



Patient and Public Involvement in Enfield

**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 Enfield 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 Enfield about health and health services that made a difference to the way NHS Enfield plans, buys and improves health services for you.

NHS in Enfield is responsible for commissioning NHS services for Enfield 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 Enfield 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 Enfield

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 Islington either by NHS Enfield, or another organisation, that has affected the way that NHS Enfield plans, buys or improves health services for Enfield residents:

- **Barnet Enfield and Haringey Clinical Strategy Review against the four tests**
- **Pharmaceutical Needs Assessment**
- **Involvement of the Enfield Stroke Survivor and Family Group in Stroke Services**

Barnet, Enfield and Haringey Clinical Strategy Review

Aim consultation / engagement

Over the last few months, the NHS has been reviewing the 2007 Barnet, Enfield and Haringey (BEH) Clinical Strategy against the four tests as set out by the Secretary of State in May 2010. Any changes to NHS services must pass four new tests:

- 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 review, Barnet, Enfield and Haringey had to engage in consultation with GPs, public and patients afresh in order to ascertain their agreement with the Clinical Strategy.

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?

A Clinical Review Panel was set up to assess the clinical evidence for the service changes envisaged in the BEH Clinical Strategy; ascertain whether any change in circumstance or evidence has taken place in the three years since the original consultation; and provide a digest of both the evidence and the Panel's findings to the Strategic Review Groups in each local authority area.

Letters were sent to every GP in Enfield inviting them to attend an event that provided an opportunity for those GPs who wanted to be involved to come along to listen to the findings of the review. The Trust arranged Barndoc to cover surgeries to ensure as many GPs as possible were able to come along.

63 GP partners attended the meeting and heard the findings of both the Clinical Review Panel presented, before debating the proposals in a series of deliberative sessions over the course of the afternoon and indicating their support, or not. After the meeting, PCT staff contacted GP partners who had not attended the event to encourage them to respond by completing the response form. 48 individual forms were completed and returned to the PCT, including nine who attended the meeting but later felt that they had not put forward the correct opinion. The form asked GPs to indicate whether or not they supported each of the Clinical Review Panel's recommendations, and – if not – to cite the evidence that had influenced their

decision, as well as any alternative course of action that they proposed. 79.1% (102/129) of GP partners in Enfield thus took the opportunity to provide a response to the Clinical Review Panel's evidence, either at the meeting or individually, representing 96.8% of GP practices in the borough. Feedback from this exercise was referred back to the Enfield Strategic Review Group as part of the review process.

Three public meetings were held in Enfield to give local residents the opportunity to hear the findings of the Clinical Review Panel, debate the issues in facilitated deliberative sessions and have their views and concerns recorded. As public meetings were not held in Barnet, Haringey or Hertfordshire, residents in these areas were invited to attend the Enfield events. Meetings were held during the day and during the evening, in a variety of locations, to enable as many people as possible to attend.

Each of these meetings was facilitated by Professor Laurie McMahon, from the independent consultancy firm Loop2. At each session, attendees first considered the Clinical Review Panel's recommendations for women and children's services, and then planned and urgent care. Attendees were asked for their views about the evidence in each area and how they felt the proposals might affect them. They were also asked whether they had any concerns about these proposals and what information they had to support these reservations.

What did people say?

The Enfield LINK group and Health Scrutiny Panel did not indicate their support. GPs in Enfield did not broadly support 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 HOSC indicated their support of the Strategy, although those in Enfield did not.

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

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

What changes were made?

Health Secretary 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.

Pharmaceutical Needs Assessment (PNA) Consultation

Aim of consultation

The Pharmaceutical Needs Assessment (PNA) provides a framework to enable the strategic development commissioning of community pharmacy services to help meet the needs of the local population. The PNA also plays an essential role in helping the PCT deal with applications to provide pharmaceutical services.

NHS Enfield consulted on its Draft PNA from 29 September 2010 to 29 November 2010.

Who was consulted / engaged?

Part of the process to produce a pharmacy needs assessment for Enfield was to carry out a pre-consultation questionnaire aimed at members of the public to help understand patients' views on their local pharmacy and their health needs.

The following group were consulted with during the pre-consultation:

- Enfield PCT PNA Virtual Stakeholder Group
- Enfield Local Involvement Network (LINKs)
- Enfield Disablement Association
- Enfield PCT Patient Reference Group Members
- Members of Enfield Health Connections Newsletter
- Voluntary and Community Groups across Enfield

During the consultation phase the following groups were consulted:

- Local Pharmaceutical Committee
- Local Medical Committee
- Enfield LINKs
- Enfield Health Scrutiny
- Enfield over 50's Forum and Enfield Racial Equality Council
- NHS Barnet
- NHS Hertfordshire
- Barnet Enfield and Haringey LPC
- Enfield LMC
- Enfield Disablement Association
- Enfield Age Concern
- Persons on the pharmaceutical lists
- NHS Haringey
- NHS West Essex and NHS Waltham Forrest

How were people engaged?

An online questionnaire was devised and appeared on the Trust website for a two week period, (w/c 9 August - 23 August 10).

