How was the feedback fed back to those who responded to the consultation?

The full report was made available on the CQC website at www.cqc.org.uk.

What changes were made?

The CQC works together with other regulators and the service provider to remedy bad practice and poor quality care and make sure care improves.



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.

What were people consulted about?

NHS Barnet consulted on its Draft Pharmaceutical Needs Assessment in accordance with NHS Regulations 2010. Answers were sought to the following questions:

What is the provision of pharmacy service to our population and is this adequate?

How is the pharmacy contractual framework being utilised for the benefit of the population of Barnet?

How can community pharmacy through its nationally or locally commissioned services support the delivery of our priorities for health and well being for the population of Barnet?

When did the consultation take place?

The consultation took place from 8 November 2010 to 6 January 2011 (60 days).

Who was consulted?

In accordance with the National Health Service (Pharmaceutical Services) (Amendment) Regulations 2010 the consultation draft was distributed to all relevant stakeholders both within the PCT and from external agencies including the Local Pharmaceutical Committees (LPC), Local Medical Committee, providers of pharmaceutical services, patients and the public. A stakeholder group was formed to support the core group in overseeing the PNA process.

How were people consulted?

The draft Pharmaceutical Needs Assessment was distributed to all relevant stakeholders.

What did people say?

There were 10 responses to the consultation, of which 5 were from community pharmacies and 1 each were from the Local Pharmaceutical Committee, the Local Medical Committee, a private pharmacy, a GP and a local acute trust.

The responses to the key questions were as follows:

All but one respondent agreed that the purpose of the PNA was explained. Five respondents did not feel the information contained within the PNA adequately reflected the current provision by community pharmacies within Barnet and offered



further information. This largely related to the assumptions in the draft PNA regarding the Dollis Valley area.

One respondent disagreed that the PNA accurately reflected the needs of the population of Barnet but offered no further information on where the PNA was lacking.

Six respondents identified elements of pharmacy services that are not mentioned in the PNA, and offered corrections.

In relation to whether the PNA had provided adequate information for community pharmacies to inform their own service provision, only one responder disagreed.

Further detailed comments, along with detailed responses from the PNA committee, can be found in the NHS Barnet Pharmaceutical Needs Assessment Summary on the NHS Barnet website at www.barnet.nhs.uk.

What changes were made?

All the comments received from consultation have been considered by the responsible commissioners at NHS Barnet. A report of the responses to the consultation, also identifying changes made in response to these comments, can be found at the NHS Barnet website.



Finchley Memorial Hospital Redevelopment Stakeholder and Residents Meetings

What was the overall purpose of the consultation?

Finchley Memorial Hospital is being redeveloped to deliver a 21st century hospital fit to serve the local community. Since the beginning of the project, the FMH redevelopment project team have engaged with the local community and key stakeholders in recognition of the impact of this redevelopment and the fact that different stakeholders have different perspectives and requirements.

What were people consulted/engaged about?

Regular resident and stakeholder meetings were held every eight weeks throughout this period to update them on new project developments as well as hear their views, concerns, questions and opinions.

Who was consulted/engaged?

Barnet council members, representatives of key voluntary groups and churches and of Friends of Finchley Memorial Hospital as well as representatives of residents from roads adjoining the hospital, attended the meeting. Peter Cragg, member of the local LINK, chaired and facilitated the meetings to support the engagement process.

How were people engaged?

Updates would be presented at the beginning of the meeting by NHS Barnet staff, architects, property developers, or other members of the project team. Meeting attendants would be invited to ask questions or comment.

What did people say?

Various comments and questions were raised. Further details can be seen in the meeting minute notes.

What changes were made?

Various changes were made as a result of concerns raised by residents and stakeholders. One example would be the agreement to significantly raise the height of the perimeter fencing around the hospital site and residents' property boundaries to increase residents' privacy and security.



Supporting Life after Stroke: Review of stroke information literature

What was the overall purpose of the consultation?

The Care Quality Commission published a report titled Supporting Life after Stroke in 2011 to see how well stroke services help people after they have had a stroke. This included a review of the literature provided to patients at or around the time they transfer home from hospital. The literature was felt to comprise an important component of the support provided to patients towards regaining their independence following a stroke event.

What were people consulted/engaged about?

People who have had a stroke and their carers were asked what they thought about the information given to people when they leave hospital.

Who was consulted/engaged?

People who have had a stroke and their carers

How were people engaged?

NHS Barnet, along with other PCTs in England, was asked to compile a set of the information documents (leaflets, booklets etc) that would be provided, at or around the time they transfer home from hospital, to someone in their area who has had a stroke that fits a “representative profile”. For each PCT the set of information documents was evaluated in two ways. One of these was an evaluation carried out centrally by CQC. The other, is a local review of the information by a small group of people who have had a stroke and/or their carers.

PCTs were asked to arrange their local review via a stroke support group in their area, either by including it on the agenda of an existing meeting, or setting up a specific session. NHS Barnet conducted a focus group with people who have had a stroke and their carers to feed into this report. We also visited stroke wards to locate people who have had a stroke to participate in this engagement exercise.

What did people say?

