Lewisham Clinical Commissioning Group

Lewisham Clinical Commissioning Group
Communications and Engagement Strategy

Version 4

23rd August 2012

1. Introduction

This is our first Communications and Engagement Strategy. It builds on successful communications and engagement built up in Lewisham over many years (see link to previous annual engagement reports).

It will help us to ensure that Lewisham People are at the heart of our commissioning decisions in line with our Vision.

It will enable us to:

- develop and deliver the outcomes and programmes outlined in our Integrated Plan with the associated health improvement and QIPP programmes
- make sure that plans and decisions are based on the proactive assessment of Lewisham People's needs, aspirations, priorities, choices and experience
- involve stakeholders, members and staff (in practices, in the CCG and our colleagues in the commissioning support service)
- communicate our Vision and Integrated Plan to key stakeholders
- communicate to patients about their options
- be recognised as commissioning leaders of the local NHS with a reputation for acting in partnership with others to improve health, wellbeing and health services.

As well as borough wide communications and engagement, we recognise that the conversations that patients have with clinicians across the system provide both a great source of insight into people's needs and the opportunity to influence how they can improve their health and get access to the services that best meet their needs. We are developing an approach to shared decision making between patients and clinicians to make the best use of this.

The principles for the CCG's Engagement are attached at annex 1.

2. Decision making on communications and engagement.

There are some key aspects relating to Communications and Engagement in the draft constitution

"to work with Lewisham people and their representatives to commission services that best meet their needs"
"Clinicians in Primary Care, working closely with patients, and the other partners across the city, will develop the commissioning agenda, which is responsive to local needs and informed by local knowledge."

"working in partnership with patients and local communities to secure the best care for them."

"adapting engagement activities to meet the specific needs of the different patient groups and communities".

"encouraging and acting on feedback".

The Patient and Public involvement/Inequalities Group will feed into the Delivery Committee and the Strategy and Development Committee of the CCG Governing Body. This will maximise the impact of commissioning decisions both on quality and safety and on future plans. If there are immediate matters, they can be brought directly to either of these committees or through the CCG member of the committee directly to the CGG Governing Body if it is an urgent matter of patient safety. Draft Terms of Reference for the Patient and Public involvement/Inequalities Group are attached at annex 2.

PALS and Quality Alerts feed into the For Learning and Action Group (FLAG) which meets monthly to identify and manage concerns and currently feeds directly to the Quality & Safety Group, and with the revised governance arrangements will report to the Delivery Committee. Quality Alerts is the process by which member practices can feed concerns derived from their interactions with patients. Recently a theme on district nursing has been highlighted this has become one of the three clinical quality priorities of the CCG for 2012/13. They are captured through the Lewisham GP interactive website. Dr Faruk Majid, the Quality and Safety Chair has been to neighbourhoods to emphasise the importance of good Quality Alerts as a key feedback mechanism for CCG Commissioning.

Terms of Reference are at FLAG Annex 3.

3. Plans for Communications and Engagement in 2012/13 and beyond.

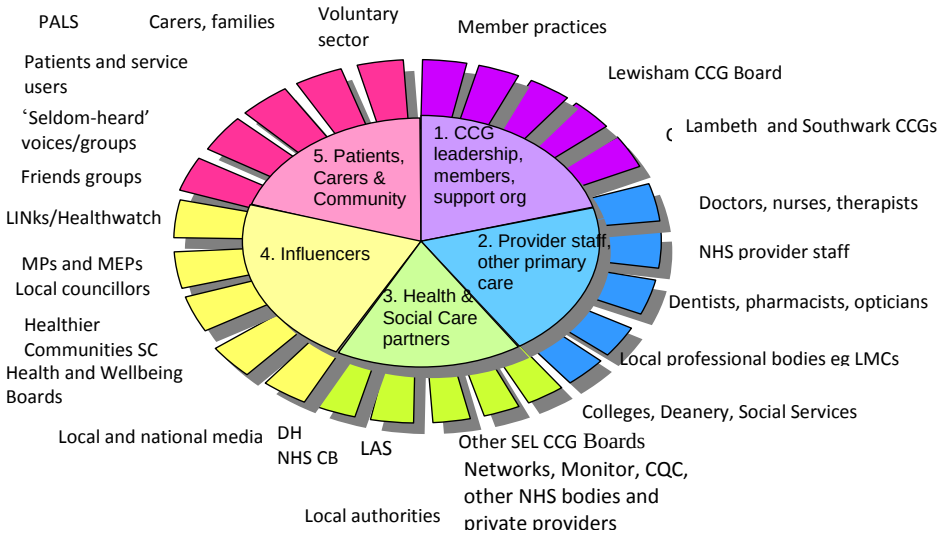
The plans build on work in 2011/12.

