



Have your say

Patient and Public Involvement in Camden

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



Consultations carried out in Camden

This 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.

NHS Camden is keen to involve local people in decisions which will determine how healthcare is provided in the borough. Through consultations and engagement, we gain insights to help us design and deliver the health care that Camden residents need, want and deserve.

NHS Camden has a duty of responsibility to report annually on the influence that people's views have had on its decisions. Below is a list of consultations that have taken place in Camden either by NHS Camden, or another organisation, that has affected the way that NHS Camden plans, buys or improves health services for Camden residents:

- The Future of Psychological Therapies in Camden
- Relocating the health visiting child health clinic drop-in service from St Albans clinic to Gospel Oak health centre
- Changing Mental Health Hospital Services in Camden and Islington
- Improving services for people with eating disorders in Camden and Islington

The Future of Psychological Therapies in Camden

Aim of consultation

To inform a draft service specification for psychological therapies based on the stepped care model. The Trust was keen to hear people's views and answer any concerns that may have arisen.

What were people consulted/engaged about?

In recent years, NHS Camden has carried out reviews of psychological therapies services. People's views indicated that the services were valued and levels of satisfaction were high; but there were areas that could be improved:

- It was felt that the service was too confusing which meant that GP and other professionals were often unsure about which would be the best service for the patient, leading to delays in treatment
- Long waiting times put people off accessing the service which lead to possible worsening of condition and subsequent need for more intensive treatment
- Public money was being wasted as patients were referred to a service that did not suit their needs and led them to receiving inappropriate treatment

To achieve NHS Camden's aim of delivering the best service to local people with common mental health problems, the Trust consulted on a proposal to extend to all Camden services the National Institute for Health and Clinical Excellence (NICE) recommended stepped care model for delivering psychological therapies. The stepped care model has the potential to:

- Increase choice
- Make access to psychological therapies simpler
- Improve access to psychological therapies for black and minority ethnic and refugee communities, people with sensory needs, the Lesbian Gay Bisexual and Transgender (LGBT) community, older people and young men
- Better support wellbeing and recovery
- Improve co-ordination of services and clear referral pathways
- Reduce waiting times
- Standardise outcome measures.



Who was consulted/engaged?

During the pre-consultation phase, a review of psychological therapies was undertaken by working groups that included commissioners, patients, local GPs, counsellors, the organisations that deliver psychological therapies and managers.

Following the recommendations of this review, a working group was formed that consisted of representatives from psychological therapy providers commissioned by NHS Camden and Camden Council, as well as GPs and service users. In addition, all existing commissioned providers were given the opportunity to attend workshops focused on developing partnership working, tender processes and developing bids.

During the consultation phase the following groups were engaged:

- Service Users
- GPs
- Members of the public
- Representatives from local organisations
- Camden LINK
- Local MPs
- All Camden Councillors
- Camden Health Overview Scrutiny Committee

How were people engaged?

A consultation document and questionnaire were developed and made available to the general public, NHS Camden stakeholders, providers and service users by direct mail and by distribution through voluntary organisations, providers and service user groups. In addition, documents were distributed electronically to a range of organisations and stakeholders. Information on how to access the document and online questionnaire was made available through service user newsletters and local organisations. An email and postal address was provided for those who preferred to submit a written response by direct mail or email. All GPs in Camden were sent a copy of the consultation document and were asked to make them readily available to patients.

A public meeting was held, attended by 55 people including members of the public and representatives from local organisations. During the meeting, presentations were given and there was a debate regarding the future service model. Questions and answers that arose from the debate were uploaded to the NHS Camden website.

What did people say?

A total of 127 responses were received either in hard copy or via the online questionnaire. The majority of respondents were local residents, just under half of respondents had previously used psychological therapies services and a small percentage had also accessed other mental health services.

A total of 21 written responses were received from the following groups: Service users (5), provider organisations (8), GPs (3), MPs (1), Councillors (1), therapists (1), patient representative forum (1) and Group Provider Submission (1).

The majority of respondents agreed with the proposals to redesign psychological therapies and agreed with the implementation of the stepped care model.

