

2009 - 2010

Inform



2009 - 2010

Consult



2009 - 2010

Involve



# ‘Inform, Consult and Involve’

**Health Services in Birmingham  
Duty to Report 2009-2010**

Published by: *(due for publication 30<sup>th</sup> September 2010)*

- Birmingham City Council
- Heart of Birmingham teaching PCT
- NHS Birmingham East and North
- NHS South Birmingham

***Key points to note on the requirements and editorial process:***

This is the first year that the Duty Report guidance has come into effect and from SHA guidance, each PCT is required to report:

- a) What consultations have been undertaken during the period of this report financial year 1 April 2009 to 31 March 2010, including any that started before 1 April 2009, and completed after the 31<sup>st</sup> April 10
- b) What consultations got underway during the period of this report, but are not yet completed?
- c) What consultations are planned for 2010-11? (Beginning after 1 April 2010 for the forthcoming year).

If the PCT has not undertaken any consultations during the period covered by the report, make a nil return.

This report must be published by the end of September 2010 on the organisations website and at the Headquarters of the organisation. Demonstrate the hyperlink to the report and identify the relevant manager from whom a paper copy can be inspected.

PCTs agreed for the benefit of local people to produce a summary report for Birmingham and for further details as outlined to be published on the local PCT websites and the Be Heard website for the city.

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# 1 Foreword

Birmingham people can be proud of their contribution to influencing improvements in local health services.

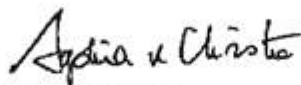
Local NHS decision-making has had the benefit of public scrutiny and consultation which, along with clinical leadership and investment, has led to significant improvements in health care. These improvements include shorter waiting times for treatment, easier access to local services and more support for healthier living, particularly for people living with long term health conditions.

That said, the duty to report on how public feedback has influenced decision making is not an easy task. Decisions are rarely that clear cut. The NHS and Local Authority are continually influenced by public and patient opinion and are now more active in seeking out patient and public views to determine what needs to change and improve.

The challenge is that it can be difficult to pinpoint when and how decisions are influenced. Consultation is about informing the best approach and decisions must be developed through dialogue with patients, members of the public, clinicians and other stakeholders. However, it is important that we capture this. The impact local people and patients have on services is not always recognised. We are pleased to present this report which demonstrates and celebrates the contribution local people have made to health care decisions across Birmingham.



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## 2 Introduction

### What is the Duty to Report?

The Secretary of State for Health issued directions which came into force on 1<sup>st</sup> April 2010, outlining the NHS Duty to Report on consultation about commissioning decisions (section 24A of the 2006 NHS Act). This followed the legislation on the duty to inform, consult and involve when planning changes or introducing new services which came into effect in April 2009.

Under this guidance we have a duty to report on any consultation that influences:

- commissioning decisions and decisions taken following a consultation;
- how the views of the people we engaged with were taken into account when the decision was made;
- how feedback influenced the decision taken – whether anything was commissioned differently as a result of the feedback received;
- and the main issues where it was not possible to act, and the reasons why.

### How are we working together?

We know from feedback from local agencies and from health scrutiny that when it comes to reporting on consultations it is better, where appropriate, to present Birmingham wide.

The three Birmingham Primary Care Trusts (PCTs) - Heart of Birmingham teaching PCT (HoBtPCT), NHS Birmingham East and North (NHS BEN), and NHS South Birmingham (NHS SB) - maintain a local focus but we often work together to tackle issues and make improvements city wide. We have also strengthened working with Birmingham City Council to ensure a joint approach to engagement.

Over the last two years Birmingham PCTs and Birmingham City Council have been strengthening the way patient views and public opinion are captured through **The Birmingham Health Experience and Engagement programme** which links to the Joint Strategic Needs Assessment for the city. This programme has resulted in joint standards for engagement, and a shared reporting tool and website called Be Heard. Alongside these, there is now greater collaborative working with the Health and Adults Overview and Scrutiny Committee (HA OSC) and Local Involvement Networks (LINK) to tackle issues of public concern.

The Birmingham Local Improvement Network (LINK) is the local branch of a national network which has a duty to represent the public voice across health and social care with a focus on partnership working in service commissioning and delivery by statutory authorities and relevant 3<sup>rd</sup> sector bodies. It requires timely notification of policies, processes and changes that may directly or indirectly affect care provision. It is funded and managed by the local authority through a contract with a host organisation which in Birmingham is Gateway Family Services.

For these reasons we have produced one report for the city for 2009-2010 which demonstrates the key areas of consultation undertaken in that year and the impact or outcome.

This report is an overview and captures key areas where local people and patients have influenced health services. Further details on each of the consultations listed are available from each organisation and details can also be found on the Be Heard website.

The Be Heard website (<https://www.birminghambeheard.org.uk/>) is where anyone can find out about consultations across the city that have been undertaken by the City Council and partner organisations such as Birmingham Primary Care Trusts, Birmingham Health and Wellbeing Partnership, West Midlands Fire Service and Birmingham Voluntary Services Council.

### **Social Marketing: Understanding our population and targeting our approach**

Over 2009-2010 the three Birmingham PCTs and City Council have all invested in ways in which to make engagement more effective by targeting specific community groups in their preferred way. Social Marketing has become an increasingly important approach to redesigning services and influencing lifestyle choices and self care.

Social Marketing is relevant to the Duty to Report on consultation as it informs our understanding of communities, the health issues that they are most likely to be affected by, together with social and economic factors that influence this and people's preference for receiving information. It also enables us to target specific groups about health matters that are most relevant to them.

Across Birmingham we are using Experian Mosaic Public Sector and other insight tools designed specifically for use by the public sector which focuses on the needs of citizens. It provides a detailed and accurate understanding of each citizen's location, their demographics, lifestyles and behaviours.

There are a number of projects across the PCTs which are increasing the use of intelligence to support effective decision making in commissioning and communications. Birmingham City Council hosts the Insight team which provides information about service usage and consumer behaviours across the city. NHS BEN have created PRIME (Programme for Relationships, Intelligence, Metrics and Equality) developed in partnership with Dr Foster Intelligence. Central to this programme was the creation of 'typologies' for all communities within the east and north of Birmingham. Produced using national household data alongside health and well-being information held by the PCT, the typologies group our communities by postcode in order to highlight their key characteristics.

### Do people feel more involved?

A recent city annual opinion survey showed 4 out of every 10 adults believed they could influence local decisions. Further research on health shows 54% of the population living in Heart of Birmingham, 50% in South Birmingham, 44% in Birmingham East and North feel "... able to feedback on health services, and believe [their] local NHS acts on this feedback." (Ipsos MORI Annual Telephone Survey 2009).

City wide surveys carried out by the local authority show that whilst people feel increasingly able to influence local decisions, this is still only 35.8% of the population. See chart below:

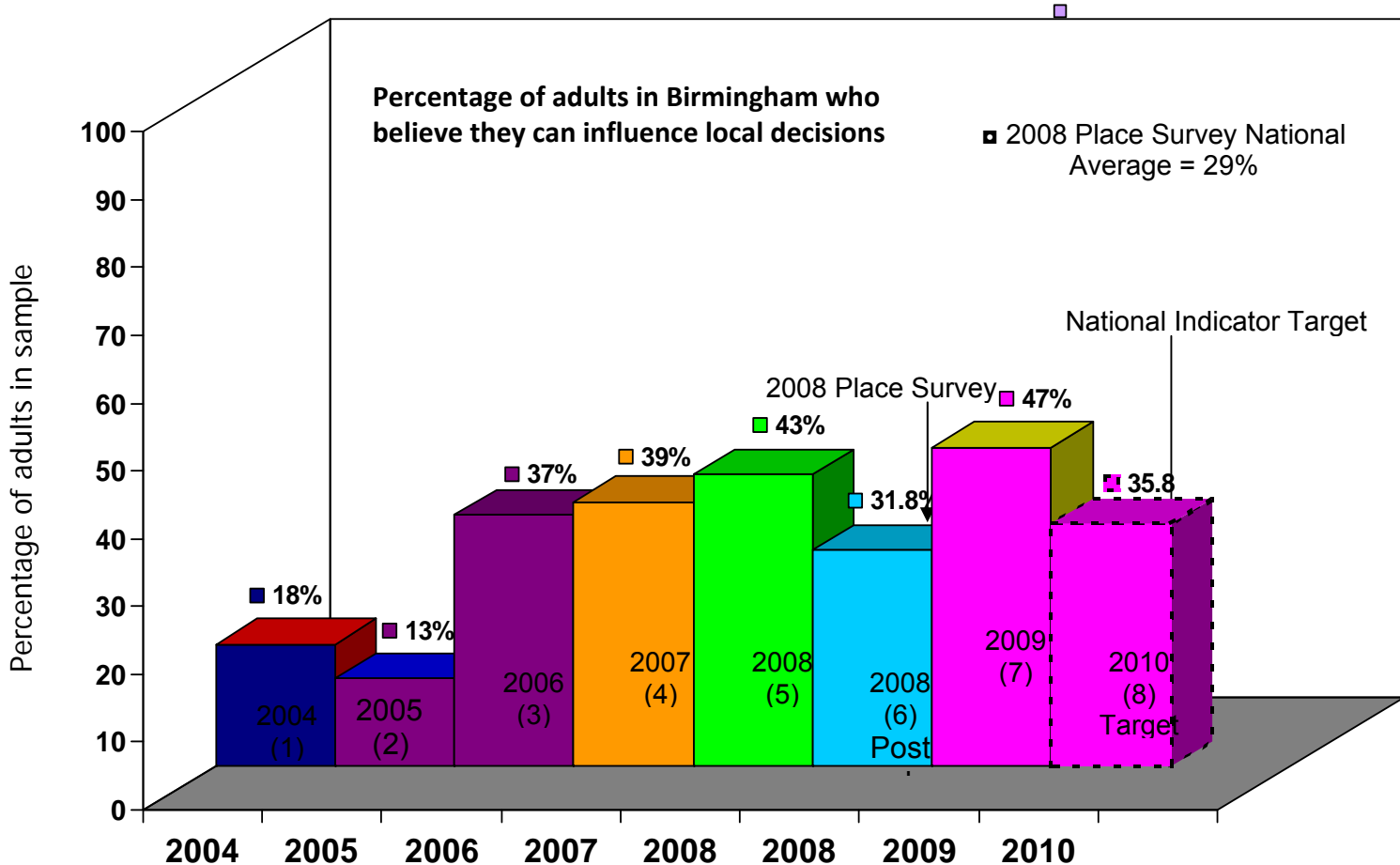


Chart references:

1.	Annual Opinion Survey 2004. 1,134 face-to-face interviews - at least 100 per each of 11 districts. (Birmingham City Council)
2.	Birmingham District Survey 2005. 2,904 completed Postal questionnaires (25% response rate) (Birmingham City Council)
3.	Local Area Agreement: Baseline Survey 2006. 5,099 Face-to-Face interviews (Birmingham City Council)
4.	Birmingham Opinion Survey 2007 (LAA survey) Face-to-Face 4,600 questionnaires with 1,400 additional in Neighbourhood Element Areas (Be Birmingham)
5.	Annual Opinion Survey 2008 (LAA survey). 8,000 Face-to- Face Survey responses but heavily weighted to respondents in the 25 Priority Neighbourhoods in the City in order to identify issues and concerns in these areas. Only 2,000 responses used to form the city-wide profile. (Birmingham City Council/Be Birmingham )
6.	Birmingham Place Survey 2008. 6,000 postal questionnaires sent out with 2,115 responses
7.	Birmingham Opinion Survey 2009 Over 8,700 but heavily weighted to respondents in the 31 Priority Neighbourhoods/clusters in the City in order to identify issues and concerns in these areas. Only 2,583 responses will be used to form the city-wide profile.(Birmingham City Council/Be Birmingham)
8.	National Indicator set. A target was set in 2007 for this % to be 35.8% by 2010
9.	National Place Survey. Standard questions set by Government for all local authorities to survey. This is included the ability to influence.