- Lewisham People's Day focusing on feedback for the Choose Well campaign to support its future use (and working with public health and Lewisham Healthcare colleagues)
- LINKs Long Term Conditions Day with wide engagement on priorities for people with long term conditions and specific work on medicines concordance and
- Mental Health and Wellbeing Day Event discussing service development with people with mental health needs and their carers.
- Unplanned Care Event led by Lewisham Clinical Commissioners and involving a wide variety of providers and service user perspectives.
- Patient Groups engagement e.g. Pensioners Forum and work with key groups for the Choose Well communication as well as the voluntary sector and patient support groups.
- Patient involvement in QIPP programmes e.g. Breathe Easy group on the COPD pathway design.
- Patient Participation Groups set up in 39 practices and improvements made e.g. setting up telephone consultations, better signage for the Waldron Health Centre to

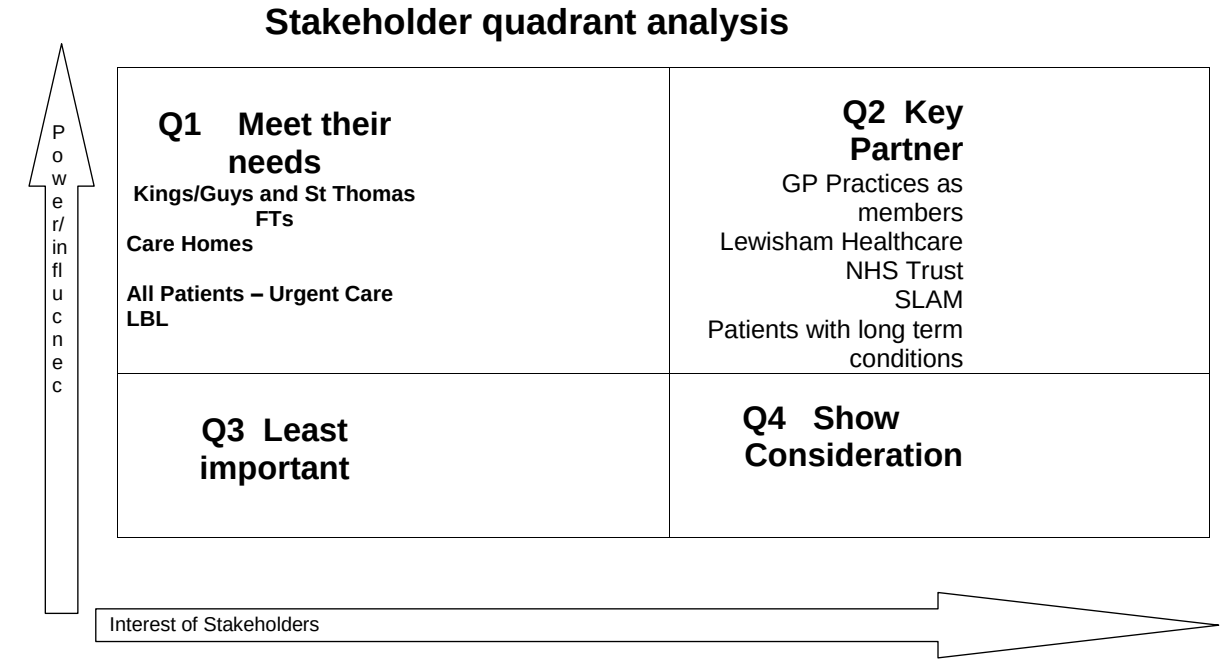
explain to patients which services are where in the centre provide NHS branding and directions outside.

- Patient Experience included in CQUINS for providers for 2012/13.
- Quality Alerts process established.

3.1 Stakeholder Mapping



Key stakeholders to be managed in 2012/13



The focus should be on the following groups:

GP Practices have a significant task to understand a much broader role in 2012/13, especially in meeting an agreed role in long term conditions pathways and an increasing role in prevention and mental health. There may also be further projects in unplanned care during the year.

It will be necessary to both involve practices through the membership forum and phase the programme of change in 2012/3 to prevent overload.

Lewisham Healthcare NHS Trust – There is a programme of work to improve integration at a strategic and operational level with primary care clinicians. It is necessary to capitalise on this as the Trust will be focused on achieving FT status. Are our activities with the Trust aligned, as they have a significant role in achieving QIPP in 2012/13.

South London and Maudsley NHS Mental Health Foundation Trust – There is currently good partnership working but this needs to be maintained.

Patients with Long Term Conditions – We need to actively engage patients across Lewisham's in their care. Shared decision making approaches and patient support groups will be key. Reviewing the LINKs event help us to define more projects in this area.

Patients – Urgent Care – It is necessary to review our approach in this area after the Unplanned Care Event and with regard to 111 number.