There were some respondents who disagreed with the proposals citing their reasons as follows:

- They felt that they were unclear about the rationale for the proposed changes
- Some felt that the proposals were focused on short-term therapy and Cognitive Behavioural Therapy
- There was much concern that the proposals did not include bereavement counselling
- Fears were expressed that small organisations would be excluded from the tendering process
- Some concerns were expressed about the possible loss of specialist services

At the end of the consultation process, a report was written outlining the views gathered. Everyone who responded and provided their contact details received the final report. The report and recommendations were also published on the NHS Camden website. When the contract was awarded for the new service, a press release was produced.

Outcome

In response to the comments and feedback received during the consultation, changes were made to the service specification as follows:

- Specific inclusion of support for bereaved people
- Greater clarity on how the length of treatment is determined
- It was made clear that the future provider would be expected to meet the needs of people with sensory needs and Black Minority Ethnic and Refugee (BMER) and LGBT communities
- Requirements were included to ensure an effective interface with primary care
- To ensure that the future provider developed an effective interface with long-term condition services, the long-term conditions and complex needs section of the specification would be strengthened
- Clinical outcomes would need to be monitored in a consistent way

The NHS Camden Board agreed with the recommendations of the PCT Commissioning Executive that the services should go out to tender. The tendering process began in November 2010 and the contract was awarded to a consortium led by Camden and Islington NHS Foundation Trust in April 2011.

Learning

The consultation process highlighted the importance of equity of access, particularly for people with sensory needs, BME communities and LGBT groups. As a result, commissioners met with representatives to ensure that this aspect of the service specification was strengthened and developed.

Various recommendations were made by respondents to the consultation for engaging under-represented groups; for example outreach work to engage with BMER groups.



Relocating the health visiting child health clinic drop-in service from St Albans clinic to Gospel Oak health centre

Aim of consultation

The purpose of this consultation was to inform service users about a proposal to permanently relocate the health visiting child health drop-in service from St Albans clinic, St Albans Road, London, NW5 to Gospel Oak health centre, 5 Lismore Circus, London, NW5 4QF. The Trust was keen to hear their views and answer any concerns that may have arisen.

Context

What were people consulted/engaged about?

The child health visiting service supports all resident families or visitors in Camden with children under the age of five. The team run drop-in health clinics at six health centres in Camden, three children's centres and 15 GP surgeries. In 2009, the St Albans clinic saw approximately 350 drop-in visits.

During a refurbishment programme undertaken at the St Albans clinic, the drop-in clinic was temporarily relocated to the Gospel Oak clinic for safety reasons. Despite the refurbishment, which was undertaken with the requirements of the health visiting service in mind, it was felt that the St Albans clinic was still not suitable for a child health drop-in clinic.

Gospel Oak has undergone a £1.5m refurbishment meaning that much better facilities could be offered to parents/carers and their children with a bigger range of services available in one place in a better environment. Disabled access and facilities are also better.



If the drop-in clinic was permanently moved to Gospel Oak, parents and carers would benefit from having the following services in one location:

- Antenatal and midwifery services
- Contraceptive services
- Podiatry services
- Under 5s annual review clinics
- Dental services
- Breastfeeding/infant feeding support and advice
- Speech and language therapy services
- BCG and childhood vaccinations
- Children's Centre and nursery

A musculoskeletal service has been able to use the refurbished St Albans Clinic and if the child health drop-in clinic were to permanently relocate to Gospel Oak clinic, the

vacated space could be used by the musculoskeletal service helping to meet requirements for operating from fewer sites to contribute towards cost savings and financial efficiency.

Who was consulted/engaged?

Pre-consultation, local parents and carers were engaged during the refurbishment period. The formal consultation was limited to service users.

How were people engaged?

For the formal consultation, a consultation document was produced which included a questionnaire on the proposals for relocation. A total of 600 consultation documents were available of which 317 were mailed to service users. The remainder were sent directly to the St Albans and Gospel Oak clinics. The questionnaire was available for completion online on NHS Camden's website and the consultation was uploaded to the website as well.

In total, 31 (5.2% of available documents) questionnaires were completed and returned and no online questionnaires were completed.

