



Annual State of Consultation

From listening, to learning, to action
2010-2011

Duty to Report 2010/11

Foreword

The duty to report on consultation places a legal duty on all primary care trusts (PCTs) to report annually on the influence people's views have had on their decisions. We need to be able to demonstrate that that we have listened to, and acted on the concerns of patients and local people.

The challenges facing the NHS over the next few years are considerable and we must ensure that services are designed and remodelled around the needs and wants of our patients and local communities.

This report covers involvement work carried out during 2010/11, capturing for the first time consultation and engagement undertaken by the Birmingham and Solihull NHS Cluster. The Cluster brings together Heart of Birmingham PCT, NHS South Birmingham, NHS Birmingham East and North and Solihull PCT. This transition arrangement is helping us to ensure that we can continue to commission high quality health services, reduce management costs and ensure best use of resources. It is also ensuring a co-ordinated approach to transferring duty and responsibility to emerging clinical commissioning groups and other organisations whilst maintaining positive standards of delivery.

As well as formal consultations, the report captures other engagement activities to raise awareness of the different ways local people are being involved across the cluster. We feel privileged to be able to publish a report that demonstrates and celebrates the contribution local people have made to health care decisions across Birmingham and Solihull.

The Birmingham and Solihull NHS Cluster Duty to Report 2010/11 will be made available on cluster PCT websites by end of September 2011.

What is the Duty to Report?

The Secretary of State for Health issued directions which came into force on 1st April 2010, outlining the NHS Duty to Report on consultation about commissioning decisions (NHS Act 2006 under section 17A for SHAs and section 24A for PCTs). This followed 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 meeting these duties?

We know from feedback from local agencies and from the local health scrutiny committees that when it comes to reporting on consultations it makes sense, where appropriate, to present wider than just at a single PCT-level.

Heart of Birmingham teaching PCT, NHS Birmingham East and North , NHS South Birmingham and Solihull PCT maintain a local focus but since July 2010, have been working together to tackle issues and make improvements as a cluster across Birmingham and Solihull. This arrangement has since been formalised with the appointment of Denise McLellan as Cluster Chief Executive in April 2011, supported by single Cluster Board.

We have also strengthened our working relationships with the respective local authorities Birmingham City Council and Solihull Metropolitan Borough Council to ensure a joined up approach to engagement. There is now greater collaborative working with the Health and Adults Overview and Scrutiny Committees (HA OSC), Local Involvement Networks (LINK) as well as local patient and public involvement groups to address health issues.

Over recent years, the four PCTs and respective Local Authorities have made progress in strengthening the way patient and public views and opinions are captured. The cluster has utilised a shared reporting tool and website - BeHeard - to help bring together information for the first cluster wide Duty to Report demonstrating key areas of consultation and engagement.

The Be Heard website (www.birminghambeheard.org.uk) provides information on consultations across Birmingham that have been undertaken by Birmingham City Council and partner organisations such as Birmingham Primary Care Trusts, Birmingham Health and Wellbeing Partnership, West Midlands Fire and Rescue Service and Birmingham Voluntary Services Council. The Annual Statement of Consultation is a partnership document that reports the consultation activities of the public sector and the voluntary and community sector in Birmingham. By talking and listening to people's views and opinions we strive to make Birmingham a better place for everyone and to deliver the city's Sustainable Community Strategy.

What will the Duty to Report tell us?

The Duty to Report 2010/11 captures key areas where local people and patients have been engaged and involved in influencing 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 report highlights key engagement activities across the Cluster including:

Patient experience

Over the last year, there has been ongoing dialogue with local people across Birmingham and Solihull to provide comments and feedback to improve patient experience of healthcare services.

We worked with University Hospitals Birmingham NHS Foundation Trust (UHB) to arrange representatives from the new Queen Elizabeth Hospital to attend local patient and public involvement groups across the city to provide an update on the new super hospital since its opening in July 2010. It also provided opportunity for UHB to get real time feedback from local communities who have had recent experience at the hospital either as a patient or carer and quell any concerns.

Service redesign

Local patient and public engagement has fed into the review of pre-and post natal care for mothers and babies, Mental Health as well as Ear, Nose and Throat (ENT) services. Input from these patient and public involvement sessions have informed improvements to service redesign proposals and encouraged sharing of good practice across these services.

Planning for the future

Since the beginning of 2011, there has been engagement with local Birmingham and Solihull LINKs to create awareness and understanding around the cluster coming together and the development of a cluster system plan which sets out the direction and key priorities for health and healthcare over the next five years.

The plan marks a significant commitment of the NHS and wider health and social care system to work together to innovate and personalise care for patients. The cluster is committed to working together to manage the rising pressures associated with an ageing population, advancing health care and sustaining good access to care for all.

The cluster is a highly complex system with a number of emerging clinical commissioning groups at varying stages of development, multiple providers including strong Foundation Trusts and two Local Authorities, all facing significant financial challenges. Change of this scale can only be achieved through a collaborative approach between all partners across the health and social care system.

How are we currently engaging?

The cluster has been actively engaging with the local population through a variety of ways and at different levels including patient and public events, workshops and meetings as well as through new technology including online surveys.

Relationships built with local residents have ensured that there are opportunities to challenge decisions made by the NHS to ensure that health services are designed to better meet the needs of local people. These groups have supported the local NHS in continuing to raise standards and improve services. We have continued to strengthen local dialogue about the challenges facing the NHS and have ensured opportunity to shape plans around priority setting through patient sessions, workshops and updates. This involves ensuring input and commitment from emerging Clinical Commissioning Groups to ensure that going forward, patient and public involvement is embedded every step of the way.