*For further information on these surveys please contact:*

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*Summary reports for all Birmingham surveys can be found on: <https://www.birminghambeheard.org.uk>*

The World Class Commissioning (WCC) competency on patient and public involvement sets out that Primary Care Trusts should “Proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health.” Over the last 2 years all the Birmingham PCTs have demonstrated improvement in this area.

### 3 CONSULTATIONS UNDERTAKEN 2009 - 2010

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<b>Family Support</b>					
<b>Community Outreach Family Support Service (COFSS)</b>	Formal consultation with the local community in Aston about the service provided by the COFSS programme which provides maternity support, tackling domestic abuse, helping with welfare support and promoting healthy eating to gauge experiences of users and identify areas for improvement.	HOBtPCT	Aston Pride community	An explanation of the variety of services offered on the COFSS programme was provided. The respondents highlighted that certain services were unnecessary i.e. childcare.	The delivery of service and specific service needs requested for are currently being reviewed.
<b>Breastfeeding</b>	Consultation on the investment of services to support breastfeeding as part of the Local Child Health Strategy to reduce health inequalities.	NHS BEN	Women in deprived areas in Shard End, Sheldon, Stetchford and Yardley North, Kingstanding and Tyburn. Men who had fathered a baby in the last 12-18 months.	Respondents provided insight into reasons behind choosing whether to breastfeed or bottle feed. Practicality and sharing of childcare responsibilities were main reasons for bottle feeding, whilst the benefits of mothers' milk and bonding were reasons given for choosing to breastfeed.	The views of the local people were used to shape the creative concept and delivery of the campaign to encourage women to breastfeed.

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<b>Maternity Services Review</b>	Formal consultation to get public views on three options relating to relocating maternity services from Sandwell Hospital to City Hospital; and get views on plans for a new midwifery unit in Sandwell.	HOBtPCT	Women of child bearing age across HoB Children's Centres, Birmingham LINK and voluntary sector organisations. 780 people completed and returned the questionnaire.	Option 1: All births except home births to take place at city hospital (preferred by 26% of people.) Option 2: All births except home births to take place at City Hospital and retain some specialist clinics at Sandwell Hospital (preferred by 24% of people.) Option 3: Temporary relocation of all births to City Hospital, setting up a community birth centre in Sandwell later on (preferred by 42% of people).	A co-located midwifery led unit is now open on the City Hospital site. A further site has been identified for a stand-alone Midwife Led Unit (MLU) Refurbishment work on the City site will begin in July 2010.
<b>Birmingham Women's Hospital maternity services</b>	Informal consultation to find out what patients thought of the maternity services provided at Birmingham Woman's Hospital, and service areas that could be improved.	NHS SB	Maternity Services Liaison Committee (groups of volunteers who have experience of the service).	A draft of the service specification, together with related updates and information from the monthly West Midlands Central Perinatal Group meetings.	Information from these engagement activities is helping the monitoring of progress towards agreed standards for all parents-to-be to benefit from improvements in maternity care.

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<p><b>Family Liaison Service</b></p>	<p>A consultation on the End of Life Care Strategy which gives people who are approaching the end of life more choice about where they would like to live and die.</p>	<p>NHS BEN</p>	<p>Local hospitals, carers and the public.</p>	<p>Proposals on the development and improvement of NHS services for end of life care.</p> <p>Feedback showed a need:</p> <ul style="list-style-type: none"> <li>• for a wider range of services which would enable people to be treated at home</li> <li>• to promote independent living</li> <li>• to provide dignified choices for people about where they receive care, and how and where they die.</li> </ul>	<p>A Family Liaison Service has been set up to link all services that interact with patients who are at the end of life. Services were piloted in Kingstanding and Sutton Coldfield, with plans to roll out the service across Birmingham East and North in 2010.</p>

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<b>Sexual Health</b>					
<b>Reproductive and sexual health service</b>	Consultation to identify patient needs, and inform the new service planned at Kings Heath	HOBtPCT (as city lead for sexual health services)	Service users and Kings Heath residents	Information on existing sexual health services available in the local area and other parts of the City	Findings from the consultation will inform future sexual health service provision
<b>HIV in African communities</b>	Community engagement to understand preferred location and opening times of local HIV Fastest Clinic, the current awareness levels for other sexual health services and barriers to HIV testing	HOBtPCT	African communities in Birmingham	Information pack with HIV awareness and project details provided to attendees. Feedback raised cultural sensitivities to be aware of when discussing illnesses/sexual health with ethnic communities	Results are currently being analysed, and will be shared with partners e.g. African Forum, Birmingham HIV partnership etc
<b>Gynaecology</b>	A formal consultation via focus groups, to get views on the proposal of bringing gynaecology services into the community, and encourage them to inform the PCT of considerations such as parking and reduced hospital visits.	HOBtPCT	Women of childbearing age living in the Heart of Birmingham.	The focus groups highlighted a preference for a female practitioner and the initiation of a support group for women to be educated on gynaecological conditions and share experiences	An outpatient gynaecology service is now in operation at Greet Health Centre, delivered by a full female team of gynaecologists, sonographers and administrative staff

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<b>Improving health experiences</b>					
<b>Patient Experience Baseline Audit</b>	An audit of how patient and public involvement is put into practice by service managers and clinical leads	HOBtPCT	Service managers and clinical leads	A letter explaining the purpose of the exercise was sent to service managers and clinical leads	Results are currently being analysed and will be used to develop improved systems e.g. database to capture patient and public engagement and resulting actions
<b>Patient Satisfaction Survey</b>	A survey to understand patient satisfaction with services received from Community Staff such as District Nurses, Health Visitors and GPs.	HOBtPCT	Patients living in the Heart of Birmingham.	The highest levels of satisfaction were expressed by those who have used the Chronic Obstructive Pulmonary Disease service, with lowest levels from Physiotherapy patients. There was room for improvement identified in service access with people finding difficulty in contacting staff/reception to make appointments, and staff failing to return messages.	Action plans have been developed by services or are currently in progress.

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<b>Improve your NHS experience</b>	Patient and public involvement activity to get views on a new process designed to improve the quality of healthcare services in Birmingham.	NHS SB	85 South Birmingham residents.	The themes which emerged provided a focus for further work in areas such as the provision of access and support, hygiene and cleanliness and acting on feedback.	Quality issues raised are regularly monitored, and improvements made. NHS South Birmingham has used results to inform decisions with healthcare providers.
<b>Tender process for Incontinence products</b>	Formal consultation on the choice of incontinence products, involving patients who suffer from incontinence.	HOBtPCT	Patients known to the incontinence team	Written information explaining objective of the exercise, and different types of products to try. There was overwhelming positive response towards one (superior) product.	The tender was awarded to an alternative provider despite the higher cost.
<b>Mental Health and Wellbeing</b>					
<b>Personality disorder (PD) services: Main House consultation</b>	Patients and service users were asked if the current service was effective and if it met patient's needs.	NHS BEN	Patients and service users	Respondents were provided with information on the current service provision at Main House.	The service was decommissioned in order to move to an alternative model of care
<b>Mental Health Accommodation, Care and Support</b>	Formal consultation on new provisions of mental health accommodation in order to provide more choice on the current provision of council	BCC	Birmingham residents.	The public consultation highlighted the need to reshape current services so they fit better with current needs and	Birmingham City Council and Health Service Commissioners are working closely to test alternative ways to

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
	services.			lifestyles.	provide accommodation, care and support to those who require residential care.
<b>Mental Health Day opportunities: A new way of working.</b>	<p>Consultation on the implementation plan to put a new service model for mental health day opportunities into practice.</p> <p>The consultation included the proposed changes to be made and the length of time it will take</p>	BCC	Current users, their carers, and stakeholders	A significant number of people were still unsure about the concept of “more choice and control”, specifically around direct payments and individualised budgets and positive response to Resource Hubs.	Results were reported back to BCC Cabinet in October 2009, and approved. The new STaR worker service is now underway.
<b>Improving Mobility</b>					
<b>Falls and Fracture Prevention</b>	A consultation was carried out to understand user experiences in the falls prevention programmes, and identify areas for improvement.	NHS SB	Patients, carers, public and staff who receive and deliver these	The consultation highlighted the need for improved dissemination of information to the right people at the right time	As a result, a letter was written to Travel West Midlands highlighting the need for drivers’ consideration for older

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
			services.	and the provision of training for staff delivering the programmes.	passengers on board when using their brakes; and a workflow for improvement monitoring is in development.
<b>Rheumatology</b>	All PCTs engaged with local population representatives who are living with rheumatoid arthritis and stakeholders who are involved directly or indirectly with the care of these patients.	All PCTs	City-wide, with patients who suffer from rheumatoid arthritis, and stakeholders who are involved directly or indirectly with care.	Feedback showed that proximity of surgery, and a nurse-led service were important factors in service delivery.	HOB - Outpatient rheumatology clinic set up in Greet Health centre NHS SB – Led to informing service specifications. NHS BEN – Results of consultation will be used to inform the business case for service redesign.
<b>Improving Standards</b>					
<b>Complaints Policy Review</b>	Informal consultation on the development of a new complaints policy in response to the Department of Health's reform of the NHS complaints system.	NHS SB	Staff and members of Public Involvement Action Group.	A copy of the proposed revised policy was distributed for feedback.	The new complaints policy is now implemented following input from patients and staff.

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<b>Standards for Engagement</b>	Standards for Engagement (SfE) is a guide for partners engaging with local people about health and care decisions to make sure local engagement was; of a high quality, that partners shared their findings and worked efficiently together, avoided duplication or needless repetition in their engagement.	All PCTs and Birmingham Health & Wellbeing Partnership (BHWP)	Local people and stakeholders	People welcomed the introduction of common standards for engagement for health and social care across Birmingham. However, there were some concerns that they might be aspirational in terms of delivery timescales, and the lack of implications should they not be adhered to.	Comments and suggestions helped to shape the final Standards. BHWP partners are contributing to the development of ten core minimum standards for consultation. Be Birmingham local organisations are working to consult together and to help local people understand what they can expect from taking part in local consultations
<b>Publications: Your Guide to Local Health Services, Live Well, Annual Report</b>	Engagement was carried out by all PCTs to find out what people would like to read around health and health services and how to ensure they are public-friendly/accessible documents  NHS BEN's 'Health News' for example, was piloted in a new	All PCTs	Local population	Positive feedback was received, with suggestions for improvement for future articles and for NHS BEN, preferences for case studies to be included in certain publications.	Feedback was used to inform sections of the publications, and reinforce the use of plain English.