On care homes, we need to engage joint commissioning in planning engagement with care homes and domiciliary care workers.

Kings and Guys and St Thomas FTs – We will need to give sufficient resource to these contracts and contractual management with regard to Lewisham. To maximise effectiveness the joint working with the CSS and Lambeth and Southwark CCGs should assist.

Overall there will be a challenge to maintain focus on stakeholders as the transition to the newly reformed system takes place this year.

3.2 Communications workplan 2012/13

- Olympics including Choose Well summer campaign and winter messages.
- Annual Report
- Communicating key changes to those with long term conditions.

3.3 Engagement workplan 2012/13

The PPI Sub Group Workplan is attached at annex 4.

The key priorities are:

- **Commissioning Vision & Priorities**– Improving public and patient engagement in the integrated plan, providing a sense of priorities in the plan and commissioning intentions. Focus of work in July to September. Outline methodology is at Annex 5
- **Governance -** Improving clarity of roles, terms of reference, improving links to other groups, especially Lewisham LINKs, and, led by London Borough of Lewisham, the development of Healthwatch.
- **Patient Engagement Mechanisms** – Improving feedback mechanisms, especially nurturing PPGs at practice level and devising feedback from community development workers in the field.
- **Shared Decision Making** – How patients can take more control through clinicians offering them options to aid informed choices. This will be especially focused on long term conditions with a focus on COPD and Diabetes pathways.
- **Statutory** e.g. Engagement Report 2011/12

3.4 Public and Patient Feedback Mechanisms

At present we use:

- The national surveys – latest data was reported to the Lewisham CCG in May 2012 for hospital and GP services was reported to the Board.
- The Lewisham LINKs database, which contains comments derived from LINKs outreach, LINKs attendance at practices along with PALs data from Lewisham commissioners and from Lewisham Healthcare. This is both a quantified source of key themes in order to inform commissioning discussions, but it also provides raw comments that can be used to dramatise the data. Comments have been used to present the background for patients for the Unplanned Care Engagement event and to identify the type of patient feedback about community nursing, which has emerged from the quality alerts process.
- Quality Alerts.
- Patient Participation Groups for practice level engagement and improvement.
- Hospital level contract performance driven down to practices. Presentatio in the right format e.g. top 10 A&E performers by practice can provide feedback from practices on key insights (e.g. gaps in alcohol services) and provide a list for practices to work on.
- Monitor first GP outpatient attendances to see if patient choices are indicating changes in quality of services. Recently, outpatient attendances and maternity deliveries have been rising at Lewisham Healthcare as a proportion of the *total for Lewisham People and this backs up the improvement on quality of services at Lewisham Healthcare.*
- *Key ongoing events e.g. Lewisham People's Day (this year Olympics Live Site on Blackheath), mental health and wellbeing event in Lewisham, pensioners day, carers week.*
- *Patient engagement with our QIPP schemes e.g. identification of patient support groups e.g. Breathe Easy group for COPD in order to get good feedback on service developments.*

We will be developing enhanced feedback for

- Prioritisation of commissioning intentions.
- Reaching harder to reach groups by using community development worker feedback e.g. North Lewisham project workers.
- Systematically using voluntary sector feedback as organisations that are close to service users.
- Trialling GP attendance at ward assemblies to hear Lewisham people's concerns.

Complaints and PALS casework is fed back to patients within time. We have an existing complaints policy.

Complaints can be made verbally, in writing, electronically or via the feedback form on the CCG website. Complaints will be received by the Complaints and PALS Manager, this function is to be undertaken by the South London Commissioning Support Unit (SLCSU), with the CCG Managing Director as the designated responsible person.

Annex 1

LEWISHAM CCG GUIDELINES ON PATIENT AND COMMUNITY ENGAGEMENT

BACKGROUND

The current reforms recommend the following:

CCGs have duties to promote patient involvement in their functions. This is stronger than the previous obligation which was to "have regard to the need to" promote patient involvement.

Clinical commissioning groups will have to involve the public in

- planning commissioning arrangements,
- developing and considering proposals for changes in commissioning arrangements
- all decisions affecting the operation of commissioning arrangements.

CCGs' commissioning plans will need to be the result of ongoing joint work with Health and Wellbeing Boards. Clinical commissioning groups must involve Health and Wellbeing Boards in preparing or revising their plans and, in particular, to share drafts with the Board and consult it on whether the drafts take proper account of the Joint Health and Wellbeing Strategy.

Health and Wellbeing Boards can make any objection to the NHS Commissioning Board if they feel that commissioning plans do not match the agreed strategy.

The DH is consulting on the CCGs duties to promote shared decision-making: patient involvement in decisions about their own individual health and social care.