Plans for continued engagement in the future

The NHS White Paper, Equity and excellence: Liberating the NHS sets out the Government's long-term vision for the future of the NHS. The White Paper and subsequent Health and Social Care Bill signals that PCTs will be abolished in 2013 with duty and responsibility moving to Clinical Commissioning Groups. Going forward, we will continue to improve our consultations to support changes as it is vital that local voices continue to be heard and supported in this new environment.

Emerging Clinical Commissioning Groups

By 2013 Clinical Commissioning Groups (CCG) will have responsibility for the planning and commissioning of local health services. Clinical commissioning looks to give local clinicians greater power and influence and with that comes the responsibility to ensure that patients and the public are involved in plans and developments. The cluster is working to support CCGs to ensure that there are a range of opportunities for patient and public involvement.

Local HealthWatch

In October 2012, Local Involvement Networks (LINKs) will replace Local HealthWatch, the new independent consumer champion for health and social care. Both Birmingham and Solihull LINK were given the opportunity to comment on this report, and Solihull LINK provided the following input:

“Solihull LINK’s role is to promote public involvement in health and social care, and to give local people a voice in their services. We are pleased to see that local NHS Trusts have undertaken a number of consultations with the public over 2010 - 11. However, we would like more information on these, such as the numbers who participated, the findings and impact. In order to encourage future productive dialogue with the public, local people need to see that their involvement has made a difference to services.”

The cluster is currently working with local authority partners, patients and the public to look at development of HealthWatch, and how it will look in the future. A HealthWatch Steering Group continues to look at structures and systems needed, ensuring that there is input from patient and public involvement every step of the way.

Foundation Trust membership

The cluster continues to have strong links with Foundation Trusts across Birmingham and Solihull. Becoming a member of an NHS Foundation Trust is another way for local people to be involved and to influence decisions about healthcare services. All local people, patients and NHS staff are eligible to become members of an NHS foundation trust to take an active part in its management.

We hope you find this document useful and informative. If you have any feedback, please get in touch with the Birmingham and Solihull Cluster NHS Communications and Engagement team at bham.solihull@nhs.net or call 0121 255 0875.

Con ID	950		
Title	Better Mental Health in Birmingham		
Overview	Local people were invited to submit their views on the changes that are in the planning to improve mental health services in Birmingham over the next five years. These services need to be reviewed in line with Government policy that was set out in the NHS white paper 'Equity and Excellence: Liberating the NHS'. This consultation is also a response to the previous Government's policy document 'New Horizons: a shared vision for mental health', which is currently under review.		
Contact Name	Tom Howell - 0121 465 5175	Date	Sept 9 th 2010 – December 13 th 2010
Target Group	Carers, Consultative Forums, Non Service Users, Public Sector Organisations, Service Users, Voluntary Organisations/Third Sector		
Area	Birmingham - Citywide		
Method	Meeting - One Off - Open , Questionnaire/Survey - Electronic/Online /IDTV, Questionnaire/Survey - Postal/Self Completion (Feedback) Form		
Feedback	Personal Letter		
Strategic Outcomes			
Cost	£1000-2000	No. of Respondents	
Partners	NHS South Birmingham		
Key Findings 1	75% of respondents to the survey agreed (49%) or strongly agreed (26%) with the proposals in the strategy.		

Key findings 2	Participants felt that proposals would broaden access and reduce stigma by increasing provision in community settings and increasing the involvement of 3rd sector organisations.
Key findings 3	Commissioners decided to extend the period of consultation regarding proposals to change mental health day service provision as a result of feedback from this consultation.
What we did	
Next Steps	

Con ID	1,070		
Title	Carers Consultation		
Overview	A proposal to de-commission the carers support service and use the resources to re-commission the services in a different way to meet needs of the wider community and to reach out to as many carers as possible. The consultation enabled the trust to talk to carers, patients and the public, so that they have a say in the best way to develop services to support carers. The trust is committed to ensure that patients and carers are offered a variety of ways to give their feedback on the consultation including online surveys, support group meetings and public events.		
Contact Name	Patient and Public Involvement (PPI) team 0121 380 9175	Date	24/5/2010 – 19/7/2010
Target Group	Carers		
Area	Birmingham East and North		
Method	Meeting – one off – selected participants		

Feedback	Website		
Strategic Outcomes	Be healthy		
Cost	Not known	No. of Respondents	
Partners			
Key Findings 1	Pending		
What we did	A report is currently in the process of being produced, and will be available upon request.		
Next Steps			

Con ID	1,325		
Title	Carers Count Consultation		
Overview	The Trust consulted with carers as well as carers support organisations and networks between March and July 2010 on plans to replace direct carers services with a range of alternative support. 200 questionnaires were sent out, or completed face to face, asking for views on the options for alternative provision. These included dedicated support through End of Life and Stroke care as well as training in caring for someone with dementia or depression and asked if carers had any other specific needs.		
Contact Name	Annette Hearnden - 0121 380 9032	Date	25/03/2010 - 19/07/2010
Target Group	Carers		