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
	way to target the specific needs of local communities and evaluated via a questionnaire in the publication and also by a series of focus groups.				
<b>Common Assessment Framework: inter-agency child protection</b>	<p>The Common Assessment Framework in Birmingham is an important step towards an integrated approach to working with children, young people and their families.</p> <p>The consultation was about improving the way service providers work not just in their role in protecting children from harm, but also in addressing the needs of all children across the city.</p>	HOBtPCT	Service users	People were not familiar with the framework, or what it was which highlighted the need for more effective communications.	Plans are in development for customer satisfaction kiosks across services, as well as monthly ad-hoc consultations and focus groups to find out if it is working and identify areas for improvement
<b>NHS Constitution: Additional Patient Rights</b>	The NHS Constitution aims to provide an overview of what the NHS does. This consultation was about the possible addition of two new rights to the Constitution and the introduction of the new role of Constitution Champion, along with a number of potential patient rights for the	All PCTs	Patients, local residents and communities, GPs, staff	There was positive response towards the shift in emphasis from targets to patients rights	The majority of consultees agreed that there should be additional patient rights. A report was written and submitted to the Strategic Health Authority (SHA) in January 2010 who in

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
	future.				turn submitted it to the Department of Health (DOH).
<b>Health Management</b>					
<b>Cardiology</b>	Formal consultation on the proposal to introduce a cardiology service in the community.	HOBtPCT	Patients and local residents of Sparkbrook.	Highlights include the importance of close proximity to patient's homes, and the flexibility of appointment times.	Resulted in the development of an outpatient cardiology service at Greet Health Centre.
<b>Primary care anticoagulation</b>	Consultation on the redesign of the Warfarin pathway to enable patients to receive primary care service for testing and medication, and improve the quality of a locally-led service delivery	NHS BEN	119 anticoagulation service users.	Highlights include the importance of close proximity to patients' homes, consistent clinical staff, home visits for those with mobility problems, and a positive reaction to having a local clinic	A practice based anticoagulation service is now developed for Shard End, Stetchford and Yardley North and Sheldon, with plans to roll out across Birmingham East and North
<b>Personal Health Budgets - Diabetes</b>	Personal Health Budgets (PHBs) explore the potential for patients to become further involved in directing their own care through the management of their own Personal Health Budgets.	NHS SB	Diabetic patients of a single surgery located in one of the most deprived areas in the city	Patients were presented with a draft "Menu of Services" to comment and feedback on, and suggest other services for consideration	A toolkit was developed to better manage PHBs.

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<b>Immunisation</b>	Consultation to promote and educate on the benefits of HPV immunisation amongst females.	NHS BEN	Families with young children	Suggestions included having the vaccination team target vulnerable children through schools, and provide emergency vaccinations to the population when needed.	NHS BEN is now working closely with school nurses to deliver the vaccines, and has a dedicated immunisation team working with the community.
<b>Barriers to Access</b>					
<b>Saheli Social Enterprise</b>	Consultation to understand cultural barriers amongst Asian women when trying to access local leisure services.	NHS BEN	Over 100 Asian women who utilised the facilities offered by Saheli.	Location was highlighted as being of utmost importance, along with the need for a “women only” leisure facility in the area.	NHS BEN is working closer with Saheli to provide improved access to health and leisure services
<b>Community Health Event</b>	Consultation to find out the barriers faced by people when making healthy lifestyle and food choices.	BCC	Birmingham residents.	Busy lifestyles and assumed costs associated with leading a healthy lifestyle (food and gyms) were the main deterrents to choosing healthy options.	Prompted the Neighbourhood Working Group to raise the profile of mental and emotional health as having direct links to a healthy diet and exercise
<b>Newly Arrived Migrants and their Health Needs</b>	A growth in newly migrant communities in the city prompted a consultation to understand barriers faced by	BCC	Migrant support groups.	The consultation found that accessing health information was poor in these communities	PCTs across the city are reviewing GP registration data to map new migrant

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
	communities in adapting to life in the UK.				settlements.
<b>Health and wellbeing for lesbian, gay, bisexual and transsexual (LGBT) people in Birmingham</b>	Engagement to understand health and social care priorities for LGBT people living in Birmingham.	BHWP	Lesbian, gay, bisexual and transsexual people living in Birmingham.	LGBT people felt current health and social care provision did not meet their needs. They were concerned about mental health issues, and high incidences of domestic violence and hate crimes.	Further research will be conducted into the health of LGBT people for targeted interventions. Training for health and care staff. A resource hub for advice on health and social care.
<b>Health Promotion</b>					
<b>Lighten Up</b>	Engagement activity to gauge the success of weight loss programmes currently offered to adult and child patients with a BMI of above 29.	NHS SB	Patients in South Birmingham with a BMI of 29 and above, and are referred to the service by their GP; staff and stakeholders	Success was measured by looking at the take up in each programme offered, and it was discovered that not all were as effective.	A children's weight management programme was scaled-up to meet demand, and the adult weight loss services were streamlined to focus on the three most successful programmes – Weight watchers, Rosemary Conley, and Slimming World

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<b>Stop Smoking Services</b>	Consultation, comprising of six focus groups, to find out barriers faced by smokers when trying to quit on their own and with NHS intervention and the main motivating factors to keep smoking /stop smoking.	All PCTs	Patients who are smokers - half the group smoked 10-20 cigarettes per day and half smoked 5 -10 cigarettes per day.	The audience strongly disliked the control smoking held over them and the feeling of being unable to quit as well as becoming de-motivated by unsuccessful attempts to quit.	Results helped enable Stop Smoking teams to identify areas that were working, not working and also shape targeted social marketing campaigns that were run locally
<b>Tuberculosis (TB) Awareness</b>	Engagement activity to understand levels of TB awareness in communities, and how best to improve this.	HOBtPCT	Focus groups made up of Somalis and Pakistanis living in Heart of Birmingham.	Cultural awareness was a key highlight in the discussions	Results showed that cultural sensitivities and religious traditions needed to be considered when discussing illnesses in communities of different ethnicities.
<b>Developing Primary and Community Services</b>					
<b>Washwood Heath Urgent Care Centre</b>	Consultation on the creation of new urgent care centre in Washwood Heath, following the success of Warren Farm Urgent Care Centre.	NHS BEN	The population of Washwood Heath.	Feedback showed the importance of embedding cultural diversity in service provision and understanding local service needs	The findings helped inform the recruitment of staff with specialised skill sets that would benefit the community, such as local language skills and cultural know-how

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<b>Greet Outpatients and Diagnostics Centre</b>	Consultation to discover patient views on ease of access and the proposal of relocating current premises; and seek ideas on additional services for consideration	HOBtPCT	Outpatients of Greet Health Centre	Highlights the importance of flexible appointment times, and a wider service provision for Ophthalmology and Audiology	The PCT is now prioritising Ophthalmology and Audiology as a service, as well as phlebotomy
<b>Park House Residential Rehabilitation Unit</b>	Consultation on the development and planning of the new rehabilitation unit	HOBtPCT	Service users, local community and stakeholders	People were asked about their fears and concerns about having a rehabilitation unit in the community, and were very involved in key decisions such as the promotion of the unit to potential service users	Views have shaped the design and furnishing of the unit, as well as in the commissioning of service providers
<b>Right Care, Right Here - Phlebotomy</b>	Consultation to check views on the need for a phlebotomy service at Greet Outpatients and Diagnostic Centre.	HOBtPCT	Outpatients of Greet Health Centre.	Phlebotomy was highlighted as a needed service.	The PCT is now prioritising Ophthalmology and Audiology as a service provision, as well as Phlebotomy.
<b>Drug Treatment System Review</b>	Informal consultation to get feedback on effectiveness of current substance misuse services, and be made aware of any barriers to access.	HOBtPCT	Commissioning partners, service users, local service delivery groups and	Results reinforced that more needs to be done to enhance recovery agenda.	Tier 4 detox/rehab centre now opened. Recovery group established. Increased access to recovery centre. Working towards

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
			clinicians.		increasing referrals to Job Centre Plus
<b>Erdington Health &amp; Wellbeing Centre</b>	Consultation to understand the local communities' awareness of health services on offer in and around the Erdington area.	NHS BEN	Residents living in deprived neighbourhoods in Birmingham East and North.	Results showed that an improved signposting service would be welcomed to help direct residents to the right service for their needs at the time.	Erdington health and Wellbeing Centre opened in July 2010, offering effective and relevant health and signposting services for the local community
<b>Primary care discharge unit – Urgent Care Project</b>	Consultation to discover levels of understanding around urgent care service provision and access.	NHS BEN	9 focus groups made up of patients and public living in Birmingham East and North and Solihull.	Main insight was how social and demographic factors were main influences in people's choices.	The Urgent Care Project Board is considering the development of a Primary Care Discharge Unit at Good Hope Hospital.
<b>Witton Community Centre</b>	Formal consultation regarding the renovation of Witton Community Centre by Aston Pride, in order for the premises to be used for the delivery of health services.	HOBtPCT	Community of Witton.	Information about the proposal to renovate Witton Community Centre by Aston Pride, in order for the premises to be used for the delivery of health services.	Aston Pride has since renovated the centre following approval from the local community, and health services requested for are currently being commissioned.

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<b>Equitable Access to Primary Care in Summerfield</b>	Formal consultation on the proposal of providing a new GP practice and urgent care centre at Summerfield Primary Care Centre.	HOBtPCT	Patients, GPs, community groups, residents and the public.	A consultation flyer and presentation with information on the plans for a new GP surgery and urgent care centre.	Outcomes from the consultation informed the service specifications for the new GP practices e.g. opening hours and the preferred language skills of GPs and staff.
<b>HOBtPCT Primary Care Centres: Farm Road Primary Care Centre, Sparkhill Primary Care Centre, Colston Primary Care Centre.</b>	Consultation around the potential development of primary care centres in Sparkhill, Sparkbrook and Attwood Green.	HOBtPCT	Residents and patients of Sparkhill, Sparkbrook and Attwood Green.	Local residents welcomed the prospect of having health services in the community, closer to where they live.	Engagement with these communities has influenced locations, designs and plans as well as the types of health services provided
<b>Transforming Community Services (Beds Review)</b>	NHS South Birmingham engaged with patients to ask if they would prefer care to be delivered in their home (where appropriate), or a bed in a community hospital setting.	NHS SB	500 local people, including patients and carers.	All comments supported the PCT's investment to focus on providing care in the community (i.e. community nurses).	Funding was switched from the provision of 30 community beds to community staff providing care in patients' homes.
<b>Wake Green Surgery</b>	Consultation on the development of new premises for Wake Green Surgery	NHS SB	All patients of Wake Green Surgery	Patients were given information on the proposal to move the surgery to the old Bristol	Actions will be determined following the announcement of the planning decision.

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
				Motors site, which included floor plans. Over 95% of respondents were supportive of the move and the proposed plans	
<b>Shilpa Medical Centre</b>	Engagement exercise to determine next steps for patients, following removal of lead GP from NHS SB performers list	NHS SB	All patients of Shilpa Medical Centre	Patients were given the choice of either supporting the PCT in the tender for an alternative provider, or be assisted with registration at an alternative GP. 66% were in favour of proceeding with the tender, 34% preferred to register with a new GP	Developments following the consultation showed that services being provided from Shilpa Medical Centre would have to cease. As such, all patients are now in the process of being dispersed
<b>Dental Access</b>	Consultation across the city to improve access to NHS dental appointments through gaining understanding of barriers faced when trying to access dental services and identifying service areas that need improvement.	All PCTs	Birmingham residents, local communities and health groups.	Each PCT provided information regarding needs assessment and schemes proposed and invited feedback on proposals as well as improving dental care generally. There was a significant interest in the	Additional Dental services are being provided through existing and new dental care providers subject to procurement. Each PCT is addressing a range of issues from information and quality outlined within each

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
				consultation and concern about the national timescales set. Key feedback from local people mostly reinforced areas of need and highlighted issues on accessibility, quality and information.	local report.
<b>Dental Hospital Consultation</b>	<p>There is a need to develop a clear commissioning plan for the delivery of hospital dental services.</p> <p>We wanted to know whether patients and the public were in support of or opposed to/ had concerns about the proposal of having a new dental hospital in Birmingham.</p>	All PCTs	Patient groups, Birmingham LINK, OSC, dental hospital patients and members of the public	There was general support for a new dental hospital in Birmingham. However, there were concerns about accessibility and parking. Comments were also made about who would benefit most from any proposed relocation of the dental hospital i.e. the University, Students, clinicians or patients.	A report was compiled summarising the feedback received from patients and this report was included in the business plan for the new hospital.
<b>Health Technology</b>					
<b>Summary Care Records</b>	Information dissemination exercise about how the NHS will store and manage patients' records.	ALL	HOB GP patient groups, Older Peoples'	Highlighted concerns patients had about security and privacy of data, especially for ex-	Patient literature has been improved and other issues feedback nationally.