The governing body should meet in public (except where it would not be in the public interest to do so). Membership of the governing body must include at least two lay members, together with one registered nurse and one doctor with secondary care experience.

Transparency. There will be increasing expectation to publish health data in the public domain.

The CCG will need to demonstrate that Patient and Public Engagement (PPE) is central to all that the CCG does. PPE needs to be hard-wired into decision-making. It also needs to be effective without being expensive or time-consuming.
This means working with other agencies where necessary.

BASIC TASKS

There are two levels where listening and responding take place.

Listening and responding at the individual level: at the level of your own health management, or during a consultation.

Listening and responding at a collective level, with local people involved in influencing commissioning decisions. Two main groups of people can be involved at this level:

a. Patients**:** people who have experience of using the NHS, perhaps using a few pathways of care. They have a wealth of experience to offer us.
b. People who are not using the NHS**:** they can help with questions such as "what priorities should we choose?"

Community Development (CD) is a key approach to both [1]. It works with and encourages local community initiatives which promote and support healthcare objectives. By bringing people together in groups (heart disease, local estate groups, allotments) it has important outcomes:

- the groups can help us improve our commissioning
- bringing people together is in itself health protective to a very significant degree.
- CD may be able to help us identify or work with existing community groups who could provide services that clinical commissioners may want to commission.
- Empowering communities helps tackle health inequalities.

CREATING A DIALOGUE

- Enabling a proactive dialogue with the local community, going out to groups and asking for recommendations for change.
- That includes hard-to-hear groups such as people who are not registered with practices
- Community development is best placed to do this.

EFFECTIVE LISTENING

- To ensure that the CCG listen to all relevant constituencies in Lewisham.
- That includes seldom heard groups such as people who are not registered with practices and including people with the equalities protected characteristics e.g. the deaf community, people with learning disabilities and certain minority ethnic groups
- That includes a proactive dialogue with the local community, by targeted outreach into local communities, seeking their feedback and asking for recommendations for change.
- To ensure information is available to support patients who wish to make a complaint
- To establishing systems of quickly identifying safety and quality issues/concerns identified by patients.

EFFECTIVE RESPONDING

- To ensure that the CCG respond to what has been said by local people and can demonstrate how this has led to change in practice/service delivery.
- To evidence why not all requests by local people can or should be agreed to
- To have systems in place to ensure that issues of patient-identified quality and safety issues are rapidly dealt with.
- To demonstrate that all decisions are made with the input of patients/local people
- Identifying good practice as identified by patients
- Improving patient experience throughout

ENGAGEMENT AT THE INDIVIDUAL LEVEL

There is good evidence that engaging patients in decisions about their own care improves outcomes while enabling patients to use health services less. [2] There are a number of ways that this can be done:

1. ensuring patients have high quality and relevant good information (printing out information; record access linked to information, using links to accredited websites e.g. NHS Choices)
2. supporting patients in shared decision-making (decision aids: record access, group appointments, training of clinicians)

[1] http://www.nice.org.uk/PH9
[2] http://www.dh.gov.uk/en/Healthcare/Longtermconditions/supportingselfcare/DH_084347

3. supporting patients in taking more in control of their condition (record access; Expert Patient Programme)

The CCG will need to set up a workstream to decide how best to take this forward to ensure that we can listen to patients and respond to them at the level of the consultation. This is likely to involve changing our clinical culture as well as offering patients simple and effective ways to be a part of managing themselves.

ENGAGEMENT AT THE COLLECTIVE LEVEL

LISTENING – WHAT ARE THE KEY ISSUES LOCALLY?
Gather outline information through the JSNA in collaboration with the borough.

Supplement with proactive dialogue with local communities. That approach may involve targeted outreach on estates and with local community groups and community leaders in order to understand what the key issues are

Develop a communications process in support.

Whilst there are various approaches that can be taken, community development is particularly well suited to this. There are good examples of the success of community development by

- outreach to groups such as travellers or BME communities
- working on estates. Starting from the problems experienced by residents, building on the assets and resources they have, community development can enable residents to negotiate with commissioners, improve health inequalities and protect health. This will require an alliance with public health teams, borough teams and the voluntary sector working with these communities.

The CCG will need to demonstrate that the views of local people have been integrated into strategic level planning.

INVOLVING PATIENTS IN PATHWAY REDESIGN
The will need to demonstrate that local people are involved in the following areas and have influenced service change

- **Identifying commissioning priorities** - the CCG will need lay representation on the LCCC (and ensure appropriate recruitment mechanisms are followed and support is given).
- **Identifying problems in current care pathways** – each redesign pathway group MUST have relevant patients involved to aid redesign, with communications and engagement activity as support
- **Redesigning new pathways** - each redesign pathway group MUST have relevant patients involved to aid redesign, with communications and engagement activity as support
- **Monitoring the effectiveness and patient-centricity of new pathways** – each pathway redesign needs to audit acceptability and effectiveness from the users' points of view. There might be a generic approach here that would be applicable across many pathways. This might include CQUINS and PROMs
- **Deciding on how resources are best used**. – although this may be decided at the CCG level. it may also benefit from a wider conversation with the Lewisham population.