Area	Birmingham East and North		
Method	Questionnaire/Survey - Face to Face, Questionnaire/Survey - Postal/Self Completion (Feedback) Form		
Feedback	Personal Letter		
Strategic Outcomes	Enjoy a high quality of life Make a contribution		
Cost	£100-500	No. of Respondents	
Partners			
Key Findings 1	Respondents wanted a dedicated support service for carers of people needing End of Life and Stroke care		
Key findings 2	Respondents wanted better access to information for carers and local information on services and support available		
Key findings 3	Carers of older people with depression or dementia wanted training and support where a range of carers in similar situations could come together and share experiences		
What we did	<p>Additional resources were put in place to ensure quicker access to equipment grants for purchase of transit only wheelchairs for occasional use outdoors.</p> <p>Involvement of carers in planning and development of services is being achieved through a range of service redesign programmes, including rheumatology, dementia, mental health as well as through a range of local groups including:</p> <ul style="list-style-type: none"> - The Multiple Sclerosis Group - The Interagency Carers Group - The Patient Discharge Group - The pilot Day Assessment and Treatment (DATE) service for older people 		

Next Steps	NHS BEN will continue to involve carers in service development, improvement and monitoring as well as raising awareness of the needs of carers and the impact of caring on their physical, emotional and mental health. The Trust will also continue to work in support of the services provided for carers by Birmingham City Council and other agencies.		
Con ID	1,328		
Title	Redesign of Muscoskeletal services		
Overview	Insufficient capacity, in hospital and community services, will not meet increasing local needs of muscoskeletal patients, including those with knee problems. The Trust held an event in June 2010 to ask for the views of patients, carers and staff on the redesign of these services to improve outcomes, streamline patient pathways with no delays in assessment, diagnosis and treatment and ensure best use of the resources available. A focus group was facilitated to gather patient opinions about the current service and how it could be improved		
Contact Name	Alison Hughes - 0121 380 9032	Date	Hospitals/Clinics/Other Health Providers, Patients - Adults
Target Group	Hospitals/Clinics/Other Health Providers, Patients - Adults		
Area	Birmingham East and North		
Method	Inviting Comments: event		
Feedback	Website		
Strategic Outcomes	Be healthy Enjoy a high quality of life		

Cost	£100-500	No. of Respondents	
Partners	NHS Royal Orthopaedic Hospital Foundation Trust		
Key Findings 1	Lessons learned from the integrated model for the management of patients with knee problems can inform a more responsive, co-ordinated and efficient system with good levels of patient satisfaction.		
Key findings 2	There were positive views expressed about the orthopaedic triage service and the community pain service.		
Key findings 3	An integrated model of patient management can be adapted for other musculoskeletal conditions, addressing patient concerns about appropriate referral, co-ordinating care in one place, providing consistent information and arranging appointments to suit them.		
Key finding 4	Key concerns raised by patients about being referred appropriately by the GP so that they got the right service promptly, not having to go to different hospitals i.e having all services in one place and having the right information to make decisions about their care have informed further development of the patient pathway.		
Next Steps	The patient pathways for other specific musculoskeletal services will be developed adapting the model agreed at the consultation event		

Con ID	1,329		
Title	Maternity services re-design		
Overview	NHS BEN and Solihull Care Trust have worked in partnership to engage local people, clinicians and other relevant stakeholders in a review of maternity services. A maternity strategy was developed, shaped by the insights from a range of initial engagement activities. This strategy went to public consultation on 18 October 2010 to give local people a say in how care for mothers and babies is provided from before pregnancy to after birth.		
Contact Name	Nicola Bengé - 0121 380 9032	Date	18/10/2010 - 24/01/2011
Target Group	Hospitals/Clinics/Other Health Providers, Local Involvement Networks (LINKs) - Health		
Area	Birmingham East and North and Solihull		
Method	Meeting - Series, Questionnaire/Survey - Face to Face, Questionnaire/Survey - Postal/Self Completion (Feedback) Form		
Feedback	Website		
Strategic Outcomes			
Cost	£1000-2000	No. of Respondents	
Partners	NHS Heart of England		
Key Findings 1	Not yet published		
What we did	Local mothers, clinicians and wider stakeholders have been able to help the Trusts identify what improvements should be made to maternity services.		

Con ID	1,330		
Title	Ear, Nose and Throat (ENT) Service Redesign		
Overview	<p>Proposal to deliver ENT services in the community – this engagement activity looked to gather views of patients attending hospital and community ENT clinics. Patients and other stakeholders were asked what they valued in current services, what could be improved and how the service could be redesigned to meet patient’s needs and preferences in terms of service quality, location and delivery. A questionnaire was completed by 112 clinic patients and their responses were fed into a workshop to share views and experiences. A group of patients also attended the workshop.</p>		
Contact Name	Zoeta Manning - 0121 380 9032	Date	01/06/2010 – 31/08/2010
Target Group	Hospitals/Clinics/Other Health Providers, Patients - Adults, Patients - Children		
Area	Birmingham East and North		
Method	Meeting - One Off - Selected Participants, Completion (Feedback) Form		
Feedback	Website		
Strategic Outcomes	Make a contribution		
Cost	£100-500	No. of Respondents	
Partners	NHS Heart of England		
Key Findings 1	The experience of patients using the services is crucial in service redesign, identifying aspects of care that need to be addressed and highlighting elements commissioners may not have anticipated.		

Key findings 2	By finding out what patients like and dislike about a service, good practice can be identified and shared.
What we did	The views and concerns of the patients using the services in clinic and community were included in the business plan for the redesign of Ear, Nose and Throat services.
Next Steps	To build on this consultation, using patient experience, ideas and views to redesign ear, nose and throat services around the needs and preferences of the patients as far as possible.

