



*Wigan Borough
Clinical Commissioning Group*

**Patient & Public Involvement
Annual Report – 2015/2016**



Foreword

In our first Annual Engagement Report, we made a commitment to reach out to our local population and encourage as many people as possible to work with us on shaping local NHS services. The CCG is in its third year now, and I am proud of the progress we have made. Thank you to the patients, members of the public and other local organisations that have worked with us this year.

I continue to enjoy my role as Chair of the Patients Forum. I provide a direct link from the Patient Forum to the CCG Board. This link is vital to ensuring that the patient voice and challenge is heard at all levels of the CCG. The Forum is made up of particularly passionate and dedicated patients, and Healthwatch. The Forum holds providers to account where services give cause for concern. Healthwatch also provide critical challenge to the CCG around local healthcare services, local strategy and also make sure that we are meeting our patient and public involvement duties.

The patient and public involvement work we did in the early days of the CCG informed the CCG's strategies, which in turn has been reflected in the Wigan Borough Locality Plan. The Locality Plan written this year sets the direction for all local health and social care services. Within that plan are things that are important to patients such as truly integrated care and better working with the Voluntary and Community Sector.

One of the successes that has come to fruition this year, and which was influenced by patient and public involvement, is the Community Link Workers. They will be referenced in further detail within this report. I am also proud of the work done around patient access technologies in GP practices, such as text messaging and patient check in and call in technology, which is helping to improve patient experiences when attending the GP practice. We are also seeing patients and members of the public increasingly involved in CCG business. For example, we now have two patient representatives on our Primary Care Commissioning Committee, a patient representative on our Local Cancer Implementation Team and a member of our Patients Forum sits on the Wigan Council Health and Scrutiny Overview Committee.

This report will summarise how, in the period 2015 – 2016, we have met our duty to involve patients and members of the public in the commissioning of health services in Wigan Borough and will lay out our aspirations for the next 12 months.

Frank Costello

**Lay Board Member,
with responsibility for Patient and Public Involvement**



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About Us

1. NHS Wigan Borough Clinical Commissioning Group (Wigan Borough CCG) became the statutory body responsible for commissioning local health services in Wigan Borough on 1 April 2013. We are GP member-led organisation. Within this year we have been delegated responsibility for commissioning primary care services from NHS England.
2. The local population has...

Approximately **322,000 patients** – registered at **63 GP practices**

23% living with **long term conditions**

34,000 carers – 10% of which are children

30% of patients living in some of the most **deprived** areas of the country

Population is split into **49.7% male** and **50.3% female**

Average life expectancy is **77.4 years for males** and **80.8 for females**

21.5% people's day-to-day activities limited by **disability**

18.5% officially **registered as blind or partially sighted**

16.7% people with **hearing loss**

1.9% population with **learning disabilities**

Acknowledgements

3. We want to pay tribute to the patients, voluntary and community sector organisations, our Shape Your NHS Community members, Healthwatch and other local organisations who regularly work with us through our Forums, events or on specific pieces of work.
4. We work with many people who often go above and beyond in their commitment to shape local NHS services, bringing their knowledge and expertise in both professional and personal capacities.

Our Commitment

5. NHS commissioning organisations have a legal duty under the National Health Service Act 2006 to ‘make arrangements’ to involve the public in the commissioning of services for NHS patients (‘the public involvement duty’).
6. Wigan Borough CCG is committed to involving patients and members of the public in the design of local health services and to making sure that they are able to access the services they need when they need them. We have dedicated resources in place within Wigan Borough CCG to help staff within the organisation to fulfil their duties.
7. Our Communications and Engagement Strategy (2016 – 2018) has been updated this year, and our objectives are to;
 1. Encourage & enable active involvement in the CCG and the design of local health and care services;
 - a. Raise awareness of the CCG.
 - b. Make involvement easy.
 - c. Make involvement important.
 2. Encourage a new relationship between patients & NHS;
 - a. Make NHS understandable.
 - b. Make health a priority.
 - c. Make a healthy NHS a priority.
8. The full Communications and Engagement strategy document available via the link: <http://www.wiganboroughccg.nhs.uk/your-ccg/our-strategies-policies-reports/our-strategies-plans>.

Governance and Assurance

9. We need to provide assurance about how well we are meeting our legal duty to involve patients and members of the public in the commissioning of NHS Services. Whilst this annual report serves this purpose, we also report to other committees on a regular basis.