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
			Reference Groups.	prisoners, and sensitive medical conditions such as mental health problems.	
<b>Personal Health Assessment online</b>	Online engagement on the Personal Health Assessment - an online tool on NHS SB's website which provides people with 24 hour access to health information.	NHS SB	396 individuals who registered for a Personal Health Assessment	88% of respondents said they would recommend the online health assessment to friends.	The user journey has been made simpler through the reduction of online stages.
<b>Wound Care Telemedicine</b>	A pilot programme to support the extension of the Leg Ulcer Telemedicine service to other localities in Birmingham East and North.	NHS BEN	Patients who were receiving the Leg Ulcer Telemedicine service.	Findings highlighted the need for improved service co-ordination and consistent provision of care, as delays in healing reduces quality of life for patients and their families.	Due to issues such as clinical and cost effectiveness, improvements will now form part of the community service redesign.
<b>Tele-monitoring Equipment</b>	Engagement activity to test new tele-monitoring equipment which acts as a patient-controlled health diary; information is monitored by Community Teams who are then able to flag up and act on any signs of condition deterioration.	NHS SB	50 patients with respiratory problems and 50 patients with Coronary Heart Disease (CHD)	Equipment was tested and patients found it to be complicated and not user-friendly. CHD patients welcomed the idea of Bluetooth technology, instead of manual uploading.	Adaptations were made to the tele-monitoring equipment following suggestions made by focus groups.

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<b>Local Strategy</b>					
<b>Living Well Living Longer in South Birmingham</b>	A 5 year strategy highlighting changes in the way NHS SB managed peoples' health and wellbeing. Various forms of public engagement took place to get views on the refresh of the PCT's strategy and plans	NHS SB	Members of the public living in South Birmingham, patient and public groups	Highlighted need for continuous engagement and patient and public involvement, especially in areas of change	Feedback continues to shape plans, particularly around procedures of lower clinical value
<b>Pan Birmingham PCT Review</b>	Consultation to discuss best ways to strengthen joint working to tackle health needs, develop more robust commissioning arrangements, and meet significant reduction in management costs over two years.	All PCTs	Birmingham residents	Highlighted need for continuous engagement and patient and public involvement, especially in areas of change.	Following the publication of the White Paper a decision to merge the PCTs was reviewed and deemed no longer appropriate.
<b>Practice-based Commissioning</b>	Informal consultation on the distribution of power and influence to clinicians, and the importance of maintaining public involvement in plans and developments affecting local communities.	HOBtPCT	Patient Network members in Soho and One Stop.	Patients were pleased that Audiology, ENT (ear, nose and throat), Ophthalmology and X-ray services would be delivered closer to home, with improved appointment systems.	Services currently being developed with input from patients and public.

<b>Consultation</b>	<b>Summary</b>	<b>Lead organisation</b>	<b>Who was consulted</b>	<b>Information provided/feedback</b>	<b>What we have done/need to do</b>
<b>Influencing Commissioning in Health and Social Care</b>	Consultation commissioned by Glamorgan University and the Welsh Institute for Health & Social care to find out what the public wanted and expected from the Birmingham Local Involvement Network (LINK), and how they could support cross-partnership working with the 3 PCTs, the City Council, the Local Strategic partnership and Be Birmingham.	All PCTs	PCT staff, Birmingham City Council Staff, voluntary sector representatives and members of Birmingham LINK.	Feedback showed LINK added value to patient and public involvement.	Resulted in the production of a set of operating criteria for LINK and commissioners.

Consultation	Summary	Lead organisation	Who was consulted	Information provided/feedback	What we have done/need to do
<b>Current and Future Consultations (not within April 2009 -2010)</b>					
	Maternity Services Consultation			NHS BEN (in partnership with Solihull NHS Care Trust)	
	Cystic Fibrosis			NHS BEN	
	Carers Consultation (completed Summer 2009)			NHS BEN	
	Consultant Led Integrated Knee Service (CLIKS)			NHS BEN	
	Enhanced Self management Service			NHS BEN	
	Mental health – Access and Wellbeing			NHS BEN	
	Breast Screening			NHS BEN	
	New website for West Midlands Specialised Commissioning			NHS BEN	
	Secure Services Strategy 2010-2015			NHS BEN	
	Living Well Living Longer - Difficult time, difficult choices: Getting best value from NHS resources			NHS SB	
	Live Well and publications evaluation			NHS SB	
	Assisted Conception			All	
	Pharmacy Needs Assessment			All	
	Dementia Strategy			All	
	Out of Hours			All	
	Transforming Community Services: Provider/Commissioner split			HOBtPCT	
	Rapid Release Guidelines			HOBtPCT	

## **4 CONSULTATION SUMMARIES 2009/2010**

### ***4.1 FAMILY SUPPORT***

#### **Community Outreach Family Support Service (COFFS)**

The COFFS is a flagship initiative within the Aston Pride New Deal for Communities Health Theme, and plays a key role in steadily improving the health and quality of life enjoyed by residents of Aston, one of the more culturally rich, yet deprived areas of Birmingham. They provide a variety of services, from maternity support through to tackling domestic abuse, helping with welfare support and promoting healthy eating. All local residents are able to access any aspect of any service at any time and accessing the full range of services is proactively encouraged.

Heart of Birmingham teaching PCT consulted with the local community in Aston about the service provided by the programme to gauge experiences of users, and identify areas in the programme where there was room for improvement.

The engagement showed that a high proportion of people consulted would access services via COFFS only if they needed to, and felt comfortable going to their GP surgery for family services. It also highlighted that there was little need for childcare to be offered to users accessing this service, freeing up funds to be used more efficiently elsewhere.

#### **Breastfeeding**

Since 2003/04, each PCT has been required to submit quarterly information on the number of births, showing how many mothers initiate breastfeeding, and how many do not.

There are support groups in Birmingham for mothers who breastfeed. Poplar Road Health Centre in Kings Heath is usually busy on Fridays and Allen's Croft Baby Centre on Wednesdays, with new mums and babies.

NHS BEN spoke to local women (and some of their partners) who live in deprived wards including Shard End and Tyburn to understand what it was that motivated mothers to either breastfeed or bottle feed. The convenience and sharing of childcare responsibilities were main factors for opting to bottle feed, while the health benefits of mother's milk and mother-child bonding was cited as good reasons to breastfeed.

The views gathered have helped shape the promotional campaign to encourage more women to breastfeed.

### **Maternity Services Review**

In order to understand women's experiences of maternity services, Birmingham PCTs carried out consultations locally, focusing on the choices women have been offered of where and how to give birth, in relation to issues of current service provision and giving birth safely.

Conversations carried out by NHS South Birmingham with patient groups, and Heart of Birmingham teaching Primary Care Trust with parents and grandparents-to-be were encouraging, and centred around the growing momentum right across the service to drive up the quality of maternity care and tackle challenging issues around capacity.

As a result of this, all PCTs are improving maternity service specifications through better contract agreements and new facilities e.g. Midwife Led Unit (MLU).

### **Birmingham Women's Hospital maternity services**

Birmingham Women's Hospital was keen to know what its patients thought of its service and how it could improve. The Department of Health recognised the lack of service user feedback within the NHS and established Maternity Services Liaison Committee (MSLC), groups of volunteers who have used the service and had positive and negative experiences, to provide an unbiased consultation to the commissioning bodies and the service providers.

The MSLC were invited to comment on a draft service specification of the maternity services. As a result of the engagement activity, NHS South Birmingham, together with the Maternity Services Liaison Committee are working together to provide ongoing updates on developments in local maternity services, and monitor progress towards agreed standards so that all parents and parents-to-be benefit from improvements in care.

### **Family Liaison Services**

The End of Life Care Strategy promotes the high quality care for all adults at the end of life. Its aim is to provide people approaching the end of life with more choice about where they would like to live and die.

A consultation was carried out by NHS BEN to understand the views of local hospitals, carers and the public to help inform decisions on what additional services were needed, and where.

The engagement highlighted the need to provide wider choices about how and where patients receive their care, and afford people the ability to be able to live independently at home in the last year of their life.

#### ***4.2 IMPROVING SEXUAL HEALTH***

Good sexual health is an important aspect of health and wellbeing, and it is vital people have the information, the confidence and the means to make choices that are right for them, regardless of their age, gender, ethnicity, sexual orientation, religion, belief or disability. It helps people to develop positive relationships and enables them to protect themselves and their partners from infections and unintended pregnancy.

In order to make sure our local communities are kept involved and informed of local services provided for sexual health, consultations were carried out at a local level as follows:

##### **Reproductive and Sexual Health Service and Gynaecology**

The population of South Birmingham was asked their views on existing services and what they felt was important for consideration for sexual health service provision.

A targeted consultation around gynaecology was carried out with women of childbearing age living in the Heart of Birmingham area.

The consultation informed us that people were happy to visit their local GP for sexual health services, while a few would be happy to travel into the city centre if necessary. A high proportion of women who responded to both consultations expressed a keen preference for a female practitioner where possible.

The consultations highlighted that more could be done to promote the services offered as people were not aware of them. A report was submitted to NHS South Birmingham commissioners to enable them to plan how this service could be better supported in the future.

##### **HIV among African communities**

Communities must be at the heart of improving health if we are to tackle the health challenges we face. A targeted consultation was done by Heart of Birmingham teaching PCT with African communities in Birmingham to raise awareness of HIV and the types of sexual health services offered by the local Primary Care Trust.

The information gathered is being used to inform future commissioning decisions for community-based clinics, particularly around opening hours and locations, whilst fostering greater understanding of the cultural barriers that may be preventing this community from getting tested.

### ***4.3 IMPROVING HEALTH EXPERIENCES***

The Government is committed to creating health and social care services designed around customer needs and experiences, where local involvement is part of everyday practice and where people's voices lead to action for improvement. Increasingly, the views and experiences of patients, users, carers and the wider public will be the key driver of decision making across the health and social care system.

Customer experience information is central to informing commissioning, service design and policy decisions. PCTs regularly gather feedback from patients on various aspects of their experience of care, across a variety of healthcare services and settings. This is to ensure services offered meet evolving patient needs, and our organisations are aware of areas that might need attention or improvement. Some examples of consultations done to improve health experiences are as follows:

#### **Patient Experience Baseline Audit**

Heart of Birmingham teaching PCT engaged with managers and clinical leads to identify what information was currently being collected by them, how this was likely to change in the future, and how patient/user feedback and public engagement could be included into everyday ongoing activity.

#### **Patient Satisfaction Survey**

All PCTs conduct patient satisfaction surveys, with local hospitals running regular patient experience surveys.

The Patient Satisfaction Survey is an annual independent patient telephone survey that is part of an ongoing development of patient-centred quality health care services carried out across the heart of Birmingham area. Its objective is to improve patient experiences of health care and meet the needs of the diverse population of inner-city Birmingham.

The consultation has been extensive with satisfaction levels rated highly, and opportunities for improvements identified in the provision of Out of Hours information and information sharing.