Con ID	1,331		
Title	Health services for the homeless		
Overview	The Trust is working in partnership with Birmingham Community Health Trust and Sifa Fireside to improve access to healthcare for homeless people in the city. Service User meetings have been held to highlight barriers to access and the problems experienced by homeless people when accessing health care.		
Contact Name	Sheeba Mir - 0121 380 9032	Date	01/03/2010 – 31/03/2011
Target Group	Homeless people		
Area	Birmingham – citywide		
Method	Meeting - series		
Feedback	Website		
Strategic Outcomes			

Cost	£0-100	No. of Respondents	
Partners	Voluntary and Community Sector (including Faith Groups)		
Key Findings 1	Homeless people do not get the healthcare that they need.		
Key findings 2	There are barriers to accessing health care services that can be overcome if the NHS works in partnership with homeless people and appropriate community support organisations.		
What we did	A dialogue has opened up between the Community Health Trust, the primary care trust, Sifa Fireside and a group of homeless people		
Next Steps	To maintain this dialogue so that the voice of homeless people informs service development.		

Con ID	1,332		
Title	Patient Focus Group		
Overview	A group of patients and local people, act as a sounding board for NHS Birmingham East and North on service development and redesign. The Group meets monthly to share their views, experiences and concerns. Members get involved in consultations, PEAT Inspections, GP Accreditation Panels and Trust work programmes to provide a patient/public perspective. Recent activity includes advising on the Trust's process for ensuring efficiency savings and contributing to discussion on Procedures of Limited Clinical Value.		
Contact Name	Annette Hearnden - 0121 380 9032	Date	01/04/2010 – 31/03/2011

Target Group	Hospitals/Clinics/Other Health Providers, Local Involvement Networks (LINKs) - Health		
Area	Birmingham East and North		
Method	Meeting - Series		
Feedback	Personal letter		
Strategic Outcomes	Make a contribution		
Cost	0 - £100	No. of Respondents	
Partners			
Key Findings 1	Key issues, concerns and views have been raised that have informed a range of service development and redesign Proposals.		
Key findings 2	Having an established sounding board for patients and local people to influence plans at an early stage.		
What we did	The patient and public perspective has informed a range of service redesign programmes, highlighting what is important to those who use our services and highlighting specific, sometimes unanticipated issues or concerns.		
Next Steps	To support the Patient Focus Group to continue within the changing NHS. Keeping them informed of developments so they can explore the options and opportunities to contribute their valuable perspective, including the development of the Clinical Commissioning Groups, to ensure the patient perspective is embedded in future service development.		

Con ID	1,333		
Title	Patient Discharge Group		
Overview	<p>The Patient Discharge Group was set up in 2010 following concerns raised by a family member whose mother had had a poor discharge experience. The Group consists of staff from the PCT, Good Hope and Heartlands Hospitals with representation from Birmingham Association for the Care of Older People, (BACOP), the Birmingham Disability Resource Centre and four members of the public, including a carer. This group has reviewed the hospital discharge process and is helping to redesign key aspects including the discharge letters and forms so that the right packages are put in place when people leave hospital.</p>		
Contact Name	Annette Hearnden - 01213809032	Date	01/02/2010 – 31/03/2011
Target Group	Hospitals/Clinics/Other Health Providers, Local Involvement Networks (LINKs) - Health		
Area	Birmingham – city-wide		
Method	Meeting- series		
Feedback	Personal letter		
Strategic Outcomes	Achieving excellence		
Cost	£0-100	No. of Respondents	
Partners	NHS Heart of England		
Key Findings 1	The Group has identified areas for improvement in the pre discharge checklist used in local hospitals.		

Key findings 2	The perspective of patients who have experiences discharge highlights where it is not working appropriately.
Key findings 3	Staff are willing to listen to patients to identify how processes can be improved.
What we did	<ol style="list-style-type: none"> 1. The pre discharge checklist was revised using feedback from the group 2. Use of the discharge checklist rose from 6% to 81% overall period of 6 months at Good Hope Hospital
Next Steps	Discharge Planning is a key priority as part of managing delays in care as part of the Ageing Well initiative. This engagement will provide support to the discharge group to continue engaging with the changing NHS.

Con ID	919		
Title	Pharmaceutical Needs Assessment		
Overview	The purpose of the Pharmaceutical Needs Assessment is to scope what is needed at a local level to support the commissioning objectives for pharmaceutical services that could be delivered by community pharmacies and other providers. The assessment will provide us with a rational basis to identify any gaps in service provision, and plan where resources are need to be invested to ensure that services provided are linked to local needs, or where possible, support them in meeting the health needs of the local population.		
Contact Name	Cluster Communications and Engagement 0121 255 0875	Date	04/10/2010 – 03/12/2010
Target Group	Carers, Community Groups, Education - Higher Education Sector/Training Providers, Hospitals/Clinics/Other Health Providers, Local Involvement Networks (LINKs) - Health, Patients - Adults		
Area	Birmingham and Solihull-wide.		

Method	Website, local engagement, postal/self completion (feedback form).		
Feedback	Website, local engagement, postal/self completion (feedback form).		
Strategic Outcomes	Make a contribution.		
Cost		No. of Respondents	
Partners			
Key Findings 1	78% agreed that the document effectively outlines current pharmacy service provision and is sufficient as a tool when considering new pharmacy applications.		
Key findings 2	97% of respondents agreed that the assessment was thorough and provided a good overview of the need for pharmaceutical services within Birmingham and Solihull.		
What we did	Respondent's views and opinions have been taken on board and included in the final report.		
Next Steps	This was a government directive, there are no further steps required.		