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| Clinical Governance Committee | Bi-monthly | Patient and public involvement activity undertaken in that period and feedback about services. |
| Corporate Governance Committee | Bi-monthly | Communications and Patient and Public Involvement activity update. |
| Governing Body | Quarterly | Update on Patient and Public Involvement activity, co-presented with members of the Patients Forum. The Governing Body is open to members of the public. |

Table 1: Governance and Assurance Arrangements

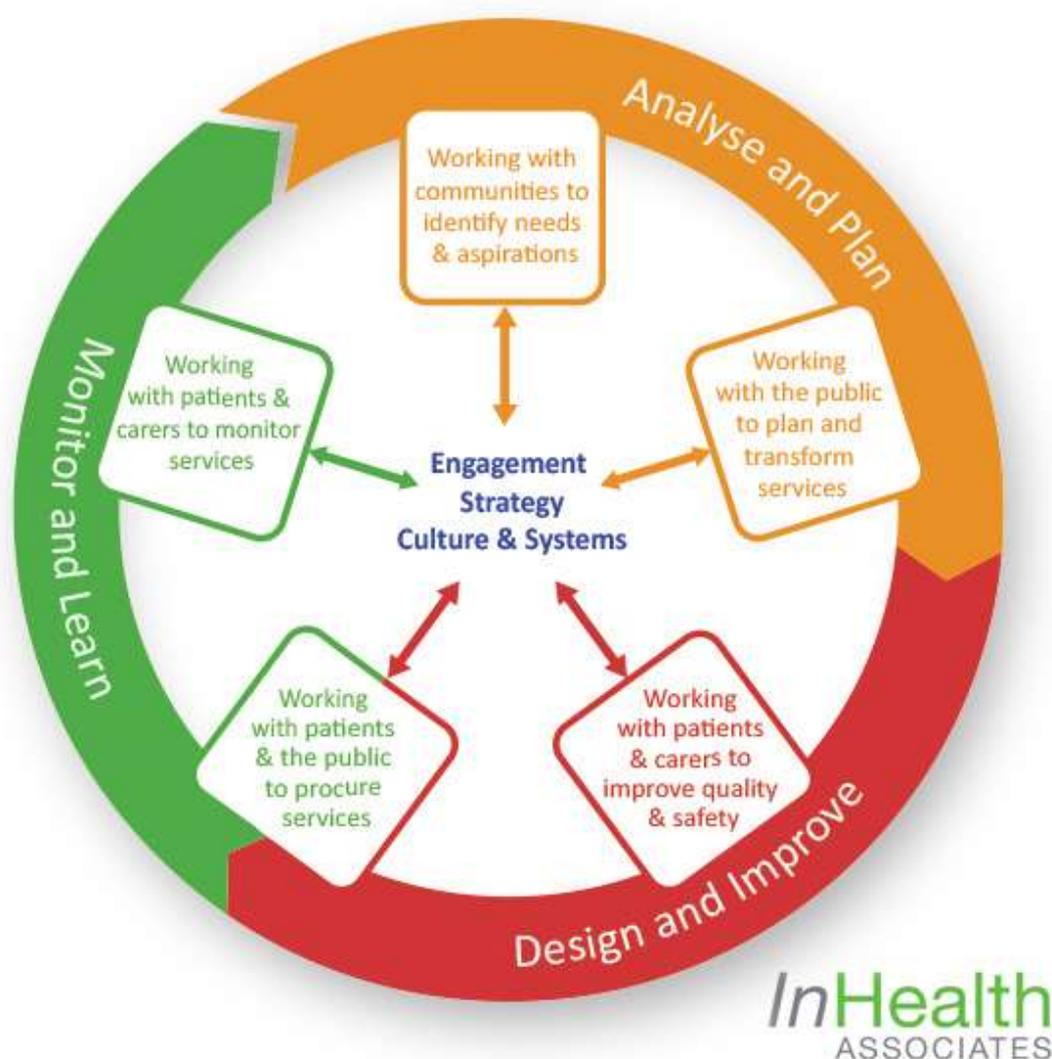
10. Within this period we have also introduced a Wigan Borough CCG consultation and involvement (engagement) protocol. The protocol outlines the difference between general involvement and the circumstances under which we would run a formal consultation with the public. The protocol outlines for staff within the organisation the process they need to follow and the minimum standards they are expected to meet around patient and public involvement and consultation. This is one of the ways in which we are as an organisation striving towards making involvement the norm and making staff more accountable.

11. The full protocol can be accessed on our website or by clicking this link:

[Consultation Protocol](#)

Our Process

12. The Continuous Engagement Cycle (In Health Associates, 2013) is a tool that helps commissioning organisations understand what patient and public involvement should happen at each stage of commissioning activity.



13. We use a variety of different approaches to involve people in our work at different stages in the commissioning cycle. The approaches used are summarised in the table below:

| ENGAGEMENT METHOD | AIMS AND ACTIVITIES |
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| Patient Participation Groups (PPGs) | The CCG has 63 GP practices, most of which have a Patient Participation Group (PPG) in some form. PPGs are the main focus of engagement at practice level. |