## **Improve your NHS Experience**

An engagement event took place at the Botanical Gardens in the summer of 2009 for patients and the public to give their views and support to a new process designed to improve the quality of healthcare services in South Birmingham.

The themes which emerged from the event provided a focus for further work in areas such as the provision of access and support, hygiene and cleanliness and acting on feedback which has, among other things, helped NHS South Birmingham to agree terms for contracts with various healthcare providers across the region.

As a result of this, the areas of quality which matter to patients are now regularly monitored, and areas for improvements acted upon. The experiences of patients are collected and reported on.

## **Tender process for incontinence products**

Heart of Birmingham teaching PCT engaged with incontinence patients to sample an array of incontinence products.

The engagement uncovered that the current incontinence product supplied was not as popular when placed against competing products. As a result, the supplier of the one product that received an overwhelmingly positive response from the patients was awarded with the contract to supply the PCT despite the costs being higher in comparison to the current provision.

## ***4.4 MENTAL HEALTH AND WELLBEING***

Mental health problems can affect anyone, rich or poor, young or old. One in four of us will experience such problems at some point in our lives, with mixed anxiety and depression being the most common mental disorder in Britain.

Maintaining good mental health is important because it influences how we think and feel about ourselves as well as others. It can also affect how we deal with everyday life events, such as relationships and coping with change. Looking after our mental wellbeing is just as vital as looking after our physical wellbeing.

The mental health and wellbeing of the population of Birmingham is important, and it is a priority for healthcare providers to understand patients' needs and improve the quality and accessibility of services for people with poor mental health. Last year, we looked to discover how we could improve, and consultations were carried out in these areas:

## **Main House**

Main House is a specialist unit based in Northfield that uses a democratic therapeutic community model as a way to deliver services for people with personality disorders, and severe and complex mental health needs.

This specialist service took patients from across the country and in the last two years took only two residents from Birmingham. NHS BEN, as lead commissioners for mental health services across the city and the host of the pan-Birmingham mental health commissioning team, supported this consultation alongside Birmingham and Solihull Mental Health NHS Foundation Trust.

Service users and staff were provided with information on the current service provision, and asked their views on the efficiency of provision of current services.

As a result of the consultation, the PCT is now in the process of reviewing Personality Disorder Services across the West Midlands to address the needs of the population and to decide how the therapeutic and democratic community model might contribute to the provision of these services.

Having carefully considered the outcome of the consultation and the commissioning context, it was concluded that Main House residential service was no longer financially viable and therefore, with regret, should now be closed.

## **Mental Health Accommodation, Care and Support**

Birmingham City Council consulted with the public on alternative ways to provide mental health accommodation as it was felt the current mix of accommodation based care and support did not give service users sufficient choice in the type of accommodation they lived in or the type of support they received.

A public consultation took place 3 August 2009 - 31 October 2009 and highlighted the need to re-shape current services to fit better with needs and lifestyles.

The findings from the consultation resulted in a joint working strategy between Birmingham City Council and Pan Birmingham Commissioners to deliver on a project that would test alternative ways of providing accommodation, care and support to those who require residential care.

## **Mental Health Day Opportunities, A New Way of Working: Implementation Plan**

Birmingham City Council consulted with the public on their plans to put the new service into practice. In September 2008, Birmingham City Council Cabinet approved a new model for mental health day opportunities. The Council, with service users and staff, have planned in detail the changes that needed to happen and how and when this would take place, this was called the Implementation Plan.

A public consultation took place from 22nd May to 19th August 2009 and generally received positive responses. In October 2009, Birmingham City Council Cabinet approved the plan.

The plan has been put into place and service users and staff have been supported through the changes. In December 2009 the staff became known as STR workers with the new service being called the STaR Service where workers provide Support, and give Time to the service user which in turn, helps promote their Recovery.

### ***4.5 IMPROVING MOBILITY***

In order to live independently, it's important to feel safe and comfortable. Physical activity is important to maintain health and fitness, whilst helping to nurture social networks and self esteem. However, not all of us are as mobile as we would perhaps like to be.

We all 'trip' and 'slip' but can normally right ourselves relatively easily and safely; however, at some point there are losses in the ability to correct this due to our balance mechanisms (intrinsic) because of declining balance, co-ordination or strength. The evidence for the promotion and provision of safe, effective, exercise to prevent falls is strong, and consultations were carried out in the following areas:

#### **Falls and Fracture Prevention**

NHS South Birmingham engaged with patients, carers, the public and staff who deliver these services in order to understand user experiences and identify areas for improvement. People were asked about their journey - from assessing initial information about different services, to what they felt would be worth considering as additions to the current service provisions on offer.

The results were extensive and highlighted immediate quick fixes, such as making sure NHS South Birmingham Falls Prevention website is utilised effectively for information dissemination and writing to Travel West Midlands to ensure bus

drivers are braking with consideration for older passengers as they make up a group who are more dependent on public transport. Work is also ongoing to look at improvement in monitoring.

## **Rheumatology**

All PCTs engaged with local population representatives who are living with rheumatoid arthritis and stakeholders who are involved directly or indirectly with the care of these patients.

Patients living in the Heart of Birmingham were asked about their views on the service being provided through a community health centre and on matters which were important considerations, such as ease of access in terms of public transport and parking. Patients were also asked if they would welcome making fewer hospital visits to receive this service.

The consultation discovered the importance of proximity of the centre to patients' homes, and showed a positive reaction to the proposal of a nurse-led service. A direct result of the feedback has led to the establishment of an outpatient rheumatology monitoring service at Greet Health Centre.

In South Birmingham, a meeting was held with GP Practices to discuss the new and revised Rheumatology Local Enhanced Service (LES) following letters sent to practices to gauge the level of interest in providing this service.

As a result, the consultation has informed the development of service specifications in South Birmingham, the plans for implementation and a patient experience/satisfaction questionnaire.

In NHS BEN, consultation was undertaken with patients living with rheumatoid arthritis to inform the business case for service redesign.

## ***4.5 IMPROVING INFORMATION AND ENGAGEMENT***

PCTs and the Local Authority are working closely to improve standards of information and to improve the way we engage with people. Public organisations' ability to involve people and ensure they are appropriately informed is assessed more closely than ever before. However, it is not just a duty, ensuring people can navigate the health care system is key to building confidence and improving health outcomes. It is vital people know what standards of service they can expect and where to go to for information and support including when they are not happy with the service.

## **Complaints Policy Review**

During 2008-09 the Department of Health launched a consultation document on reform of the NHS complaints system. The outcome of this exercise was a change in the complaints regulations enshrined within The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 which became effective as at 1<sup>st</sup> April 2009.

NHS South Birmingham developed a new policy in consultation with the Public Involvement Action Group and an event was held with attendees including local foundation trust members and those who had taken part in surveys. The key feedback was to improve the accessibility of complaints by making it explicit that complaints can be made to the PCT about any aspect of its commissioned services whether acute provider or independent contractor. Robust arrangements are now in place for ensuring that lessons can be learned and appropriate actions taken.

## **Standards for Experience and Engagement**

This year, several consultations and engagement exercises have been undertaken to improve the way we involve and inform. A key consultation for all partners was developing Standards for Engagement. These standards have been developed in consultation with patient and public involvement groups for health across the city, including Birmingham LINK, as well as across a wide range of user groups linked to the Be Birmingham Partnership. Key feedback is to ensure local NHS organisations adhere to these standards and as a result we are working towards linking these standards to the contract.

## **Publications**

When producing publications for local people and stakeholders, PCTs endeavour to ensure involvement and feedback. Views are sought through surveys and feedback forms within magazines, focus groups and market research to ensure we tailor communications effectively.

PCTs and Birmingham City Council use data from a company called Experian to understand consumer behaviour and NHS BEN has developed bespoke information linked to health insights. Examples of consultations undertaken to improve communications and publication are listed on the Be Heard website and on local websites.

### **Common Assessment Framework (CAF): interagency child protection**

The Common Assessment Framework in Birmingham is an important step towards an integrated approach to working with children, young people and their families.

A consultation was carried out by HOBtPCT to help improve the way all service providers work not just in their role in protecting children from harm, but also in addressing the needs of all children across the city. Service users and staff were asked to provide views on thoughts about the CAF, if they had heard of CAF; if they had experience of CAF and if so, were there any areas for improvement.

As a result of the consultation, plans are currently in development for customer satisfaction kiosks, with monthly ad-hoc consultations and focus groups to keep the PCT informed of any concerns and successes.

### **NHS Constitution: Additional Patient Rights**

The NHS Constitution was published on 21 January 2009 and for the first time sought to bring together in one place what the NHS actually does. This was not a consultation on the Constitution as a whole, but about the possible addition of two new rights to the Constitution and the introduction of the new role of Constitution Champion, which aimed to set out a number of potential patient rights for the future. The consultation took place between 10 November 2009 and 5 February 2010.

PCTs engaged patients, local residents and communities and provided information on the website and via Well TV to encourage feedback locally. There was strong agreement with almost all the proposals that were put forward. However views were that, given the emphasis on patients driving improvements, there needs to be access to good quality information. PCTs are working to share more information online and support initiatives including NHS Local to offer people more routes to information on health care.

## ***4.6 HEALTH MANAGEMENT***

Department of Health figures suggest that there are currently 15 million people in England living with a long term condition. A long term condition is defined as a condition that cannot, at present be cured; but can be controlled by medication and other therapies. The number of people with long term conditions is expected to grow in coming years owing to an aging population and unhealthy lifestyle choices.

NHS organisations have been focused on delivering improved services for patients with long term conditions so patients are able to better manage their own condition and avoid unnecessary hospital admissions. A key composite of all

work undertaken to improve the health and health experiences of patients with long term health conditions is adequate consultation with this patient group. Each PCT has run consultations focused on the redesign or testing of new services.

In addition to managing patients with long term conditions, health management strategies cover the area of prevention including immunisation. Following the introduction of the national HPV vaccination programme, some PCTs looked at new ways of delivering vaccinations, in particular providing a dedicated service responsible for the delivery of the HPV vaccination. NHS BEN ran a consultation to seek views on such a proposal.

### **Personal Health Budgets**

Early in 2010 the Government pledged its commitment to creating a more personalised and responsive NHS by nominating 20 sites across England for an in-depth study as part of a wider evaluation exploring the potential of personal health budgets to benefit different groups of people.

NHS South Birmingham was selected to pilot PHBs for patients with diabetes. The study will test the views and experiences of a small group of patients registered at a single practice located in a deprived community in South Birmingham.

In developing the specifics of the project, a focus group of patients with diabetes were given information about the project and proposed services, along with Department of Health handouts explaining the concept of Personal Health Budgets. Following this, patients were shown a draft Menu of Services, and asked for opinions on the proposed services and ideas for further additions to the Menu. The consultation aimed to test patients' opinions on a Personal Health Budget "Menu of Services".

### **Cardiology**

HOBtPCT ran a formal consultation to obtain the views of patients and local residents from Sparkbrook around the proposal to introduce a cardiology service which could benefit the community in providing a local service, reduced waiting times, no parking charges and reduce the number of visits to hospital. Those who completed questionnaires were given written information on the proposal followed by a series of questions which covered convenience of access (location and appointment times), whether patients agreed with the proposed service and an opportunity to feed back any other views.

Proximity to home featured highly in patients' preferences as did flexibility of appointment times. Feedback from patients has contributed to the development

of an outpatient Cardiology service at Greet Health Centre. The service is led by a consultant Cardiologist who is able to speak many local languages including English, Hindi, Urdu and Punjabi.

### **Primary Care Anticoagulation Service**

NHS BEN Practice Based Commissioners (PBCs) identified that by re-designing the warfarin pathway patients could attend a primary care service for testing and medication from GPs. At the heart of the service redesign was a desire to improve the quality of services delivered to patients locally.