Con ID	919
Title	Birchfield Be Healthy Fun Day
Overview	Residents completed a 'Voice Your Choice' questionnaire about their local neighbourhood. It was an opportunity for residents to comment on developments in the area over the last twelve months. Residents were asked to tick five issues

	in a grid where it was felt that things were improving and then to put a cross by five issues which were not improving.		
Contact Name	Yvonne Wager - (0121) 675 7061	Date	26/06/2010 - 26/06/2010
Target Group	Age - All		
Area	Lozells and East Handsworth		
Method	Questionnaire/Survey - Postal/Self Completion (Feedback) Form		
Feedback	Website		
Strategic Outcomes	Be healthy, Enjoy a high quality of life, Make a contribution, Stay safe in a clean, green city.		
Cost	£3000-4000	No. of Respondents	
Partners	NHS Heart of England		
Key Findings 1	There needs to be more leisure activities for children to do		
Key findings 2	More play facilities required		
Key findings 3	More sport and leisure facilities		
What we did	The Neighbourhood Manager is currently exploring ways to increase activities available to children, and is looking at enhancing existing play facilities at Church Hill Road Play Area and promoting existing Sports and Leisure Facilities at the Alexander Stadium and Handsworth Leisure Centre.		
Next Steps	Progress evaluation of local residents' priorities to be carried out in March 2011.		

Con ID	1,321		
Title	Procedures of Lower Clinical Value		
Overview	There are a number of treatments and procedures which are not routinely provided by the NHS or are no longer provided in the same way. Clinicians and patients are reviewing non-urgent or non-essential treatments and procedures where there is little or no evidence that the treatment is effective, it is only effective in specific circumstances or the treatment is for cosmetic rather than clinical reasons.		
Contact Name	Elizabeth Martial – 0121 2550875	Date	01/5/2010 – 31/3/2013
Target Group	Community Groups, Local Involvement Networks (LINKs) - Health, Patients - Adults, Residents - Local		
Area	Edgbaston, Kings Norton, Selly Oak, Northfield		
Method	Inviting Comments: event, Inviting Comments: presentation, Meeting - One Off - Open		
Feedback	Personal Letter, local engagement events		
Strategic Outcomes	Make a contribution		
Cost	£0-100	No. of Respondents	
Partners			
Key Findings 1	Important to consider quality of life when making decisions around funding and prioritisation		
Key findings 2	The group agreed that it was important that work around PLCV needs to be conveyed to patients as continued commitment to care but just in a different way; that providing high quality care remains at the heart of all these		

	decisions.
Key findings 3	There were concerns that the whole process is quite complicated and could create more administration and bureaucracy, taking GPs away from their clinical roles.
What we did	The engagement session helped to inform the information we have available online, including the patient leaflet that was produced.
Next Steps	Recognition that future engagement will need a wider participation from patient and public as other areas might have greater impact on different user/public group.

Con ID	1,332		
Title	Living Well Living Longer in South Birmingham – Setting Priorities		
Overview	The consultation which looks to release savings without serious negative impact on health and healthcare services. The session is part of an ongoing dialogue with patients and the public to ensure continued improvements in health and healthcare during challenging financial times.		
Contact Name	Elizabeth Martial - 0121 255 0875	Date	05/01/2011 - 31/03/2011
Target Group	Carers, Local Involvement Networks (LINKs) - Health, Patients - Adults, Residents - Local		
Area	Edgbaston, Kings Norton, Selly Oak, Northfield		
Method	Inviting Comments: event, Inviting Comments: presentation, Meeting - Series		
Feedback	Personal Letter, local engagement events		

Strategic Outcomes	Make a contribution		
Cost	£0-100	No. of Respondents	
Partners			
Key Findings 1	The group highlighted that preventative initiatives like NHS Healthcheck were very important in helping to prevent serious illness and reaching a wide number of people.		
Key findings 2	There was general consensus on the need to invest in hospices providing end of life care.		
Key findings 3	There is a lot of money invested in services like the Rapid Response service and Multidisciplinary Integrated Teams; the group agreed that community services like these are important in bringing care closer to home.		
What we did	This is part of an ongoing dialogue with local people and patients around key challenges facing the NHS. Further engagement activities planned.		
Next Steps	This is part of an ongoing dialogue with local people and patients around key challenges facing the NHS. Further engagement activities planned.		

Con ID	1,323		
Title	Transition from Practice Based Commissioning to Clinical Commissioning Groups		
Overview	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. NHS South Birmingham		

	engaged with local communities around changes to current structure of primary care commissioning. Local patient and public involvement group members from Health Voice Networks and the Patient Involvement Action Group are still being kept updated on progress of this development.		
Contact Name	Rhona Woosey - 0121 430 0000	Date	Carers, Local Involvement Networks (LINKs) - Health, Patients - Adults
Target Group	Carers, Local Involvement Networks (LINKs) - Health, Patients - Adults		
Area	Edgbaston, Kings Norton, Selly Oak, Northfield		
Method	Meeting - Series		
Feedback	Website		
Strategic Outcomes	Make a contribution		
Cost	£0-100	No. of Respondents	
Partners			
Key Findings 1	Pending		
What we did	This is an ongoing engagement to provide updates to local people around changes to commissioning practices.		
Next Steps	Emerging clinical commissioning groups will be kept informed of feedback to ensure that local views are heard.		