In addition the Draft PNA was also sent to Chase Farm Hospital and North Middlesex Hospital.

NHS Enfield also held a Community Pharmacy PNA 2010 Stakeholder Event on 22nd November 2010 which was attended by 27 stakeholders.

Feedback

What did people say?

In total 24 responses were received, this included 21 online questionnaires and 3 written responses. 2 of the questionnaires were from organisations and 19 were from individuals. Of the written responses one was from Barnet Enfield and Haringey Local Pharmaceutical Committee representing 60 contractors.

Some of the points mentioned were:

- Pharmacies could have on-line registers of personal prescriptions countrywide, in-case of an emergency
- There needs to be improved access for people with poor English communication skills
- Word of mouth about quality of services has helped residents.
- Agree that pharmacies are under utilised considering skills and knowledge. It is therefore important to link with other primary care services
- PCT should charge some services to make sure people are utilising them in the appropriate way.
- GP surgery has in-house pharmacy but some patients prefer to use ones close to home.

What changes were made?

There were no conclusions or recommendations drawn from this survey. A full review of the PNA will be carried out within the 3 years as stated in the NHS regulations.

Involvement of the Enfield Stroke Survivor and Family Group in Stroke Services

Aim of consultation/engagement

In October 2010 a stroke user group called Enfield stroke survivor and family group was formed, the group consists of stroke survivors and carers. The group meet once a month to review strategies, information given to stroke survivors and carers, stroke service improvement and work on specific action plans. The aim of the group is to:

- Have input into the work plans and priorities of the work streams
- Represent user perspectives at the stroke implementation meetings
- Evaluate patient experience along the stroke pathway through undertaking regular audits and other methods of evaluation
- Review documentations sent out for consultation
- Support in the development and dissemination of information and communication for stroke service user and their carers

Stroke service users are integral to the activities of NHS Enfield and arrangements are in place for stroke service users either by representatives, consultation or engagement to be actively involved in:

- Planning and provision of stroke services in Enfield
- Stroke Awareness campaign
- Enfield Joint Stroke Strategy

How were people engaged?

There were a several involvement and engagement events that were held:

Patient Representation: Stroke Implementation Team was established to implement an agreed local pathway for stroke in Enfield. The Stroke Implementation Team and the local working groups involve stroke survivors and carers at their regular meetings and decision making.

Members of the Enfield Stroke Survivor and Family Group (ESSFA) interested in the work of a particular work group were invited to sit at the meetings. Members who attend the meetings will feed into the work stream patients views and ideas on stroke services and then feeds back the outcome of the meeting to the ESSFA group.

Enfield Joint Stroke Strategy: Members of the Enfield stroke survivor and family group were involved in discussions on the Enfield Joint Stroke Strategy. The aim of the engagement was to get stroke service users views and ideas on the 9 strategic objectives and the associated commissioning intentions. A workshop was held and all members were invited to the workshop, prior to the workshop members were given the strategy to review and report back their views and ideas at the workshop, this way service users are fully engaged in commissioning decisions.

Information Review: The Enfield stroke survivor and family group reviews information given to stroke survivors and their carers. Information review is a standing agenda item at the monthly meetings. The current stroke patient discharge

booklet was developed following consultation with the group. Members of the group were given copies of the discharge booklet to comment on. Comments received were fed back to the network.

When we asked stroke survivor and carers what they needed to improve their health, they identified better access to information as a top concern. In response to this we have developed a stroke information drop-in session and also a carers information drop-in session. The sessions are been run by the stroke navigator and stroke survivors and carers who have volunteered their time.

The sessions are open to the public and during these sessions the public will have:

- Access to general advice and support services
- Access to befriending scheme
- Access to stroke specific information and advice
- Access to stroke specific carer support group
- Access to general carer support group
- FAST awareness promotion

LBV Enfield community road show – FAST Campaign: Members of the Enfield Stroke Survivor and Family Group were actively involved in the Enfield community road show event which took place at the Palace Gardens Shopping Centre, Enfield on Monday 28 February to Saturday 5 March 2011. Members volunteered on a Rota basis and prior to the event, training was given to members who handed out the questionnaires.

Questionnaires were given out to the local public and this was aimed at understanding and evaluating awareness of stroke and its risk factors within the local community and also to raise the public awareness of the FAST campaign. The FAST campaign aimed to help people identify the symptoms of stroke and to treat it as a medical emergency.

160 people were educated around FAST awareness using the FAST questionnaires.

Health champions were present at the events to provide the local public with information on how to keep healthy and also sign post individuals on request.

Enfield Stroke Strategy Consultation

The Enfield Stroke Survivor and Family group were actively involved in the Enfield Stroke Strategy Consultation event, been stroke survivors and carers themselves they were able to give advice on the best way to engage with stroke survivors and carers/family members.

Who was consulted / engaged?

The draft strategy was open for consultation with members of the public, but was specifically aimed at:

- Service users of health and adult social care services
- Patients of NHS services
- Carers of people with a disability, or who are frail
- Stroke survivors
- People with a family history of stroke or TIA
- People of African or Caribbean ethnicity *-(greatest risk of Stroke)*
- People aged over 55 years *-(greatest risk of Stroke)*
- Edmonton Green Ward *-(greatest risk of Stroke)*

What were the group consulted on?