119 patients who use the anticoagulation service completed a questionnaire. Information was provided to demonstrate how the 17 practices working together as a locality, can provide quality, primary care based services to their registrant population. Feedback received included a preference for: local clinics (closer to home), consistency in clinical staff facilitating clinics, home visits for people with mobility problems and a feeling that community clinics are better than a hospital environment.

A standardised and clinically effective Practice Based Anticoagulation Service has been developed for the following areas: Shard End, Stechford and Yardley North and Sheldon. The plan is to roll out the service across Birmingham East and North.

### **Immunisation**

Human papillomavirus (HPV) is a very common cause of infection which is usually symptomless. However, some types of HPV can lead to cervical cancer developing over many years. Immunisation against HPV, which was introduced in the UK for girls in 2008, may lead to a dramatic reduction in cases of cervical cancer.

NHS BEN proposed to provide a dedicated service responsible for the delivery of the HPV vaccination in accordance with the Department of Health immunisation programme. In addition this would support the delivery of childhood immunisations to vulnerable children and provide a platform for delivery of emergency vaccination programs when required.

Working with young people and their families to promote and educate about the benefits of immunisation, NHS BEN sought views on how best the trust could disseminate information about vaccination programs and increase uptake of immunisations.

General feedback suggested the vaccination team should deliver the HPV vaccine, childhood immunisations to hard to reach (vulnerable) children, school leaving

boosters and provide emergency vaccination programs to the population of NHS BEN.

An immunisation team has been set-up to assist in achieving a range of national targets and performance indicators. NHS BEN will provide HPV vaccines through this dedicated immunisation service working within the community and closely aligned with the school nursing team. By establishing a dedicated immunisation team the PCT will also have a platform to respond to emergency immunisation programs.

#### ***4.7 BARRIERS TO ACCESS***

We are always looking at ways of improving the patient environment and experience of healthcare, improving access for patients and providing greater choice. PCTs work hard to address health inequalities and are in regular dialogue with people to address barriers they face when trying to making healthier choices in their day-to-day lives. Recent consultations include:

##### **Saheli Social Enterprise**

Saheli is a health and fitness service run by and for Asian women in Birmingham. It encourages women to make use of leisure facilities and take up physical exercise, and provides educational opportunities enabling them to acquire NVQ qualifications to help improve their sense of wellbeing and engagement in the community.

NHS BEN spoke to over 100 women who accessed the service to better understand the cultural differences and types of issues they faced in their quest to access local leisure services. They discovered location was of utmost importance, as was the need for a 'women only' leisure facility in the area.

As a result of this, the PCT is working closer with Saheli to provide improved access to health and leisure services.

##### **Community Health Event**

Birmingham City Council consulted with local people to find out the barriers they faced when making healthy food choices and taking up physical exercise. The results showed that our population's busy lifestyles and the perceived costs associated with both physical exercise and making healthy food choices are the main influencing factors why some people seldom exercise or eat healthily. The findings have prompted the Neighbourhood Working Group to raise the importance of mental and emotional health, which has a direct link to a healthy diet and exercise.

## **Health needs of newly arrived migrants**

Birmingham has seen a growth in migrant communities settling in the city since 2001. Birmingham City Council carried out face to face meetings with migrant support groups aimed at identifying barriers faced by newly arrived migrants and how they were adapting to life in the UK.

The report found that accessing health information was paramount in these communities, particularly among those who were destitute, undocumented or unaccompanied (minors).

The study has encouraged PCTs across the city to review their GP registration data to map areas of new migrant settlements.

## **Health and Wellbeing for Lesbian, Gay, Bisexual and Transsexual (LGBT) people in Birmingham**

The Birmingham Health and Wellbeing Partnership (BHWP) spoke to lesbian, gay, bisexual and transsexual (LGBT) people across the city to learn more about what they felt were priorities for their health and social care, and the type of support they would like to receive.

The conversations revealed that LGBT people faced some degree of difficulty in accessing (primary) health and care services that understood their needs, while vulnerable older people and those with disabilities did not feel their needs were being met. It was also discovered that they were concerned about the high rates for mental health issues experienced by LGBT people, and the high incidence of domestic violence and other hate crimes. They welcomed initiatives for improved working with certain groups and communities, including young people, to promote acceptance and address homophobic behaviour.

Their views helped to shape further discussions with local commissioners and service planners, public health experts and representatives from the local LGBT community.

As a result, further research was commissioned into the health of LGBT people to enable more targeted interventions particularly around mental health needs, and the provision of training and development of health and care staff to better address the needs of LGBT people. An LGBT resource hub is also underway for Birmingham, which will provide access to advice, information and support and recognise the cultural and economic contribution of the LGBT community to the city.

## **4.8 PROMOTING HEALTH**

The growing epidemic of obesity has become a major health concern, with considerable media attention on the wider health risks of our sedentary lifestyles.

PCTs have a key role in promoting health benefits by introducing various programmes, and ensuring the public has proper information on which decisions to take regarding their health.

### **Lighten up**

Lighten Up was designed to encourage weight loss in anyone with a BMI of between 29 and 39, and patients can access the service if they have been referred by their GP.

Those consulted included service users in the child and adult categories as well as staff and stakeholders involved in the service provision. The consultation involved looking at the numbers of people who were accessing services, barriers they faced in accessing the service, and feedback they had on a draft of a patient letter.

As a result, the children's Weight Management service was redesigned to deliver a scaled up version of the service based on the positive uptake of the programmes. The adult services turned their focus on three main programmes - Weight Watchers, Slimming World and Rosemary Conley as these proved to be most successful in delivering results.

### **Stop Smoking Services**

Smoking is one of the most significant contributing factors to life expectancy, health inequalities and ill health, particularly cancer, coronary heart disease and respiratory disease. The establishment and development of stop smoking services in the NHS is an important element of the Government's strategy for tackling the habit of smoking, in recognition that many smokers want to stop but find it hard to do so.

Because of this, one of the current strategic policy objectives has been formulated to help modernise NHS Stop Smoking Services (formerly known as the smoking cessation services) by improving treatment effectiveness, performance management and access to effective treatment through NHS support services and helplines.

All three Birmingham PCTs consulted the local population at different times over the last few years to find out the barriers smokers faced when trying to quit on

their own and with NHS intervention, main motivators that prompted them to continue smoking, and what would motivate them to stop.

The results helped to shape the strategy of targeted social marketing campaigns that enable the Stop Smoking teams to identify programme areas that were working, and parts that could be improved.

### **Tuberculosis (TB) Awareness**

TB primarily affects the lungs (pulmonary TB). However, the infection is capable of spreading to many different parts of the body, such as the bones or nervous system. Typical symptoms of TB include a persistent cough, weight loss and night sweats.

Before antibiotics were introduced, TB used to be a major health problem in England. Nowadays the condition is much less common, although in recent years TB cases have been increasing, particularly among ethnic minority communities originating from places where TB is widespread.

Heart of Birmingham teaching PCT conducted focus groups made up of Somalis and Pakistanis to understand if they were aware of TB, and if they knew of what to do if they discovered any symptoms. The PCT also sought to discover effective ways to increase TB awareness in these communities.

The results showed that more work needed to be done as there were cultural sensitivities and religious traditions to consider when discussing illnesses in these ethnic communities.

## ***4.9 DEVELOPING PRIMARY AND COMMUNITY CARE SERVICES***

Patient access means the extent to which people, particularly those from disadvantaged groups or areas, can utilise the health services that they need either by travelling to those services or by having these services brought to them.

The most common problems include poor public transport, inaccessible services, parking issues, limited access to specialist transport services for those with social or mobility needs, and under-resourced community transport services.

Health and community-based wellbeing centres are created to ensure local communities have easy access to the right health services for their needs. These include centres for urgent care, outpatient, and rehabilitation.

The PCTs are always looking at ways to improve patient access as it helps visitors reach healthcare facilities and get the care they need. The public were consulted on the following health provision centres:

### **Washwood Heath Urgent Care Centre**

Urgent Care Centres were set up in local communities to ease the pressure on A&E departments. The centres are ideal for minor injuries and other ailments which don't need a visit to A&E but do need urgent medical attention.

NHS BEN has an existing Urgent Care Centre at Warren Farm, Kingstanding and used the success of that centre as a blueprint for the creation of a second centre in Washwood Heath. Engagement with the local community at Washwood Heath emphasised the importance of recognising cultural diversity and local service needs.

The result of the consultation was used to inform staff recruitment and make use of existing specialised skill sets (e.g. language skills and cultural knowledge).

### **Primary Care Discharge Unit – Urgent Care project**

NHS BEN and Solihull NHS Care Trust carried out nine focus groups in the area to discover what local people understood by urgent care and how they accessed urgent care services.

The findings from the consultation provided the organisations with an insight as to how social and demographic factors influenced choices people made. A set of options proposed by a multi disciplinary health and social care team from across Birmingham East and North and Solihull was proposed for consideration by the Urgent Care Project Board which resulted in the Primary Care Discharge Unit\* being the best approach moving forward.

*\*A Primary Care Discharge Unit is an admission avoidance scheme that works within the emergency and urgent care departments at Good Hope Hospital to ensure patients receive the right treatment at the right place using the right skills.*

### **Greet Outpatients and Diagnostics Centre and Phlebotomy service**

Specialist outreach schemes include those which involve specialists providing outpatient care in the community (i.e. not in hospitals). Right Care Right Here is an exciting and ambitious programme designed to change the way health and social care is delivered in Sandwell and the Heart of Birmingham. It aims to provide better health and social care to the residents in these areas, delivered in environments closer to where people live. Greet Outpatients and Diagnostics Centre in Percy Road is an example of this service.

Heart of Birmingham teaching PCT spoke to Greet outpatients to find out their views on ease of access and the possibility of relocating the premises, the services currently prioritised by GPs at the centre, and if they would like to see additional services considered for the future.

The consultation highlighted the importance of flexible appointment times which would look to include out of hours provision. Patients welcomed the prospect of a wider service provision, specifically for a local Ophthalmology and Audiology service to cater for an increasing elderly population.

As a result, the HOBtPCT is now working to prioritise additional outpatient services which include Ophthalmology and Audiology, with a proposal to redesign services to offer a “one stop shop” health service provision.

The consultation has also directly influenced the PCT to explore the need to provide phlebotomy services. The consultation for this received a positive reaction from the community, resulting in a business case being presented to Programme Managers for consideration.

### **Park House Residential Rehabilitation Unit**

Birmingham residents have had access to detoxification and stabilisation programmes for substance misuse in the city in the past but have had to travel to other parts of England and Wales to receive rehabilitation treatment. Park House offers a unique ‘under one roof’ approach to drug and alcohol detoxification.

Park House was made possible through a unique collaboration between Birmingham Drug and Alcohol Team (DAAT), Birmingham City Council, Phoenix Futures, Midland Heart and South Staffs and Shropshire Healthcare NHS Foundation Trust

Heart of Birmingham teaching PCT involved potential service users and stakeholders in the set up of a new rehabilitation unit in the local area, from providing input towards the building plans and decoration, to providing feedback for the recommended contractor and proposed care pathway.

The consultation influenced a number of decisions which included the selected service provider (contractor), the manner in which the service would be delivered and the support needed for a successful delivery.

### **Drug Treatment System Review**

Substance misuse treatment has often been determined by the structure of service provision, processes of treatment and the outcomes achieved.

Heart of Birmingham teaching PCT engaged with stakeholders, service users, local delivery groups/constituency groups and clinicians to get feedback on the effectiveness of existing service structures and ease of accessibility to current provision.