All business cases should have patient involvement in their development and sign-off

COMPLAINTS
Complaints obviously need to be responded to as swiftly and effectively as possible. In addition, they can indicate quality trends if looked at collectively.

Currently, Patient Advice and Liaison Services, Complaints and Lewisham LINKs comments database all provide these trends. In constructing the new health system, including the development of Lewisham Healthwatch, CCG should ensure that these streams of information are available.

In addition, some complaints are so significant that they may have implications for commissioning immediately. This might be issues such as neglect. Again, PALS and the LINk can flag these up currently.

USING PATIENT DATA TO CHANGE COMMISSIONING – THE KEY STEP
There will be a a clear and powerful committee process that enables us to combine:

- Patient experience
- Complaints
- SUIs
- Information from community development
- Good news stories

PROCURING - QUALITY FROM PATIENTS' POINTS OF VIEW
Once a pathway has been redesigned, the CCG will need to procure the processes from organisations who will tender for the work. The final procurement will be through a Service Level Agreement (SLA). The CCG will ensure that every SLA has patient-defined quality outcomes included.

NHS Outcome Framework

In defining these SLA metrics, the CCG will need to have due regard to the NHS Outcomes Framework, especially for 4. Ensuring that people have a positive experience of care and 5. Treating and caring for people in a safe environment and protecting them form avoidable harm. In addition, the approach outlined above can have positive health outcomes, especially for those with long term conditions.

The literature about how to achieve these includes the latest NICE Guidance on patient experience and the Picker Institute's analysis of what matters to patients.

Patient Outcomes
Information on diagnosis, management and therapy

Patient Outcomes

1. Respecting a patient's values, preferences and expressed needs
2. Information and education
3. Access to care
4. Emotional support
5. Involvement of family and friends
6. Continuity and transition
7. Physical comfort

8. Coordination of care

SAFETY
PPE is a key component of safety. The Mid-Staffordshire NHS Trust problems took place partly because patient views were not taken into account.

It is essential that the CCG create and maintain a culture that enables us to see complaints and recommendations for improvement as screening opportunities for improving safety. Although sometimes tempting, it would be quite wrong to see these interventions from the public as unreasonable and the result of misunderstanding the way the system works.

The CCG needs to ensure that these opportunities for improvement are assessed and grasped where we can. Again, LINKs, PALS and complaints can provide the data

EFFECTIVE COMMUNICATIONS
Apart from listening and responding to our populations, the CCG will also need to communicate ideas to Lewisham patients and residents. This requires:

- The ability to explain policies and actions to the local population.
- The skills and personnel to work in media and be proactive

This can be fast-moving and high pressure. Anticipating issues and intervening early are vital.

Having a team to do this that has deep roots in the local population is essential. Just seeing communications from an organisation's point of view is short-sighted.

OTHER AGENCIES WHO CAN HELP

Working with other agencies is the simplest way to get good outcomes and lighten the load.

This implies that we should support the involvement of community development workers who can do most of the work of engagement and ensure that clinical commissioning gets the clearest picture of recommendations from our local communities.

There are many other ways to do this well, including surveys, citizen juries and so on.

There are a number of alliances that can assist with this in the voluntary sector, public health teams (e.g. the North Lewisham project) and London Borough of Lewisham. The Lewisham LINKs has good connections through these organisations and the CCG should assist LBL in defining the needs for Lewisham Healthwatch that maintains this rich understanding.

LEWISHAM LINK

Lewisham LINKs Database. In addition it has a growing database into which all casual and organised patient comments are placed. This database can be searched by theme or word to identify trends and key issues.

The CCG should encourage all patient comments to be included in the database. Indeed, at some point suitably anonymised Quality Alerts from clinicians might also be included.

Work with individual patients. The LINk also supports individuals with complaints and helps to get them rectified and/or sends them to PALs. Lewisham Healthwatch will have a signposting and information role as well.

LONDON BOROUGH OF LEWISHAM
Lewisham borough has extensive experience and expertise to help with PPE. There are workers who could help gather information on the ground relevant to health. There are planning functions that could save the CCG much time. They are probably one of the most competent partners who could help the CCG commission for health.

An involvement planning function is available in the local authority which could be linked to CCG decision-making

Local Assemblies are developing as democratic hubs that the CCG could work with, both to listen to and to communicate with local people in wards in the borough. Most local assemblies in Lewisham are well attended and participants are keen to be involved in local decision making.