- How to ensure that the consultation event is accessible?
- Best time for the consultation event
- How to advertise the event
- How would the group like to be involved on the day
- Would the group like to take responsibility for running the survivors and carers consultation as part of their work plan

How were people engaged?

There were three different posters designed and printed for this consultation. The first was put together for the older people's conference on 11th March 2011.

The second was the main poster that was widely publicised, this poster was designed with stroke survivor and carer input.

The third poster was based on the second and was for an advert in a local paper which also included notice of the two events.

250 copies of the main poster were sent out using our distribution list of public notice areas in the borough, such as hospital wards, GP surgeries, Council receptions, community & voluntary organisations and so on.

The consultation was also publicised through professional and public newsletters and websites. These included:

- Staff matters
- Team Brief
- ECEN

- EVA
- NHS London website
- Enfield Council website
- North Middlesex Hospital website
- Attend website
- Enfield over 50s forum
- Different Strokes website
- Enfield Independent and Enfield LINKs

Information of the consultation was sent to all known Enfield based voluntary and community organisations with a health and social care service via email. The Enfield Stroke Coordinator informed all the Enfield Strategic Partnership Boards of the consultation

The Enfield Stroke Coordinator was also responsible for presenting at engagement activities. The activities included:

- Older People's Conference
- Ebony people association
- Age concern exercise classes
- Enfield Stroke Survivor and Family group
- Nursing Homes & Care Homes
- Total Healthcare & Stroke Action
- Enfield Carers UK
- Different Strokes
- Different strokes exercise class
- Acute stroke unit at North Middlesex Hospital & Barnet hospital

As well as attending and presenting at existing group meetings there were also two events organised. The first event was on 20th May 2011 and was based in Pymmes Park Visitors Centre, Edmonton. The second event was on 28th May 2011 and was based at Trinity at Bowes Community Centre, Palmers Green. These two events were equally organised to ensure people in Edmonton (as people who live in Edmonton are at a greater risk of stroke) and the west of the borough were reached. It was also ensured that people were able to attend by having the first event on a weekday and second on a weekend.

Feedback

What did people say?

The following is feedback received to the above questions:

- The group suggested these locations for accessibility: Community House in Edmonton, Southbury Leisure Centre, Dugdale Centre, Pymmes Park, Trent Golf Club
- The preferred time for the event was midday, 12pm to 2pm
- Suggestions on how to advertise the event included: advertisements in the local newspaper, managers on the stroke units to raise awareness amongst patients and family, posters to be put up at GP practices. It was also suggested that more focus should be made to raise awareness with families in that families should be encouraged to attend with or without the survivor

and also to come either on their own or with the whole family and that focus should be on the hard to reach communities

- The group will be happy to volunteer on the day and this will include being on reception, increasing awareness of the FAST by asking people to fill out the FAST questionnaires.
- The group suggested that staff should wear a sticker which reads: **Don't be afraid to ask** and that stroke survivors volunteering on the day should have **Chat with me I am a Stroke Survivor** sticker.
- It was agreed that it will be part of the groups work plan and they were willing to take it forward.

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 Enfield either by NHS Enfield, or another organisation, that will affect the way that NHS Enfield plans, buys or improves health services for Enfield residents. However, as we are in a period of change in the NHS, our plans for local consultations may change.

- Any Qualified Provider
- Evergreen Walk-in Service Consultation
- Quality Innovation Productivity Prevention (QIPP)

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.

Evergreen Walk-in Service Consultation

What is the overall purpose of the consultation?

Since April 2009, six GP practices in Enfield have been commissioned to provide a walk-in service at the Evergreen Health Centre from 8am – 8pm, 7 days a week. This means that patients can make requests in person and by phone and a GP will be available during these core hours.

Taking into account these developments, alongside a commitment to continue to develop primary care services in Enfield, NHS North Central London is confident that consideration should now be given to the reduction of hours at the Evergreen Walk-in Service. The preferred proposal is to reduce the current 7 day a week service to a weekend and bank holiday only service as the service provided by the Walk-in Service can be provided by the GPs more locally to the patients and with the patient's own GP. The other option being consulted upon is to reduce services to weekday evenings and weekends and bank holidays.

We are not consulting on the transfer of services at weekends or on bank holidays. The Evergreen Walk-in Service will still provide services to all patients on these days.

The six practices that have merged and provide a GP service at Evergreen are required under their contract to provide care for all non- GP registered Enfield patients and for patients nearby who require emergency attention. There is no plan to change this requirement and these patients will continue to be seen and, if appropriate, treated during the core hours mentioned above.

When will the consultation take place?

The consultation is planned to take place from October 2011 to January 2011.

Who will be consulted?

Everyone who has an interest in the Evergreen walk-in service – patients, local residents, service users, carers, and others.

How will people be consulted?

The consultation document will be sent to a wide range of stakeholders across Enfield.

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 online and 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 Enfield and NHS North Central London please email: engagement@nclondon.nhs.uk