Con ID	1,324		
Title	Engagement sessions around the new Queen Elizabeth Hospital		
Overview	Following the launch of the new Queen Elizabeth Hospital, local patients raised some concerns with regards to the new facilities at the hospital. NHS South Birmingham arranged for key representatives from the QE to meet with local groups and give an update on progress following the move from Selly Oak Hospital. These sessions also provided an opportunity for real time question and answer and feedback sessions so that local people as well as the QE were more aware and informed.		
Contact Name	Christine De Souza - 0121 25 50875	Date	02/01/2011 – 31/3/2013
Target Group	Carers, Community Groups, Hospitals/Clinics/Other Health Providers, Local Involvement Networks (LINKs) - Health, Mental Health Issues - People with, Patients - Adults		
Area	Birmingham – city-wide		
Method	Meeting - Series		
Feedback	Website		
Strategic Outcomes	Make a contribution.		
Cost	£0-100	No. of Respondents	
Partners	University Hospitals Birmingham (Queen Elizabeth)		
Key Findings 1	There was concern around adequate care provision for the elderly.		

Key findings 2	There was very positive feedback on the catering provision (food and serving sizes) offered.
Key findings 3	Some concerns were unfounded as they stemmed from patients acclimatising to the new state-of-the-art hospital environment and systems.
What we did	<p>1. The themes raised have helped to shape and reinforce the quality indicators of the contract with UHB – e.g. discharge planning, quarterly patient experience reports focusing on what actions have been taken in response to feedback from patients.</p> <p>2. The themes raised at the engagement events have now been incorporated into regular patient experience reports to QSSC and Trust Board.</p>
Next Steps	UHB to continue building strong relationships with Patient Experience team and clinical leads at UHB to ensure timely responses to any concerns raised.

Con ID	1,337	
Title	Evaluation of Live Well publication	
Overview	<p>LiveWell has been a pilot magazine for patients and members of the public living in South Birmingham. Over the past year or so the magazine featured the latest news, advice and information on health and healthcare in South Birmingham.</p> <p>After the publication of 5 issues, readers were invited to share their thoughts of LiveWell magazine by completing both printed and online surveys.</p>	
Contact Name		Date
Target Group	Residents - Local	

Area	Edgbaston, Kings Norton, Selly Oak, Northfield		
Method	Inviting Comments: letter card, Inviting Comments: webpage		
Feedback	Website		
Strategic Outcomes			
Cost	£0-100	No. of Respondents	
Partners			
Key Findings 1	Readers would like to see more information included under both Your Health and the News and Updates sections.		
Key findings 2	80% of respondents found that Live Well kept them informed on issues about their local NHS Services.		
Key findings 3	85.7% of respondents would like to see more articles about different health conditions, as well as information on self help and support groups.		
What we did			
Next Steps	Funding for the publication ceased		

Con ID	Pending		
Title	Rebranding of Solis Health Logo		
Overview	The aim of research was to gauge the perception of the local area by the group and the current perception of Solis as a community entity. A further exercise gauged the aspiration for Solis, which could be exemplified by a new brand.		
Contact Name	Carol Sorby	Date	July – Sept 2010
Target Group	Informal research was conducted with members of the Solis Board, practices nurses and staff, and a representative of a Solis PPG. Some members of the focus group live and work in the north of Solihull while others only work in the area.		
Area	North Solihull		
Method	<p>The exercises allowed the group to select positive and native words and phrases they associated with the current and future brand.</p> <p><i>Q1. What is the perception of the local area and community?</i></p> <p><i>Q2. What is the current perception of Solis?</i></p> <p><i>Q3. How would you like to describe Solis Health in future? Think about the consortium's values</i></p>		
Feedback			
Strategic Outcomes			

Cost		No. of Respondents	
Partners			
Key Findings 1	The results suggest that the area is perceived primarily as deprived and struggling; secondary perceptions suggest a community element which may be friendly but is negated by a range of pessimistic terminology – ill, weak, unaware.		
What we did			
Next Steps			

Con ID	Pending		
Title	Personal Budgets - Individual Service Funds		
Overview	Began a process that will co-develop a new way of commissioning/contracting with providers.		
Contact Name	Michael Glynn	Date	July – Sept 2010
Target Group	Third Sector service provider network (Care Development Committee of Enable Solihull)		
Area	Solihull North and South		
Method	To give their views about ISFs and were asked to participate in a local development group.		

	<p>There was interest in further participation and co-developing arrangements.</p> <p>It was agreed that conflict of interest for providers could be a barrier. It was felt that ISFs could provide a useful service to service users who lacked capacity to manage a Direct Payment or did not want to take on the responsibility of managing a Direct Payments.</p>		
Feedback	<ul style="list-style-type: none"> • There was interest in further participation and co-developing arrangements. • It was agreed that conflict of interest for providers could be a barrier, and that ISFs could provide a useful service to service users who lacked capacity to manage a Direct Payment or did not want to take on the responsibility os managing Direct Payments. 		
Strategic Outcomes			
Cost		No. of Respondents	
Partners			
Key Findings 1	Pending		
What we did			
Next Steps			
Con ID	Pending		

