

Real Accountability – Duty to report

Each PCT must prepare a report on the consultation carried out, or proposed to be carried out, before the making of commissioning decisions by the PCT and on the influence that the results of consultation have had on its commissioning decisions. The first of these reports relates to the year 2009/2010 and needs to be published by the end of September 2010. The reporting requirements cover both commissioning decisions and relevant decisions.

Commissioning decisions are the decisions made by a PCT about commissioning services in relation to carrying out its functions under Sections 4-7 of the NHS Act 2006 (decisions about the commissioning of primary care services).

The report should also include information about relevant decisions. Relevant decisions are decisions made by a PCT about the commissioning of services under Sections 3 and 5 of (and Schedule 1 to) the NHS Act 2006. That is, any decision about the commissioning of secondary care and community health services, such as hospital accommodation, nursing services and ambulance services.

The guidance (Real Accountability) does not specify a definition of 'consultation' but in essence consultation means the act of asking a person or persons for their views on a proposal or issue before a decision is taken. Consultations may take different forms – the general rule is that those who may be affected by the decision should have an opportunity to give their views.

NHS Herefordshire's annual consultation report for 2009/2010 has been produced in tabular form with each example of consultation forming a tabular entry. Each entry includes only the 'headline' information but further information on each project can be obtained from Tony Homden – Public Experience Manager on 01432 383539 or e-mail thomden@herefordshire.gov.uk

The report, in accordance with the guidance, has been produced as a web-based document available from the PCT's web site www.herefordshire.nhs.uk and hard copies will be made available upon request.

GP Walk in Centre and Out of Hours Service

Who was engaged?	Councillors, GP Practices and associated staff, Council staff, Finance staff, Hereford Hospitals Trust, Local Pharmaceutical Committee, Herefordshire Carers Support, Dental Access Centres, Service User Groups etc
What service/area/question was being discussed?	The development of a GP Led Health Centre and the value of combining the Out of Hours contract with the new service to minimise duplication and ensure best value
What engagement methods were used?	Individual stakeholder discussions, group meetings, presentations, feedback forms, e-mail responses
How and where were the findings reported	To the Equitable Access Primary Medical Care Programme Board on a monthly basis
What was the final decision?	To tender for a GP led health centre that focussed on walk-in services and reducing inappropriate A&E attendances. To combine the GP Led Health Centre and Out of Hours contracts.
How did the PPE feedback effect the decision?	<ul style="list-style-type: none"> • Confirmed the case for combining the GP Led Health Centre and Out Of Hours Contracts and highlighted local concern about destabilising existing high quality GP surgeries, which led to a cap on the number of registered patients allowed and a focus on walk-in services. • Increased requirements for data sharing between the GP Led Health Centre and local GP Surgeries. • Specific Key Performance Indicators developed to support the reduction of inappropriate A&E attendances and improve access to walk-in services.

Diabetes Service User Events

Practice Based Commissioning engagement event supported by Involving People Team - 3 events over 2 week period. Advertised 3 weeks prior to events and promoted via local Diabetes UK Group

Who was engaged?	The general public across Herefordshire – 3 events Hereford, Leominster and Ross: service users and their carers attended along with few Diabetes UK members
What service/area/question was being discussed?	Practice Based Commissioners wanted to hear from services users about their experience of living with diabetes in Herefordshire. What works well, not so well and what could be done to make things even better and also to hear about aspirations for the future
What engagement methods were used?	Widely advertised events – including radio and via Diabetes UK and 24 practices: 3 local meetings, facilitated by Involving People Team and the Practice Based Commissioning Team
How and where were the findings reported	Report sent to those who attended the meetings Report and findings presented to: PBC Board and Diabetes Pathway Group, Diabetes Team and Patient and Public involvement committee Report & Findings & Key focus areas for service development consideration also developed and reported to above
What was the final decision?	Key focus areas were validated with Specialist Diabetes team members & Diabetes Pathway Group - these top priorities must inform pathway/service redesign. Findings were: There is a need for greater recognition of the value of self help and support to maximise self-care skills: service specification must include self- help and support opportunities in a more formalised way and that these are easily accessible from early diagnosis stage. Improve communication between specialist treatment areas eg diabetes team and cancer specialists to support better planning and treatment interventions People value group learning and support would like to have more opportunity for this – interactive group sessions for dietary advice, exchange ideas etc.
How did the PPE feedback effect the decision?	Engagement has better informed us of the day to day issues which matter most to people living with diabetes. Engagement gave us a clear message: People with Diabetes are the experts in living with diabetes. They identified key service areas for us to re-think how we work and place greater emphasis on group learning and develop more opportunities for expert patients in delivery of education and self-help support

Insulin Initiation for Type 2 Diabetes in Primary Care (evaluation of LES)

Who was engaged?	Patients who recently attended their GP Diabetes clinic and had been started on insulin therapy (previously this would have been done at Hospital OPD)
What service/area/question was being discussed?	Exploring patients' experience of local diabetes clinic for insulin initiation as part of evaluation of the LES.
What engagement methods were used?	Questionnaire with a covering explanation letter issued at the practice and returned to PBC office for analysis
How and where were the findings reported	Findings are being analysed – report due
What was the final decision?	Feedback will inform decision to continue LES and where improvements or greater emphasis in care and support elements are needed
How did the PPE feedback effect the decision?	Not available