Whilst positive satisfaction was shown across a number of deliverables, some issues were highlighted, particularly around access and delays to specialist services and the lack of information for other services. It also highlighted the potential for better inter-agency working and development of a more holistic approach to recovery.

The consultation will inform a Needs Assessment that will support the planning process in the coming year.

### **Erdington Health & Wellbeing Centre**

Believed to be one of the first health facilities of its kind in the UK, the Erdington Health and Wellbeing Walk-in Centre was planned so it would occupy a prime position along Erdington High Street and offer a GP-led walk in centre, health and wellbeing information centre and later in 2010, a contraception and sexual health centre.

Prior to the centre opening its doors, a consultation targeting deprived neighbourhoods in Birmingham East and North was carried out to improve the localities' current knowledge of health services on offer, particularly around mental and sexual health, long term conditions which include heart diseases, stroke, obesity and diabetes; and education around the correct access for A&E and local hospitals.

The engagement showed that the local population in the area would welcome information that would help signpost them to the right service for their need at the current time.

As a result of the consultation, the Erdington Health & Wellbeing centre was opened in July 2010 and is currently serving as an effective health delivery and signposting service for the local community.

### **Witton Community Centre & Equitable Access to Primary Care in Summerfield**

Heart of Birmingham teaching PCT spoke to targeted population groups in deprived communities of Witton and Summerfield to understand what types of

services were needed by these local communities, and the most effective ways they could be delivered and received.

The objective of engaging with the community in Witton was to get local views on the renovation of Witton Community Centre by Aston Pride. Both communities in Witton and Summerfield were asked about the types of health services that would be relevant to them.

The engagement events showed that local people in both areas were very keen to have healthcare provided at their doorstep by staff who were culturally aware. The benefit of facilities such as a crèche and healthy lifestyle advice was seen as a welcomed service for the local community in Witton; while positive comments from Summerfield residents showed that there was a need for more service information to be made available.

As a result of the consultation, Aston Pride was given the go-ahead to renovate the Witton Community Centre to enable the premises to accommodate the provision of health services needed by the community. The service specification for Summerfield Primary Care was informed by the needs highlighted in the consultation and there is now an urgent care centre and new GP practice at Summerfield Primary Care Centre. It is anticipated that by Autumn 2010 there will also be a new dental practice available at the centre.

### **Heart of Birmingham Primary Care Centres: Farm Road Primary Care Centre, Sparkhill Primary Care Centre and Colston Primary Care Centres**

Heart of Birmingham teaching PCT has been consulting over the past 18 months with residents and patients of Sparkhill, Sparkbrook and Attwood Green about the potential development of primary care centres in these areas. The aim of the consultations is to gain an understanding of the range of services patients want.

In addition, patients and residents have had the opportunity to suggest potential names for the centres as well as comment on whether outreach offices of other statutory agencies, such as the Police, Council etc should be accommodated within the healthcare facilities. Residents and patients have also commented on the design plans of the new buildings and what type of community space should be made available.

As a result of these consultations, communities have been able to influence locations, designs and plans as well as have a say on the services required.

## **Wake Green Surgery**

Wake Green Surgery in South Birmingham had for some years been striving to create better facilities for the practice and the wider population of Moseley. Wake Green Surgery and NHS South Birmingham looked to explore the potential option to relocate to the Bristol Street Motors site as part of a wider development.

Patients were asked to give their views on whether they were supportive of the plans and the proposed location for the new practice. Patients were also asked to provide feedback on what they felt was important to them and what services they would like to see included in the new premises.

More than 95% of respondents supported the plans for a new purpose-built facility, its location and the revised plans when they were drawn up. A significant number of respondents also brought up their concern around access, particularly with car parking and appointment booking being potential issues.

The actions following this consultation will be determined following the announcement of a planning decision.

## **Shilpa Medical Centre**

Following the removal of the lead GP from the NHS South Birmingham performers list, Shilpa Medical Centre was managed on a temporary basis by South Doc Services Ltd. NHS South Birmingham undertook a pre-consultative exercise to determine broadly the views of patients on the future of services for patients registered at the practice.

All registered patients of the surgery above the age of 16 were written to, and asked their preference between tendering for an alternative provider, or to receive assistance to identify and register at an alternative existing GP practice of their choice.

Of those who responded 66% were in favour of re-provision of the practice, and 34% favoured dispersal.

Following further assessment, it became clear there would be little difference in the patient experience between the re-provision and dispersal options being offered as neither option would likely see services continue to be provided from the current premises.

In July 2010, the NHS South Birmingham Board took the decision to disperse the Shilpa Medical Centre patient list. Patients will now be supported through a

dispersal process to identify and register with an existing local GP practice of their choice.

### **Transforming Community Services (Beds Review)**

The length of hospital waiting lists and waiting times and the recurrence of winter pressures on emergency beds suggest present hospital services were not well matched to patient need. At the same time, there is continuing evidence of inappropriate and avoidable use of hospital beds.

NHS South Birmingham engaged with patients to ask if they would prefer care to be delivered in their home where appropriate, or a bed in a community hospital setting.

500 local people, including patients and carers were given questionnaires asking their views on the quality of care they or their family members received at Moseley Hall Hospital, West Heath Hospital or Sheldon unit in Northfield.

Though response levels were lower than expected, all comments supported the PCT's investment to provide patient supported treatment and care in their own homes.

As a result of the consultation and after robust internal procedures, the emphasis has now shifted to the provision of care in the home.

### **Dental Access**

Much has been achieved in primary care dentistry since the April 2006 devolution of responsibility for the commissioning of dentistry to PCTs.

PCTs in Birmingham have worked hard to ensure the provision of dentistry in their local area continues to meet patient needs in terms of patient experience, patient safety, and clinical effectiveness, whilst ensuring oral health inequalities are reduced.

A number of consultations on dental access and service provision were carried out in the last financial year by PCTs across Birmingham, with the main objectives being the provision of greater access to NHS dental appointments within areas where they are most needed, being aware of any barriers faced by the local population when accessing dental services and any service provision areas that could be improved.

Please refer to individual Primary Care Trusts for detailed information on the below:

## **Dental Hospital**

There has been significant and prolonged debate over the last four years regarding the redevelopment of the Dental Hospital and the School of Dentistry. There is a need to develop a clear commissioning plan for the delivery of hospital dental services.

We wanted to know whether patients and the public were in support of or opposed to/ had concerns about the proposal of having a new dental hospital in Birmingham

There was general support for a new dental hospital in Birmingham. However, there were concerns about accessibility and parking. There were also comments about who would benefit most from any proposed relocation of the dental hospital i.e. the University, students, clinicians or patients.

### ***4.10 USING TECHNOLOGY TO IMPROVE HEALTH CARE***

Technology can offer greater efficiency and effectiveness in health care. During 2009 – 10 local health services have trialled and consulted on new forms of digital communication to improve patient care. Examples are given below:

#### **Summary Care Record**

All PCTs across the country are consulting patients through their GP on their preferences to have a Summary Care Record which is shared across the health services. Currently health records sit with each health care provider so the only data shared is via referral. The new summary record is shared on a central system to provide basic data about a person's current medication and allergies which can be critical in an emergency.

The consultation has been extensive across all groups with personalised letters to patients. The vast majority of patients support the move but a minority have concerns about security and privacy of data and who can access. Specific groups such as the prison population, people with mental health conditions, and young people who have sensitive medical conditions have identified greater concerns about privacy.

NHS South Birmingham was an early adopter of the scheme and patients and the public contributed to the content and format of patient letters and local communication plans. GPs, IT departments and Connecting for Health continue to

review the issues to ensure adequate arrangements are in place to protect people's rights.

## **Websites**

Each PCT has a range of tools to support patient and public engagement. Websites are being exploited to ensure effective feedback and sharing of outcomes across Birmingham. A new tool developed this year is Be Heard. The city council led the development of the site in consultation with key partners and patient groups.

In addition, surveys and patient feedback is helping to make improvements to websites. For example, the new Personal Health Assessment tool was implemented to give an online health check. By understanding the user journey through surveys we have now reduced the number of steps within the process to complete the tool.

## **Wound care Telemedicine**

Telemedicine is beginning to emerge as a cost effective approach to health care which gives greater confidence to patients living at home with their health conditions. Feedback has been positive from patients and patient groups with long term conditions have been keen to trial the systems.

Patient feedback led to a scheme to support wound care at NHS BEN, which led to Leg Ulcer Telemedicine (LUTM) implementation across other areas and it is now a core component of a future integrated wound care management service.

## **Tele-monitoring Equipment**

Tele-monitoring provides patients with a piece of equipment the size of a mobile phone that they can use on a daily basis to enter information about their heart or lung condition. This information is then monitored by the Community Team to assist with early intervention, with the objective of reducing hospital and emergency admissions.

Engagement took place with South Birmingham Community Health's patient groups, specifically The Breatheasy Group South Birmingham, which provides support and information for people living with a lung condition and for those who look after them, and also patients diagnosed with Coronary Heart Disease.

Adaptations were made to the tele-monitoring equipment which include the implementation and use of Bluetooth technology for data input, following input from the focus groups.

#### **4.11 LOCAL STRATEGY**

Launched in December 2007, World Class Commissioning (WCC) was introduced as a national programme developed by the Department of Health, in partnership with the NHS, as a way of delivering better health and wellbeing for the population, improving health outcomes and reducing health inequalities.

To become world class, commissioners looked to develop the knowledge, skills, behaviour and characteristics of a world class organisation. Engaging with patients and the public was established as one of the core organisational competencies set for WCC and is key in setting out strategies that best meet the needs of local communities.

#### **Living Well Living Longer in South Birmingham**

NHS South Birmingham's five-year strategy 'Living Well, Living Longer' was launched in 2008-09 marking important changes to the way the PCT manages people's health and wellbeing. Since the strategy's launch, NHS South Birmingham has continued listening to patients and local residents undertaking a range of communication and engagement activities to ensure local people shape and influence the organisation's plans and direction.

A telephone survey, public deliberative event, focus groups and a video diary room were used to gather views and opinions around the refresh of the PCT's strategy, principles for improving efficiency and process for prioritisation. The activities highlighted the need for continued engagement to explore more fully areas for change and to involve people in the decision-making process. Participants felt that prevention is a key area of focus for the local NHS and identified a range of efficiencies that could be achieved through aspects such as combined appointments. Participants also fed back the importance of looking at quality of life, not just years of life when improving and developing healthcare services.

Feedback from these activities and ongoing discussions with patients and local residents continue to shape PCT plans and help inform patient information, particularly around disinvestments and procedures of lower clinical value.

#### **Pan Birmingham PCT Review**

Following communication and stakeholder participation during November and December 2009 through briefings, correspondence and a stakeholder event, a proposal was submitted on 4 January 2010 to NHS West Midlands. This proposal set out a preferred option to develop a single commissioning organisation for the NHS in Birmingham to improve and strengthen commissioning and to make faster progress to reduce health inequalities.

A Communication and Engagement Plan was put together around the proposal to move towards one commissioning PCT for Birmingham. However, in light of the NHS White Paper 'Equity and Excellence - Liberating the NHS' published on 12 July 2010, the PCT Chief Executives and senior officers from Birmingham City Council reviewed this decision and agreed that it would no longer be appropriate to move to a single PCT. The move would mean more change for staff, would divert focus from delivering immediate objectives (QIPP agenda; 'Quality Innovation Productivity and Prevention' and reducing management costs) and divert attention from supporting and managing the move to a new system of commissioning by GP consortia. Birmingham and Solihull remain committed to joint working to strengthen commissioning, improve efficiencies and make faster progress on reducing health inequalities.