Title	Domiciliary Care Service Changes (Home Care Service) Autumn 2010		
Overview	As part of the process being undertaken SCT are consulting with Service Users and Carers to ensure the service is developed is of a high standard and meets the needs of the user.		
Contact Name	Micheal Glynn	Date	July – Sept 2010
Target Group	All people in receipt of Domiciliary Care Services		
Area	North & South Solihull		
Method	Letters were posted to all those in receipt of Domicillary Care enclosing a questionnaire requesting feedback on positive and negative aspects of the service, as well as areas for improvement. The contact number for the PALS service was given for those who would have difficulty in completing the questionnaire to be supported in the process.		
Feedback	<p>Feed back from Solihull Older People’s Forum included</p> <ul style="list-style-type: none"> • Concerns on people being fearful of services being stopped • People tend to be frightened to speak out about those caring for them • Vuneralbe people without any one caring for them could become victims or neglected • Concerns about the monitoring process of services being delivered • CRB checking of carers • Carers training and skill level to deliver the care required • High turn-over of staff does not allow time to build relationships • Staff paid minimum wage leads to high staff turnover 		

	<ul style="list-style-type: none"> • Who can people in receipt of care call if they are concerned • Review processes in place • 'spot checks' should be unannounced • Actual time being spend with client is not what is allocated nor is it charged as staff are often rushing from call to call • Who will monitor the service? • Is this a way of making cost savings? 		
Strategic Outcomes			
Cost		No. of Respondents	
Partners			
Key Findings 1	Pending.		
What we did			
Next Steps			
Con ID	Pending		
Title	IAPT – Improving Access to Psychological Therapies		
Overview	IAPT supports the implementation of NICE guidelines; using evidence based psychological interventions in the		

	<p>treatment of adults diagnosed with depression and anxiety disorders.</p> <p>Solihull Healthy Minds is designed to be a local easy access service; using evidence based psychological interventions, to treat adults with depression or anxiety disorders. The SHM team have been working to develop a service user feedback form that will be used to help shape the service in the future whilst ensuring that the service is meeting the needs of the population.</p> <p>It is our intention to develop a service user-led governing body that will assess how the SHM service is working. This is some way off at the moment but we see this as an important part of ensuring the service matches service users need.</p>		
Contact Name	Vicky Batchelor	Date	July – September 2010
Target Group	Service users, psycho-educational groups		
Area	Solihull North and South		
Method			
Feedback	Service user feedback was issued which the Solihull Healthy Minds team have adjusted to meet local needs.		
Strategic Outcomes			
Cost		No. of Respondents	
Partners			
Key Findings 1	Users told us that the course was good, but they felt they felt it could be improved with a follow up or similar after the		

	course had finished.
What we did	Since receiving this feedback we have commissioned a series of other group sessions to be run by Solihull MIND which will be made available later this year should service users feel a need to continue treatment following the 8 week course.
Next Steps	

Con ID	Pending	
Title	Alcohol in Pregnancy Survey	
Overview	<p>Survey of Solihull Care Trust Community midwives around the issues of alcohol in pregnancy</p> <p>Guidelines around the use of alcohol in pregnancy, understanding of units, current advice given, current best practice, barriers, resources available, understanding of issues around the use of alcohol in pregnancy. The aim is that the feedback will help to steer the next stage in developing alcohol in pregnancy guidance – this may be in terms of training, resources provided etc</p>	
Contact Name		Date July – September 2010
Target Group	Staff - midwives	
Area	Solihull North and South	
Method	A written survey was posted to all Solihull Care Trust Community Midwives, with a return envelop and date to return	

	completed survey		
Feedback	Pending.		
Strategic Outcomes			
Cost		No. of Respondents	
Partners			
Key Findings	The feedback will help to steer the next stage in developing alcohol in pregnancy guidance – this may be in terms of training, resources provided etc.		
What we did			
Next Steps			

Con ID	Pending		
Title	Personalisation Champions Group		
Overview	Asked to feedback about the implementation of Personal Budgets and the use of Direct Payments. Various depending on subject matter, meetings include presentations from other key individuals (internal and external to SCT). Champions comment on draft documents and follow up questions about policy and practice.		

Contact Name	Michael Glynn	Date	July – September 2010
Target Group	Group of social workers and review workers from across SCT teams.		
Area	Solihull North and South		
Method			
Feedback	Decisions about changes to paperwork have been directly influenced by the feedback, and draft versions of forms have been circulated to the Champions for comment.		
Strategic Outcomes			
Cost		No. of Respondents	
Partners			
Key Findings	Pending.		
What we did			
Next Steps			

Con ID	Pending		
Title	Personalisation Agenda		
Overview	Meeting to discuss personalisation & the Supporting People programme		
Contact Name	Michael Glynn	Date	July – September 2010
Target Group	Solihull North and South		
Area			
Method			
Feedback			
Strategic Outcomes			
Cost		No. of Respondents	
Partners			
Key Findings 1	Providers believed some types of service would not be suitable for delivery via a Personal Budget, particularly those where intervention is offered on a short-term, emergency basis.		
Key findings 2	Other services may not be appropriate due to the type of support being offered, for example for substance misuse		
What we did			

Next Steps	Feedback will help determine future commissioning decisions about this matter		
Con ID	Pending		
Title	Solis Health Patient and Public Engagement Event (Bernays & Whitehouse)		
Overview	<p>White Paper- GP led commissioning</p> <p>An presentation of developments with regards to Practice based Commissioning in South Solihull provided an overview of the new “Care Closer to Home” services that had been introduced.</p>		
Contact Name	Carol Sorby	Date	October – December 2010
Target Group	Solis Health Patient and Public Patient Participation Group members		
Area	North Solihull		
Method	Presentation to Patient Participation Groups		
Feedback	Positive feedback on the initiatives and encouraged Sirius to continue to develop services for patients that gave a better patient experience and saved the NHS money.		
Strategic Outcomes			