Local councillors could become far more involved in both listening and responding to health issues. The CCG could choose to include councillors at exec meetings or in other functions.

Public Health is a rich source of patient information gathered through activities such as smoking cessation and other groups.

PRACTICE PARTICIPATION GROUPS (PPGs)
The vast majority of practices have set up practice participation groups in the last year. This will help practices to improve, but in future could be a source of patient feedback to the CCG on the basis of information from practices or the involvement of patient representatives on a CCG wide or neighbourhood basis. This requires careful nurturing of the PPGs themselves.

PALs
Compile and deal with complaints and queries.

TIME BANKS
We have 2 in Lewisham with a very active coordinator. We should be harnessing their links with communities

GOVERNANCE FOR INVOLVEMENT

Who will be able to manage this process?
The CCG's PPI and Inequalities Group will coordinate the processes. The group brings together all the key players and can make decisions (see Terms of Reference)

The CCG is likely to need people who can develop and implement a PPI strategy.

A culture of involvement.
The CCG will need to instil and maintain an approach that makes responsiveness an integral part of all its processes. This will include therefore,

- An understanding that the organisation exists to serve its population.

- The corollary is that we see change in response to our populations as a natural integral part of the way the CCG carries out its business.
- involvement of Lewisham people in all committees
- the development of shared decision-making in practices and hospitals.

The job of patient representatives
Not to be representative of the population of Lewisham, but to become a conduit if needed to the wider community through connections. The representative would therefore need to be able to get advice from outside the group through existing channels.

Patient representatives should be influential and can develop knowledge in the NHS to enhance this.

It is recommended that the patient representatives should have a group nurturing process, so that they can develop their skills in this important area.

Other more comprehensive approaches - Principia
Principia is a social enterprise in Nottingham. Principia works closely with NHS Nottinghamshire County which has given it a budget and the authority to commission health services for the communities of Rushcliffe.

The company is run by a LCCC which is made up of representatives of local GPs, community-based service providers like district nurses, and patients. This is supported by a Clinical Reference Group and a Patient Reference Group.

NEXT STEPS
These are included in the Communications and Engagement Strategy.

Annex 2

DRAFT TERMS OF REFERENCE
LEWISHAM CLINICAL COMMISSIONING GROUP
PPI / Inequalities Group

1. Introduction

The Patient and Public Involvement (PPI)/ Inequalities Group exists to ensure the CCG has the mindset and the structures and processes in place to achieve a high level and quality of patient and public engagement and that its approach to engagement promote the reduction of health inequalities.

This Group will be chaired by Hilary Entwistle, Senior Clinical Director.

2. Purpose

a) Provide feedback and assurance to the CCG Board committees that equalities and patient and public engagement is being carried out in the best way and meets legal duties placed on the CCG

b) Ensure that information drawn from engagement and equalities assessment is taken account of in the development of CCG strategy and plans

c) Collect and assess patient experience insights to the Delivery Committee as a key dimension of the safety aspect of performance

d) Develop and monitor an annual engagement plan to improve engagement over the year in line with the Communications and Engagement Strategy

e) Develop and maintain a consolidated and deepening view of reported patient experience in Lewisham

3. Areas of Focus

a) Provide feedback and assurance to the CCG Governing Body and Committees that equalities and patient and public engagement is being carried out in the best way and meets legal duties placed on the CCG

- Approve annual equalities objectives
- Approve the annual Equality Delivery System assessment
- Provide assurance on the duty to consult obligation
- Provide feedback which focuses specifically on the Outcomes Framework domain of patient experience and associated guidance

b) Ensure that information drawn from engagement and equalities assessment is taken account of in the development of CCG strategy and plans

- Determine the structure of engagement to provide input into planning (April)
- Oversee the engagement exercise (May to September)

c) Act as a focus for patient experience insights to the Delivery Committee as a key dimension of the safety aspect of performance

- Identify and escalate to the Delivery Committee any item of feedback or equalities information of such immediate importance
- Assure the quality of input provided on patient experience into the monthly integrated performance reports reviewed by the Delivery Committee.

d) Develop and monitor an annual engagement plan to improve engagement over the year in line with the Communications and Engagement Strategy.

- Ensure local alignment of engagement plans to maximise collective impact, including for example:
    - engagement driven by the Health and Wellbeing Board
    - engagement plans of Lewisham Healthcare

f) Develop and maintain a consolidated and deepening view of reported patient experience in Lewisham

- Develop and review key measures from patient experience, e.g. national surveys, Lewisham LINKs database patterns, changes in c**h**oices by patients. These should align to the Outcomes Framework Patient Experience dimensions.