People said that they wanted information to be:

Explained to them

Given bit by bit

Easy to handle

Written in “accessible” language

Have a version that contains more detail, which carers could help the stroke survivor to use

Some of the information was written more in a format that clinical staff would understand rather than the patient. Boxes were too small for patients to write in

How was the feedback fed back to those who responded to the consultation?

The full set of CQC reports on stroke were published on the CQC website.



What changes were made?

This information along with feedback and recommendations for improvements to the literature has been fed back to NHS Barnet. Some examples of the best stroke information booklets will be made available via the Stroke Improvement Programme website, www.improvement.nhs.uk/stroke/.

How could we have involved people differently?

People were well involved in the process by directly contacting the local Stroke Association and stroke wards. It is to be hoped that feedback from this exercise will affect the production of future patient information literature on stroke.



PEAT (Patient Environment Action Team) Assessments for 2010

What was the overall purpose of the consultation/engagement?

The PEAT assessment seeks to identify where improvements can be made in the non-clinical aspects of a patient's healthcare experience and to highlight aspects of best practice.

What were people consulted/engaged about?

PEAT inspects standards across a range of services including food, cleanliness, infection control and patient environment, including bathroom areas, décor, lighting, floors and patient areas.

Who was consulted/engaged?

The assessment team was made up of NHS Barnet staff from the Estates and Facilities Team, senior nursing staff, matrons, infection control staff, cleaning contractors and patient and public representatives. The Edgware assessment team also included an external verifier.

How were people engaged?

The assessment team toured Edgware Community Hospital and Finchley Memorial Hospital as a group, rating a list of criteria as they went.

What did people say?

The standards of cleanliness and facilities maintenance across both sites has been maintained at an excellent level and the Catering team's hard work has paid off with a rating of excellent for food. The assessment also rates how NHS Barnet performs in maintaining the privacy and dignity of patients. Edgware Community Hospital achieved a rating of good, whilst Finchley Memorial was rated as being excellent.

Outcome

NHS Barnet was pleased with the results which they felt demonstrated NHS Barnet's commitment to improving the patient experience. Where improvements can be made, the Trust continues to work hard and strive for excellent ratings across the board at the next assessment



Future Consultation and Engagement Plans

This section of the report covers consultations that are scheduled to take place any time from the 1 April 2011 to 31 March 2012. Below is a list of consultations that are planned to take place in Barnet either by NHS Barnet, or another organisation, that will affect the way that NHS Barnet plans, buys or improves health services for Barnet residents. However, as we are in a period of change in the NHS, our plans for local consultations may change.

- Any Qualified Provider
- Transforming Child and Adolescent Mental Health Services (CAMHS) in-patient Services for young people living in Barnet, Enfield & Haringey
- Quality Innovation Productivity and Prevention (QIPP) plans

Any Qualified Provider

What will the overall purpose of the consultation be?

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. 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 September 2011 to October 2011.



What will people be consulted about?

People will be asked to consider the eight services listed above to identify which three they believe should be prioritised for extending patient choice of provider in NHS North Central London. The consultation seeks to find people's views on whether other local services or mental health services are of a higher priority than those listed above.

Who will be consulted?

Patients, patient representatives, and healthcare professionals are being consulted.

How will people be engaged?

A letter explaining the aims of the consultation and asking two specific questions, along with a briefing document providing detailed background information to the consultation is being distributed to respondents.



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

What was the overall purpose of the consultation?

The NHS trusts of 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 adolescent in-patient units.

Mental health services for young people are provided by specialists who work in partnership with a range of professionals including social workers, teachers and GPs. This helps to ensure that there is co-ordinated and integrated support for children, young people and their families so that they can remain at home and continue attending school, training or employment and are supported to reach their full potential.

What were people consulted about?

People are being asked to give their views on the following proposals being put forward by mental healthcare professionals and commissioners who 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 which includes the following:

- 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 set of referral criteria is developed as part of the new pathway across Barnet, Enfield and Haringey

When did the consultation take place?

The consultation took place from 3 May 2011 to 2 September 2011.

Who was consulted?

Everyone who has an interest in child and adolescent mental health services – the public, local residents, service users, carers, people working in mental health and social care services, people working in other health services, community and voluntary organisations, and others.

How were people consulted?



The consultation document has been sent to a wide range of stakeholders across Barnet, Enfield and Haringey, and the proposal has been discussed at key meetings across the three boroughs, with particular attention given to consultation with young people. A meeting with representatives from Barnet, Enfield and Haringey children's services was also held.

What did people say?

To date the response from the meetings that have been held has been essentially positive and in favour of the proposal, although the responses from this consultation have not yet been collated.

The outcome of this consultation has not yet been assessed.

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 will people 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

Local Authority

Emergency Health and Wellbeing Boards

Overview and Scrutiny Committees

Local Involvement Networks (LINKs)

Voluntary and Community Sector



NHS London
GPs, Dentists, Pharmacists and Optometrist
Public Health Teams
MPs and Councillors

How will people be engaged?

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

Please get in touch

For further information about this report or future consultations taking place in Barnet and NHS North Central London please email: engagement@nclondon.nhs.uk