Feedback

A wide range of responses were received. Those not in favour of the move cited their reasons as follows:

- Parking is an issue at Gospel Oak due to residents parking restrictions
- Mothers/carers with very young babies and children would need to travel over a greater distance, often by unreliable public transport to get to the Gospel Oak clinic
- Some areas, for example, Highgate and Dartmouth Park, would be left without a clinic nearby
- Concerns over overcrowding at Gospel Oak clinic if twice the number of people are using it
- The area around Gospel Oak is intimidating
- If the clinic is not local to people, vulnerable families could be excluded and babies and children could miss out on vaccinations.

Those in favour of the move felt that the facilities at Gospel Oak were better than those at St Albans.

Some respondents were unsure about the move:

- Again it was mentioned that although the area was not the nicest, the facilities at Gospel Oak were better
- The team at St Albans was established and friendly and there was a concern that it would lose the personal friendly feeling

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

At the end of the consultation process, a report was written outlining the views that were gathered. Everyone who responded and provided contact details was either

contacted by telephone or received the final report. The report and recommendations were also posted on the NHS Camden website.

Outcome

It was recommended that the health visiting drop-in clinic should not re-open at St Albans clinic and should remain at Gospel Oak as the location offers a more flexible environment where the health visiting team could be deployed more efficiently and is safer in terms of clinical design and safeguarding.

The responses received did not highlight any issues of patient safety or safeguarding.

Learning

The consultation process highlighted the importance of involving service users and key stakeholders in the pre-consultation phase to ensure proposed refurbishments or building use represents the needs of all groups.

The involvement process was extremely useful as it highlighted concerns that relocation to another site might lead to overcrowding or longer waiting times for the childhood vaccination service. This led to a decision to increase child health clinic hours at Gospel Oak Health Centre and the establishment of BCG and annual assessments by appointment.





Changing Mental Health Hospital Services in Camden and Islington

Aim of consultation

The aim was to inform service users about a proposal to staff, service users and key stakeholders on proposals to consolidate mental health services in Camden and Islington. The Trust was keen to hear their views and answer any concerns that may have arisen. This consultation was undertaken in partnership with NHS Islington and Camden and Islington NHS Foundation Trust.

Context

What were people consulted/engaged about?

Greater investment in mental health services in Camden and Islington has led to increased service provision in the community, which means that there is a reduced need for hospital admissions. This has led to an increased level of bed vacancies and the views of service users, carers and staff would indicate that fewer hospital beds are needed locally. Additionally, in order to deliver high quality services more safely and efficiently, it is felt that fewer beds should be located on fewer sites.

People were consulted about reducing the number of mental hospital beds in Camden and Islington and also about reducing the number of sites that these beds are located in from four to two. Views were also sought on two types of mental health hospital services: mental health hospital beds and mental health hospital beds for older people with significant long-term physical and mental health needs known as continuing care beds. The proposals put forward were as follows:

- To reduce the number of inpatient beds in Camden and Islington from 302 beds to 207 beds due to the reduced level of demand
- To reduce the number of sites on which inpatient beds are provided from four to two
- To keep Highgate Medical Centre in Islington open as it has high quality wards and the best clinical environment
- To relocate services from the Grove Centre as it is the smallest site and least efficient to run
- To relocate inpatient services from either the Queen Mary's House or St Pancras site

Who was consulted/engaged?

Communications processes were set up to ensure that staff, service users and key stakeholders were involved in the consultation both during the pre-consultation stage and the actual consultation. Groups engaged with were as follows:

- Service users
- Members of the public
- Camden's Overview and Scrutiny Committee
- Service user forums
- Islington's Health and Wellbeing scrutiny Committee
- Camden Local Medical Committee
- Royal Free Hospital NHS Trust

How were people engaged?

A consultation document was produced and distributed by email, hard copy and leaflets and was also available in an abridged easy-read version. The document was published on NHS Camden's website and staff intranet and responses were invited by post, telephone, email or via the NHS Camden website.

Four public meetings were held across Camden and Islington along with 14 staff and stakeholder meetings. Meetings were held at all levels with key stakeholders, Camden and Islington's Overview and Scrutiny Committees, GPs and service user forums.

Senior staff also met with staff and service users at each of the four current sites to go through the consultation document and encourage responses.

Feedback

A total of 269 completed questionnaires were returned, 115 of these being the easy-read version. Views were also collected at the public meetings and staff meetings.