- Develop feedback mechanisms from clinicians' one-to-one discussions with patients (based on increasing shared decision making between them) and the patient participation groups.

4. Meeting Schedule

Meetings will take place on a bi-monthly basis.

5. Accountability

The Group will provide minutes of its meetings to the Strategy and Development Committee.

Governance support will ensure any insights and suggested actions are communicated to other Committees as appropriate.

6. Group Membership

- CCG Clinical Director

- CCG Governing Body lay member with responsibility for engagement.
- Director of Commissioning (with remit for engagement)
- Corporate Director Healthwatch (Lewisham LINKs until in operation)
- Public Health
- Lewisham Healthcare PPI Lead
- Lewisham Healthcare Health Promotion and Engagement Lead
- SLAM PPI Lead
- London Borough of Lewisham Officer with responsibility for Health and Wellbeing Board and link to Borough insights into Lewisham
- Voluntary Action Lewisham – Head of Health and Social Care Forum
- Engagement Officer
- South London CSU Communications and Engagement Lead relating to Lewisham.

7. Quorum Rules and Responsibilities of Members

A quorum will be over 50% of members including one CCG Governing Body member.

8. Reporting Arrangements

The Committee will provide a regular report of its meetings to the Strategy and Delivery Group.

9. Monitoring adherence to the Terms of Reference

Not applicable

10. Review

Terms of Reference will be reviewed annually.

11. Resources and support

The group will be supported by a Director of the CCG, who will be responsible for:

- overseeing of Governing Body and committee agendas, minimising the duplication of discussion and decision-making
- assisting those chairing the Governing Body and committee with preparation for meetings
- bringing together in accessible form the reports and information necessary to the support discussion and decision-making of the Governing Body and its committees
- producing and distributing minutes within five working days of meetings
- tracking progress on actions, identifying and rectifying any lapses in communication.

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting.

Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

Annex 3

DRAFT TERMS OF REFERENCE
LEWISHAM CLINICAL COMMISSIONING GROUP
For Learning and Action Group (FLAG)

1. Introduction

The For Learning and Action Group is a central point for the identification, escalation, monitoring and learning from patient feedback and patient safety and quality incidents and issues.

This Group will be chaired by the CCG Senior Clinical Director responsible for clinical quality.

2. Purpose

a) Provide expert assistance with the identification, escalation and resolution of patient feedback and patient safety and clinical quality issues which arise in healthcare delivery

b) Provide a forum to learn from adverse events

3. Areas of Focus

a) Provide expert assistance with the identification, escalation and resolution of patient feedback and patient safety and clinical quality issues which arise in healthcare delivery. This will include reports from the National Reporting and Learning System (NRLS)

- To act as a local referral point for:
  - reports sharing issues of concern impacting on patient care and relating to staff not directly employed by Lewisham CCG
  - issues of concern and lessons learnt from Prescribing and Medicines Management
- to advise CCG staff on remedial action
- to monitor actions taken by provider in response to Serious Untoward Incidents
- to escalate serious and/or recurrent issues identified to the appropriate committee:
  - recurrent safety and quality issues with contractual implications to the CCG Delivery Committee
  - issues relating to the action of individual primary care contractors to the NHSCB Local Area Team (LAT)
  - issues of importance for member practices in their commissioning role to the Clinical Directors Committee

- to perform this role in accordance with other Lewisham CCG policies including Information Governance, whistle blowing, incident reporting and management and complaints handling

b) Provide a forum to learn from adverse events

- to encourage a culture of learning from adverse events and near misses
- to encourage a culture of fairness so that the root cause of adverse events is addressed
- to act as a local referral point for looking at adverse events
- to receive root cause analysis of serious adverse events and nears misses
- review action plans to address causes and provide support where possible to include all independent contractors
- ensure dissemination of learning from good practice adverse events and near misses
- to ensure that the process is disseminated to all those working in Lewisham CCG and that reporting and referral mechanisms are disseminated to the other stakeholders

4. Meeting Schedule

The Group will hold monthly meetings.

Prescribing / CAS Alerts, Quality Alerts, Incident Themes in Primary Care and SUI monitoring in SLAM and Lewisham Healthcare will be reviewed every month.

PALS / Complaints will be to be reviewed every quarter.

The Group will meet when required to review Final Reports for SUIs.

5. Accountability

The Group will maintain clear records for the purpose of effective communication, transparency of the process and for accountability

The Group will provide minutes to the Strategy Development Committee, the Clinical Directors Committee and the Delivery Committee, highlighting issues of particular relevance to the committee in question.