### **Practice Based Commissioning**

Practice Based Commissioning (PBC) looks to give local clinicians greater power and influence and with that comes the responsibility to ensure patients and the public are involved in plans and developments.

Although not a formal 3-month consultation, HoBtPCT wanted to ensure that patient groups were engaged around plans for PBC services around Audiology, ENT (ear, nose and throat), Ophthalmology and X-ray services being developed in certain areas of the city. Discussions were had with members of Patient Network Meetings in Soho and One Stop about the proposal to develop these services focusing on issues including access and health needs of local communities.

Patients were pleased services would be closer to home and that appointment systems would be more accessible. HoBtPCT continues to develop these services and keep patients groups informed and involved.

### **Influencing Commissioning in Health and Social Care**

The three Birmingham PCTs, Birmingham City Council, Local Strategic Partnership and Be Birmingham embarked on a joint consultation to find out what people want from the Birmingham Local Involvement Network (LINK). They wanted to explore how these partners can work more effectively and facilitate a more mutually supporting working arrangement to improve health and social care services for Birmingham residents.

Glamorgan University and the Welsh Institute for Health and Social Care were commissioned by the partners to consult with PCT staff, Local Authority staff, voluntary sector representatives and LINK members. Through semistructured interviews and focus groups, stakeholders were asked to give their views on the realities and potential of engagement in Birmingham, and where appropriate to challenge the evidential and value bases for those views. These objectives would

then inform how the LINK and stakeholders could work together to influence commissioning of health and social care in Birmingham.

The views expressed by respondents were how the LINK is 'adding value' to patient, service user, carer and public engagement, by creating an effective partnership between the LINK and the NHS and City Council, which recognises the independence of all parties, and the need on occasion for constructive criticism. Feedback has resulted in the production of set criteria by which commissioners and LINK should operate.

### **Secure Services Strategy 2010-2015, NHS BEN (Specialised Commissioning)**

This consultation by NHS BEN supported the development of a 5 year strategy for secure services to ensure people from the West Midlands with complex health needs have access to the most appropriate services at the right time and as close to their home as possible.

A wide group of stakeholders were consulted including PCT commissioners, secure services providers, Local Authorities, service users, families, carers, prisons and Ministry of Justice. Information provided was around current structure of services and any potential gaps.

Key comments received were around the need for better integrated services to help ensure that service users do not 'fall between the gaps', effective care pathways that deliver seamless experience of care, early recognition/intervention of service user need and services closer to home to maintain family links and support.

The views and feedback of the different stakeholders consulted were used by the Reference Group responsible for writing the new strategy, which builds on the 'Strategy for Forensic Mental Health Services 2001 - 2006', to develop a comprehensive range of quality, locally based secure/ forensic services to include the introduction of formal Forensic Liaison Services across the region. This aims to ensure effective use of inpatient resources and safe transition to community services.

## **5. FUTURE DEVELOPMENTS: INFORM, CONSULT AND INVOLVE**

Primary Care Trusts will cease in 2013 and we are working towards ensuring that systems to inform, consult and involve are there for future health commissioners which include clinical commissioners, the NHS commissioning board and the City Council.

Birmingham City Council is leading on an initiative called Be Involved whereby local people can access information on how to get involved with any city public services. This includes an interactive route map to navigate between websites.

The standards for engagement are adopted by all agencies within the health and wellbeing and wider Be Birmingham partnership. The next step is to ensure that these standards are owned by service providers and to promote these more widely via LINK so local people can know what is expected.

## 6. Glossary

- Anticoagulation** – Coagulation is a complex process by which blood forms clots. Anticoagulation medication is prescribed to prevent the clotting of blood.
- A&E** – Accident and Emergency. A hospital department which provides a range of immediate services for patients requiring emergency treatment.
- BCC** – Birmingham City Council is the local authority responsible for providing services to the public including housing, education, planning and housing.
- BDAAT** – Birmingham Drug and Alcohol Action Team is part of the Safer Birmingham Partnership which exists to reduce the harm caused by drugs and alcohol to improve well-being.
- BME Backgrounds** – Black, minority and ethnic backgrounds.
- CAF** – Common Assessment Framework.
- Cardiology** – The branch of medicine dealing with the heart and related diseases.
- CHD** – Coronary Heart Disease.
- CM** – Community Matrons.
- COFSS Programme** – Community Outreach Family Support Service Programme. An award winning programme in partnership with Aston Pride which combines health care with social care for local residents. Improving the health and quality of life enjoyed by residents of Aston, one of the most deprived areas of Birmingham.
- COPD** – Chronic obstructive pulmonary disease.
- CVD** – Cardiovascular Disease.

Democratic therapeutic community model	– this model uses a democratic system for patients to vote on all decisions to be made by the community of house.
DH or DoH	– Department of Health is the national government department responsible for public health issues.
EAPC	– Equitable Access to Primary Medical Care.
ECG	– Electrocardiogram. A recording of the cardiac cycle produced by an electrocardiograph.
Echocardiogram	– An image of the heart produced by an echocardiograph.
FLS	– Family Liaison Service.
Focus groups	– A group meeting where service users are asked questions (or to complete tasks) to determine their opinions of health services being provided.
GDP	– General Dental Practitioner or Dentist.
GP	– General Practitioner or family doctor.
GUM Clinics	– Genitourinary Medicine Clinics. They provide confidential, free, sexual health advice and services, including screening for sexually transmitted infections (STIs), HIV testing, sexual health information, clinics especially for young people, emergency contraception and contraception advice and counselling.
HIV	– Human Immunodeficiency Virus. A virus that damages the body's defence (immune) system over time so that it is unable to fight off infections.
HoBtPCT	– Heart of Birmingham Teaching Primary Care Trust is part of the National Health Service (NHS) and provides health services to people who live in the centre of Birmingham, and help them lead healthier lives. See Primary Care

Trust for further information.

- ICAAT** – Intermediate Care Assessment and Treatment Team. They facilitate ‘At home’ nursing and therapeutic support to ease the progress of hospital discharge and prevent avoidable hospital admissions. They do this by assessment and allocation of intermediate care admissions or day rehabilitation.
- Interviews** – A meeting where service users are asked questions to determine their opinions of health services being provided to them and what changes could be made.
- JCG** – Joint Commissioning Group. They buy health services for people of Birmingham.
- LINK** – Local Involvement Network. An independent body that listens to views on health and social care and works with providers to bring about change.
- LUTM** – Leg Ulcer Telemedicine.
- MP** – Member of Parliament.
- Mystery shoppers** – Someone who poses as a consumer in order to evaluate the quality of a service.
- NHS BEN** – NHS Birmingham East and North is part of the National Health Service (NHS) and provides health services to people who live in the east and north of Birmingham, and help them lead healthier lives. See Primary Care Trust for further information.
- NHS South Birmingham** – South Birmingham Primary Care Trust is part of the National Health Service (NHS) and provides health services to people who live in the south of Birmingham, and help them lead healthier lives. See Primary Care Trust for further information.
- OOH** – Out of Hours.
- PBC** – Practice Based Commissioning.

- PCC – Primary Care Centre.
- PCDU – Primary Care Discharge Unit.
- Phlebotomy – The act of removing blood from the circulatory system to obtain a sample for analysis and diagnosis.
- PPI – Patient and Public Involvement. The PPI team carry out community activities to ensure that member of the public have an input into healthcare services.
- Primary Care Trust (PCT) – Responsible for assessing local health needs and planning and commissioning a wide range of health care services to meet those needs. These include primary care services such as GPs, dentists, pharmacists and opticians.  
  
 What they cannot deliver themselves they commission from other organisations. These include acute hospital services as well as services from the voluntary and the private sectors. PCTs are also responsible for improving the health of local people and reducing health inequalities.
- Questionnaire – A written list of questions to collect information and determine opinions of service users.
- Real time – Current information, an instant response to an action.
- RSH – Reproductive and Sexual Health Services.
- SCR – Summary Care Record. An electronic record containing information on an individual's health.
- SHA – Strategic Health Authority. Manage the NHS locally and provide a link between the Department of Health and the NHS.
- STaR – An STR worker (or STaR as they are known in Birmingham) is someone who works as part of a team which provides mental health services and focusses directly on the needs of service users, working across boundaries of care, organisation and role.

They will provide **Support**, give **Time** to the service user and thus promote their **Recovery**.

- Telephone surveys** – When questions are asked over the telephone to collect information and determine opinions of services users.
- UCC** – Urgent Care Centre.
- White Paper** – A paper issued by the government which lays out policy on a topic of current concern.

## 7. For further information

Visit the local PCT websites for details of all the consultations and reports listed:

[www.benpct.nhs.uk](http://www.benpct.nhs.uk)  
[www.hobtpct.nhs.uk](http://www.hobtpct.nhs.uk)  
[www.sbpct.nhs.uk](http://www.sbpct.nhs.uk)

### Or visit, Birmingham Be Heard Database

If you are interested in finding out what Birmingham citizens think about life in the city, what their priorities are, or their views on services provided to them, the Birmingham Be Heard Database is a web based tool that allows you to view past, current and future consultation initiatives carried out by Birmingham City Council and Be Birmingham organisations and partners including PCTs.

**Contact:** Support Office, Policy and Delivery Directorate, The Council House, Victoria Square, Birmingham B1 1BB.

**Telephone:** 0121 675 4476 or **Email:** [consultation@birmingham.gov.uk](mailto:consultation@birmingham.gov.uk)

**Website:** [www.beheard.birmingham.gov.uk](http://www.beheard.birmingham.gov.uk) websites such as Be Heard, Be Birmingham, Birmingham City Council, BVSC, e-petitions and other websites.

If you need this information in a different language or format please contact [info@benpct.nhs.uk](mailto:info@benpct.nhs.uk)

URDU

اگر آپ کو یہ معلومات مختلف زبان یا شکل میں درکار ہے تو براہ کرم رابطہ کریں

BENGALI

আপনার এই তথ্য ভিন্ন ভাষায় বা ভিন্ন ফর্মাটে প্রয়োজন হলে দয়া করে যোগাযোগ করুন [info@benpct.nhs.uk](mailto:info@benpct.nhs.uk)

HINDI

यदि आपको यह जानकारी किसी अन्य भाषा या स्वरूप में चाहिए तो कृपया सम्पर्क करें [info@benpct.nhs.uk](mailto:info@benpct.nhs.uk)

SOMALI

**Haddii aad u baahan tahay in warbixintan laguugu turjumo luuqad kale ama qaab-daacaadeed ka duwan, fadlan la xidhiidh** [info@benpct.nhs.uk](mailto:info@benpct.nhs.uk)

POLISH

Jeżeli chcą Państwo otrzymać tę informację w innym języku lub formacie, proszę skontaktować się z [info@benpct.nhs.uk](mailto:info@benpct.nhs.uk)

CHINESE

如閣下需要這份資料被翻譯成不同語言，或以不同方式表達，請聯絡 [info@benpct.nhs.uk](mailto:info@benpct.nhs.uk)

ARABIC

إذا كنتم تودون الحصول على هذه المعلومات بلغة أخرى أو بتسيق مختلف فنرجو أن تتصلوا بـ [info@benpct.nhs.uk](mailto:info@benpct.nhs.uk)

PUNJABI

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਵੱਖਰੀ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੀਦੀ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ [info@benpct.nhs.uk](mailto:info@benpct.nhs.uk)

2009 - 2010

Inform

2009 - 2010

Consult

2009 - 2010

Involve

Published by:



*Birmingham East and North*



Heart of Birmingham  
Teaching Primary Care Trust



*South Birmingham*