There was a lack of support for reducing the number of beds and sites. Among the concerns expressed were those about existing beds getting full, few experiences of vacant beds and the possibility that community services would not be able to cope with fewer beds. Furthermore, in Camden, homelessness and drug addiction meant that more beds would be needed.

There was partial support for closing the Grove Centre as it was felt that as the smallest site, it would be the best one to close and that if more crisis beds were available, closing the Grove Centre would be acceptable.

There was strong support for keeping Highgate Mental Health Centre open as it was felt that the building, grounds and services were excellent.

When choosing between Queen Mary's and St Pancras, respondents praised the environment and staff at Queen Mary's highly but expressed a concern that patients who had already moved from St Pancras to Queen Mary's would have to move again. There were some negative comments about St Pancras and it was noted that the site having room for expansion was cited as a plus point when the proposals were about reducing beds.

A large majority of respondents were in favour of keeping the Highgate Medical Centre open and were not in favour of reducing mental health hospital beds. Over half of the respondents to the questionnaire were not in favour of reducing the number of sites from four to two. There was some support for closing the Grove centre.

Outcome

Based on the responses to the consultation, the following recommendations were made:

1. Mental Health hospital inpatient services in Camden and Islington should be consolidated from four to two sites by closing the Grove Centre and transferring the services to Highgate Mental Health Centre and St Pancras sites; and closing Queen Mary's House older people's mental health hospital and relocate these services to Highgate Mental Health Centre
2. The number of mental health inpatient beds in Camden and Islington should be reduced by 95
3. A women-only ward should be retained in Camden and Islington
4. The implementation plan should be developed with the involvement of borough GP leads to ensure that the proposals are planned with the needs of the service users, carers and staff in mind

Camden and Islington Foundation Trust (CANDI) closed the Grove Centre in July 2011. Queen Mary's House is due to be closed within a few months.

Learning

The involvement process was extremely useful as it promoted excellent partnership working between the Trusts involved. Knowledge of the target audiences and expertise was able to be shared across organisations. This also allowed for better quality engagement with service users and enabled engagement to take place on a very large scale.





Improving services for people with eating disorders in Camden and Islington

Aim of consultation

The aim of the consultation was to inform service users, carers and the public about proposed relocation of the Eating Disorders Service's Russell Unit to St Ann's Hospital. It sought to gather people's views about how the changes might impact upon service users and their carers from Camden and Islington and to answer any concerns about the proposed changes. This consultation was run in collaboration with Barnet, Enfield and Haringey Mental Health Trust (BEH MHT).

Context

The St Ann's Eating Disorders Service (EDS) provides a comprehensive, specialist service for people with eating disorders. In 2007, the Russell Unit, based in the King's Cross area, became part of the EDS and continues to provide services for Camden and Islington residents.

The EDS consists of:

- The Phoenix Wing at St Ann's Hospital – outpatient and specialist inpatient care, including rehabilitation, day care and community liaison services
- The Russell Unit – specialist community service, including day programme and outpatient clinics.

What were people consulted/engaged about?

Proposals were set out to relocate the Russell Unit to join the St Ann's Eating Disorder Service on a central site at St Ann's Hospital site in North London. The proposals did not include any changes to the range of services being offered, only to the location where treatment would take place.

It was felt that an even greater specialist centre of excellence could be developed by concentrating the services like this. Opportunities for personal and professional development could be afforded to staff, an active, standalone research programme could be developed, and education and the sharing of information on eating disorders would be promoted. This would be hugely beneficial for service users.

How were people consulted?

An engagement document was developed which was made available at both the Russell Unit and the Phoenix Wing at St Ann's Hospital. The document was also published on the NHS Camden website.

As well as being available online, hard copies of the document were circulated to:

- Service users
- Carers
- GPs
- Other healthcare professionals

- NHS Staff
- Camden and Islington NHS Foundation Trust
- Overview and Scrutiny Committees of Camden and Islington
- Local community and voluntary organisations
- Service users' and carers' representative organisations in Camden and Islington

A public meeting was held and was attended by 13 people. The Camden Health Overview and Scrutiny Committee was briefed as was the Islington Health and Wellbeing Review Committee. The LINKs for Camden and Islington were also engaged.