6. Group Membership

Core members

- Senior Clinical Director, Lewisham CCG
- Head of Integrated Governance
- Medicines Governance Advisor
- Head of System Intelligence
- Commissioning Facilitator x 2

- Governance Officer

In attendance as required

- SLaM and LHCT Commissioners
- LDC representative or other dental advisor
- AD Pharmacy or other pharmacist adviser
- AD's provider services – adult and children's divisions

7. Quorum Rules and Responsibilities of Members

A quorum will be 75% of core membership

8. Reporting Arrangements

The Group will keep formal minutes, but these will not be distributed beyond Group members.

9. Monitoring adherence to the Terms of Reference

Not applicable.

10. Review

Terms of Reference will be reviewed annually.

11. Resources and support

The group will be supported by a Director of the CCG, who will be responsible for:

- overseeing of Governing Body and committee agendas, minimising the duplication of discussion and decision-making
- assisting those chairing the Governing Body and committee with preparation for meetings
- bringing together in accessible form the reports and information necessary to the support discussion and decision-making of the Governing Body and its committees
- producing and distributing minutes within five working days of meetings
- tracking progress on actions, identifying and rectifying any lapses in communication.

Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.

Agendas for the meeting will be distributed no less than seven days before the meeting.

Papers for the meeting will be distributed no less than five days before the meeting.

Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

Annex 4

PPI Group Action Plan 2012/13

Subject	Who	When	Connected to
Governance Improving clarity of roles, terms of reference and improving links to other groups especially LINKs and Healthwatch.			
• Agree Terms of Reference (including membership) of PPI/Inequalities Group	PPI Group LCCC	June July	CCG Constitution & Governance
• Convert GP Federation Vision to CCG Vision and get agreed	LCCC	July	
• Workplan for CCG Board to support engagement	Complete		Reported to LCCC quarterly
• Development of Healthwatch	Healthwatch project group (LBL led)	October specification April Healthwatch in place.	
• Business cases judged by effect on patients – devise process	PPI Group	December	Plans for 13/14
• Feedback processes devised for Quality and Safety	PPI Group	September	

Subject	Who	When	Connected to
Patient Engagement Mechanisms Improving feedback mechanisms.			
• Develop and nurture PPGs - Phase 1 Current status and good examples gleaned - Phase 2 Develop coaching programme for delivery	 Grainne Bellenie Grainne Bellenie	 September December	
• Community development Devise how existing workers' insights can be used.	Grainne Bellenie	December	
Shared Decision Making How patients can take more control through clinicians offering them options to aid informed choices. This will be especially focused on long term conditions.			
• COPD pathway - Approach agreed - Delivery	COPD pathway group	 July	
• Diabetes - Approach agreed as part of pathway - Delivery	Diabetes pathway group	 September December	

Subject	Who	When	Connected to
PPE and Commissioning Improving public and patient engagement in the integrated plan, providing a sense of priorities in the plan and commissioning intentions.			
• Integrated plan engagement process	Mike Hellier Grainne Bellenie	July to September	Health and Wellbeing Strategy Engagement
Statutory and Miscellaneous			
• Engagement report 2011/12 CCG Agreement	Grainne Bellenie	September	

Annex 5

Lewisham Clinical Commissioning Group

Engagement plan for Integrated Plan and link to Health and Wellbeing Strategy

Mike Hellier

Process

Lewisham Clinical Commissioning Group

- Meeting of Dr Brian Fisher, Dr Hilary Entwistle, Petula Peters LBL, Miriam Long Lewisham LINKs and Mike Hellier
- There is an engagement plan for Health and Wellbeing Strategy once produced.

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Overall timelines

Lewisham Clinical Commissioning Group

June July Aug Sep Oct Nov

Draft Integrated Plan (outline)

Refine Integrated Plan

Draft Health and Wellbeing Strategy

Ideas From Scratch

Prioritisation Events for IP

Engagement Events H&WB Strategy

Festivals

Blackheath Olympics health village

Ideas from scratch

NHS
Lewisham Clinical Commissioning Group

starting with patients and public rather than start with the plan

- Voluntary sector health and social care group
- Long term condition support groups
- LINKs comments with top priority question.
- LINKs long term conditions report and annual report
- Unplanned care event report
- National evidence for what patients want
- Current intelligence from e.g. North Lewisham Project and other community development
- Decide on GPs to ask PPGs for priorities.

Lewisham Clinical Commissioning Group

Engagement events - September

- Have a set piece event at civic centre (joint with health and wellbeing strategy if ready)
- Have some joint hard to reach group sessions.
- For integrated plan, the key output is public view of priorities. Delivered by end September, for use in NHSCB session for CCG for authorisation and development of commisisoning intentions 13/14.
- Health and Wellbeing Strategy will continue beyond September

Other related issues

Lewisham Clinical Commissioning Group

- Healthwatch consultation 24/7
- Healthier Communities Select Committee December
- Next PPE sub committee September