Cost		No. of Respondents	
Partners			
Key Findings 1	Many would like more services out of GP practices, but felt GP practices needed to be improved in order to deliver these (more treatment rooms etc)		
Key findings 2	A patient provided information that the Foot Health service was difficult to contact – this was passed onto the service lead		
Key findings 3	We will continue standardising the way we work in Solis Health		
What we did	Foot Health have reviewed their staffing structure and recruited additional admin staff		
Next Steps	This is the beginning of the story for the GP Commissioning and further work with the development of CCG's will continue		

Con ID	Pending
Title	Partnership Board for People with Learning Disabilities
Overview	This was an engagement session with people with learning disabilities and carers of people with learning disabilities in the Partnership Board for People with Learning Disabilities in Solihull. It brought together key people and organisations working with this client group.

Contact Name	Catherine Nolan	Date	
Target Group	People with learning disabilities, advocates , workers from Solihull Action through Advocacy.		
Area			
Method			
Feedback	<p>The group consulted on a wide range of matters relating to the lives of people with learning disabilities and their family carers. Minutes and agendas can be found on http://www.ld.solihull.nhs.uk/</p> <p>Examples of items discussed at recent meetings include Changes to Home Care Services; Personalisation; and the challenges facing older family carers.</p>		
Strategic Outcomes			
Cost		No. of Respondents	
Partners			
Key Findings 1	Various feedback has been received on a variety of matters, For example, for the ‘Changes to Home Care’ consultation, people with learning disabilities on the Partnership Board requested that an ‘accessible’ version of the consultation document should be produced and issued to all people with learning disabilities who receive home care services		
Key findings 2	Input from the Partnership Board regularly informs the work of the Commissioning Team – for example the development of a bid to be able to support people with learning difficulties to start their own businesses		

	(MiEnterprise) arose from the clear message from people with learning difficulties that they wanted employment to be a more viable option. Parents with learning difficulties struggle to get the support they need and as a result a cross sector group has been established to improve the information that parents receive and to improve their experiences of the 'system'
What we did	As a result of feedback, the Partnership Board for People with Learning Disabilities now has 4 sub-groups focusing on the 4 key issues identified by people with learning disabilities and their carers. These groups, established in late 2010, are working with the commissioning team and other stakeholders to ensure the needs of people with learning disabilities and their carers are most effectively met in these key areas.
Next Steps	

Con ID	Pending		
Title	Patient Experience of having a pulse check during a flu clinic		
Overview	AF checks were carried out at the same time as Flu clinics. The aim was to provide an early indicator of stroke. Patients who had an irregular heart beat were sent for an ECG and further tests		
Contact Name	Sue Phillips	Date	October 2010
Target Group	Service users, patients at clinics in selected areas in Solihull		
Area			
Method			

Feedback			
Strategic Outcomes			
Cost		No. of Respondents	
Partners			
Key Findings 1	<p>When patients were asked whether they would have preferred to have known prior to attending their appointment the following comments were given:</p> <ul style="list-style-type: none"> • 12 (57%) patients said they were ‘not bothered’ about not knowing. • 1 (5%) patient said it would not have made a difference if they knew. • 5 (24%) patients said they did not want to know. • 1 (5%) patient said it did not matter that they were not aware. • 12 (57%) of the patients felt that their overall experience was excellent, this is over half of the patients who were willing to share their experience. • There were no patients who felt that their overall experience was reasonable or poor. 		
Key findings 2	<p>Patients were asked to share any other comments they may have in relation to their experience. The following comments were made:</p> <ul style="list-style-type: none"> • ‘I didn’t have to wait to be seen.’ • ‘It was all on time.’ 		

Key findings 3	All patients were told about the reason for their pulse check but in different ways. It was suggested that AF should be explained better so that the message of needing to provide the right care and treatment for anyone who is identified with AF is reinforced
What we did	
Next Steps	An improvement could be made in ensuring that all patients are given a verbal explanation of why a pulse check is being carried out. Furthermore patients were given leaflets but did not have much time to read them prior to the pulse check being carried out, providing patients with the time to read the leaflet may help people learn more about AF.

Con ID	Pending	
Title	Provision of New Dental Surgery in Shirley	
Overview	Patient Feedback indicated a lack of NHS dentistry provision in Shirley, Solihull.	
Contact Name	Lyn Brogan	Date April – July 2010
Target Group		
Area		
Method		
Feedback		

Strategic Outcomes			
Cost		No. of Respondents	
Partners			
Key Findings 1	There is a lack of NHS dentistry in Shirley.		
Key findings 2	There was a lack of NHS dentistry within Solihull.		
Key findings 3	People believed that dental surgery was costly and there was occasions that it was not within their economic means.		
What we did	A new surgery was contracted in Shirley.		
Next Steps	Surgery in Shirley for NHS Dentistry opened in January 2011.		

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 Local Authorities in Birmingham and Solihull.

For further information

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

www.benpct.nhs.uk

www.hobtpct.nhs.uk

www.sbpct.nhs.uk

www.solihull.nhs.uk

Or visit the 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.

Telephone: 0121 675 4476 or **Email:** consultation@birmingham.gov.uk

Website: www.beheard.birmingham.gov.uk websites such as Be Heard, Be Birmingham, Birmingham City Council, BVSC, e-petitions and other websites.