Feedback

In general, this consultation did not generate a lot of responses due to the specialist nature of the service however, based on the responses received, the main concerns with the proposals related to the increase in journey time and the idea that the Russell Unit will be lost to the service users.

A variety of issues and concerns were also raised through the consultation questionnaire and the public meeting. Responses collected from the public meeting can be summarised by the following themes:

- People thought Russell unit was more accessible as it was based centrally
- Service users were anxious about getting used to new staff at a new site
- Some users did not like the idea of treatment being offered at a hospital site as they felt this reflected a step back in their treatment plan
- People thought the main reason for this move was to save money and it had nothing to do with benefitting patients
- People were concerned about the extended journey time which could prove problematic for those service users who used to attend appointments before work

The Trust and its partners were particularly keen to hear from contributors who had experience of using the services. The responses to the questions asked during the consultation are as follows:

- 65% of the respondents did not agree with the proposals outlined in this consultation leaving 35% of the respondents who were happy to support the move
- A vast majority of the respondents raised concerns regarding the journey time to St Ann's Hospital
- Approximately half of the respondents did not agree with the statement that the relocations of the Russell Unit will enable services to be provided in a more flexible way
- The respondents were divided on the statement that the relocation of the Russell Unit will allow the eating disorder service to meet the increasing demand for inpatient care

- All the respondents strongly disagreed with the statement that the relocation of the Russell Unit will allow better management of risk for eating disorder patients with the most complex needs
- Respondents strongly disagreed with the statement that the relocation of the Russell Unit will allow the Eating Disorder Service to expand its outreach services across Islington and Camden as they believed there was no evidence to support this statement.
- Respondents believed that the relocation of the Russell Unit will not promote stronger links between the Eating Disorder Service and the local services in Camden and Islington

A consultation report was produced by BEH MHT which addressed in detail, all of the concerns raised during the engagement process. The report was available to download on the Trust's website.

Outcome

Despite the divided views, it was decided to relocate the Russell Unit to St Ann's Hospital. This has meant that NHS Camden has had to reallocate resources to provide inpatient capacity and achieve this without reducing services to day and out patients. To do this, the lease on the King's Cross premises will be terminated and Trust-owned premises used to avoid rental costs.

Learning

It was a useful process as it highlighted that journey times and being inconvenienced by having to travel further was a major concern of the patient group. NHS Camden sought to address this and negotiated with GPs and Community Mental Health Teams in Camden and Islington to rent some space that will allow for treatment to take place in both localities. BEH MHT also made a commitment to look at individual service user's travel requirements and support service user's journeys to St Ann's, support them to be seen at home, or another location more local to them.



Consultations taking place from April 2011 to March 2012

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 has pre-engaged with clinicians, providers, 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 the limited set of community and mental health services 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 August to September 2011

What will people be consulted about?

People will be asked to consider the eight services listed above to identify which three services they believe should be prioritised for extending patient choice of provider in NHS North Central London.

Who will be consulted?

Patients, patient representatives, healthcare professionals and providers will be consulted.



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
- 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 materials will be used to support the activity.

The future of Ear, Nose and Throat (ENT) services in Camden

Ear, Nose and Throat (ENT) services are available for people who need specialist advice, diagnosis and treatment for ear, nose and throat related conditions. Proposals will be put forward to make some important changes to the way outpatient ENT services are delivered.

The new service will aim to provide first class care for patients with the most appropriate health care professional and in the most appropriate place. This will mean that many patients will be seen and treated in the community, closer to where they live and work. GPs' referrals will be reviewed by a specialist in ENT who will recommend the best place for the patient to be seen. This could be in a community site or at the hospital depending on the condition to be treated. The community service will consist of consultants, GPs with ENT diploma and audiologists, so patients will still be seen by an expert team.

When will the engagement take place?

The engagement process will take place from August to October 2011.

What are people going to be engaged about?

People will be engaged on their views and comments regarding the proposed changes to the way the ENT service is delivered.



Who will be engaged and consulted?

- Service users
- GPs
- ENT consultants
- Audiologists and other relevant clinicians

How will people be engaged?

Service users at the ENT department of the Royal National Throat, Nose and Ear Hospital will be asked to complete a short questionnaire to ascertain their expectations of the way the new service will be delivered.

Please get in touch

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

engagement@nclondon.nhs.uk