Pathway in Primary Care Evaluation – Evaluation of patient experience

Who was engaged?	Patients who recently attended their surgery with a suspected Deep Vein Thrombosis, who required referral for ultra-sound scan and then returned to surgery for follow-up care and support.
What service/area/question was being discussed?	Exploring patients experience as part of evaluation of DVT pathway. Listening to patients experience of care and support they received when they presented to local GP surgery with suspected DVT, also hear about their experience of care at ultra-sound and after care at local surgery.
What engagement methods were used?	Telephone interviews with explanation given first at local surgery for recruitment.
How and where were the findings reported	20 interviews are still underway.
What was the final decision?	Findings will be reported to PBC Board and PCT LES review group
How did the PPE feedback effect the decision?	Not available

Orthopaedic Assessment Clinic OAC Belmont - Evaluation of Pilot scheme

Who was engaged?	Patients who attended the practice based OAC
What service/area/question was being discussed?	Practice Based Commissioning led with Involving people team support. Focus group facilitated by staff.
What engagement methods were used?	Focus Group Interview:(only 3/6 patients attended on the evening, therefore it was decided to send a questionnaire to those who were unable to attend. Report on focus group and questionnaires are being analysed now
How and where were the findings reported	Findings of focus group have been shared with PBC and Musculoskeletal Pathway Group – to inform pathway shaping. Feedback from patients confirms high level of satisfaction with local service and access to specialist physiotherapist at practice level
What was the final decision?	No final decision yet
How did the PPE feedback effect the decision?	Not available

Procurement of Mental Health Service

Who was engaged?	<ul style="list-style-type: none"> • Mental Health Reference Group • Herefordshire LINK • LD Partnership Board
What service/area/question was being discussed?	<p>All the questions are related to Mental Health and Learning Disability Services. The discussion topic was the change of provider and what impact that would have on service users and carers.</p>
What engagement methods were used?	<p>Written and electronic communication. Attendance at group meetings. One to one meetings with Chair of MHRG and Project Manager and/or MD of Provider Services Workshops to develop service user and carer documentation to share with bidders. Stakeholder events Service User and Carer meetings with Bidders Regular project updates to groups (ongoing)</p>
How and where were the findings reported	<p>The Service User and Carer documentation was driven and gathered by their own working party. The collation of which was delivered in report format back to the PCT and shared direct with the bidders. The feedback from SU&Cs after their meetings with the bidders was used as supporting evidence by Commissioners during their assessment.</p>
What was the final decision?	<p>No final decision made at this point</p>
How did the PPE feedback effect the decision?	<p>Not available</p>

The creation of a new integrated model of health and social care in Herefordshire

The creation of an integrated care organisation under one management structure combining community, acute and social care

Who was engaged?	Public and Service users, GP practice groups, Council's Partners & Communities Together (PACT's), Carers/Carers Support, Employees across Hereford Hospitals NHS Trust, PCT Provider Services & Herefordshire Council, Pathway Groups - Continued engagement through existing staff pathway groups, Health Scrutiny Committee, Council Overview and Scrutiny Committee, Herefordshire LINK/Brecon & Radnorshire Community Health Council, Voluntary Organisations and Community Groups (including 'Reaching the Hearts of Herefordshire'), GP Engagement - Engagement through existing meetings: locality meetings, Practice Based Commissioning and Local Medical Committee GP representatives will continue to engage across the entire programme
What service/area/question was being discussed?	The creation of a new integrated model of health and social care in Herefordshire The creation of an integrated care organisation under one management structure combining community, acute and social care
What engagement methods were used?	Presentations to groups, Roadshows, provision of information, discussion groups.
How and where were the findings reported	Updates are reported to Health Scrutiny Committee on a regular basis with an interim report being presented in mid November
What was the final decision?	No decision made yet
How did the PPE feedback effect the decision?	Not available

Community Equipment Service National Survey

Who was engaged?	All service users in receipt of community equipment or who have had minor adaptations made to their homes and had it paid for or partially paid for by Social Services
What service/area/question was being discussed?	All the questions were related to service users experiences of assessment, utilisation and support concerning community equipment and adaptations to their home.
What engagement methods were used?	Questionnaires sent directly to service users homes
How and where were the findings reported	Although the survey was carried out in Feb/Mar 2010 the results are collated by the Department of Health who have yet to publish the results
What was the final decision?	No final decision made at this point
How did the PPE feedback effect the decision?	Not available

Learning Disabilities Quality Network Review

Who was engaged?	A small sample group of people with learning disabilities
What service/area/question was being discussed?	The idea of the network was to, see at first hand, how services impacted on the sample group as individuals
What engagement methods were used?	Each group subject was “shadowed” by a volunteer either for a morning or an afternoon on at least four separate occasions over a period of time. Both volunteers and subjects would then attend workshops to discuss findings
How and where were the findings reported	After each of the three workshops, the findings were reported to the Valuing People Partnership Board at their quarterly meetings
What was the final decision?	No decision as yet
How did the PPE feedback effect the decision?	Not available

Community Hospital Visits

Who was engaged?	Patients in local community hospitals in Ross-on-Wye, Hereford and Leominster as well as patients in the Stonebow Unit, a local mental health facility
What service/area/question was being discussed?	Particular aspects of the service provided at each facility such as food, cleanliness, dignity and respect, staff and communication, their environment and privacy.
What engagement methods were used?	The engagement involves talking to individual patients on a one to one basis or in a small group setting. Questions were asked and the results recorded there and then
How and where were the findings reported	Each month the interviews are undertaken, the results are written up and reported to the ward sisters so that they can comment on what has been said. The ward sisters comments include how they will improve things as a result of the comments made. These monthly reports are then reported in the Public Experience Feedback Committee report on a monthly basis
What was the final decision?	This is an ongoing programme of engagement and decisions are made on a monthly basis
How did the PPE feedback effect the decision?	Feedback has led to a number of improvements including improved heating facilities for food, more choice of food, faster responses to call bells, more information being available to patients.