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| | <p>Activities include:</p> <ul style="list-style-type: none"> • Creating strong links between GP Practices and the communities they work in to help improve health outcomes. • Providing a patient perspective on policies and practices. • Act as a link between the practice population and the practice to raise any issues or concerns and drive improvements. |
| <p>Locality Patient Participation Group Networks</p> | <p>The 6 Locality PPGs take their membership from the Practice PPGs and come together as three merged Locality groups They meet on a regular basis to talk about local healthcare services and share thoughts, concerns and good practice. They are the link between the Practice PPGs and Patients Forum.</p> <p>Activities include:</p> <ul style="list-style-type: none"> • Producing patient advice leaflets, booklets and posters. • Engaging with particular local and Borough-wide improvements and involvement in service redesigns. • Engaging with particular voluntary and community sector organisations and creating links. • Supplying information and feedback both to the Patients' Forum and the PPGs. |
| <p>Patients' Forum</p> | <p>The WBCCG Patients' Forum reports directly in to the Governing Body on a quarterly basis. It is made up of highly engaged and knowledgeable representatives from the PPGs, Locality PPGs and Healthwatch Wigan.</p> <p>Activities include:</p> <ul style="list-style-type: none"> • Shaping and reviewing CCG strategies and policies. • Providing critical challenge to the CCG and other organisations around involvement activities. • Engaging with service redesign and CCG projects. • Supplying information and feedback about local health care services that may need attention. |
| <p>Working Groups</p> | <p>Small groups of patients and the public brought together to engage on specific service/strategy improvements. For example; the Medicines Management Patient Group.</p> |
| <p>Patient Representatives</p> | <p>Individual patients are invited to become part of a CCG or multi-agency team working on specific projects.</p> |

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| | <p>Activities include:</p> <ul style="list-style-type: none"> • Permanent patient members on the Primary Care Committee and Health and Scrutiny Overview Committee. • Participating in interview panels recruiting new members of staff. • Involvement in procurement panels and overseeing the delivery of small projects; for e.g. Patient involved in Medicines Management work, Extended Hours Review and Commissioner Quality Visits. |
| <p>WBCCG Shape Your NHS Community</p>  | <p>We encourage people who want to work with us in the development of new and existing services to join our Shape Your NHS Community.</p> <p>We contact people in our Shape Your NHS Community about opportunities to get involved at local or regional levels.</p> |
| <p>Workshops</p> | <p>Bespoke events designed to encourage patients to really engage with a topic and identify crucial points.</p> <p>In this period for example, workshops have been undertaken around the Outpatient redesign, Age Well service, Wigan Borough Locality Plan, and Patient Forum development.</p> |
| <p>Education / Learning Sessions</p> | <p>We run sessions to help the people who engage with us increase their understanding of the local NHS system.</p> <p>Activities have included sessions on:</p> <ul style="list-style-type: none"> • NHS Finance • Greater Manchester Devolution • Primary Care Assurance |
| <p>Drop-in Events</p> | <p>We run large-scale drop-in events where patients can come along to seek guidance and advice from professionals, ask questions and give feedback on services.</p> |
| <p>Street Team Engagement Activity</p> | <p>To raise awareness of ongoing improvements and engage with the wider public, we take an information stall around various locations in the Borough or to community events and seek to talk to as many residents as possible.</p> |
| <p>Healthwatch Wigan</p> | <p>The CCG works closely with Healthwatch Wigan to develop joint public engagement programmes, particularly where public and patient involvement is required within programmes that impact across the local health & social care system. We are working collaboratively to ensure that patient and carer experience is</p> |

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| | captured from 'seldom heard' populations. Healthwatch Wigan has a seat on the CCG Patients' Forum and is a member of the Local Quality Surveillance Group |
| Voluntary and Community Sector | We have links with the local voluntary and community sector groups to allow us to engage with a section of the patient population that otherwise wouldn't necessarily have a voice (hard to reach groups). |
| Patient Stories & Experiences | To ensure we have a rich source of information about the services we commission, we gather patient stories and experiences. |
| Formal Consultation | When we may be considering making changes to healthcare services that we consider to be 'substantial' or 'controversial', we commit to involving patients and running a formal consultation process. This is a more formal process of gathering feedback and views where patients and members of the public can influence the decision making process. There are specific legal requirements Wigan Borough CCG must meet when undertaking a formal consultation. |

Table 2: Engagement Methods



Figure 1: Sally Forshaw, Associate Director for Quality, Safety and Safeguarding and Rob Wilson, Assistant Director for Strategy and Collaboration seeking public feedback on our services for older people



Figure 2: Patient representatives and voluntary and community sector organisations taking part in the Understanding NHS Finance session at St Peters Pavilion, Hindley.

Equality and Diversity

14. Wigan Borough CCG is committed to mainstreaming inclusion and diversity throughout all we do, promoting equality, embracing diversity and ensuring full inclusion for the population we serve.
15. Throughout the Borough we have a committed Voluntary & Community Sector. Wigan Borough CCG works with colleagues in the Voluntary & Community Sector to reach diverse potentially excluded and disadvantaged groups. Specific examples of the work we have done this year are included in the next section of this report.
16. We maintain links with the Third Sector Assembly, Borough Wide Community and specific organisations such as Wigan and Leigh Carers Centre and Age UK as examples. We have this year also helped fund some work around Military Veterans, the Funding for Forces project with Wigan Athletic Community Trust.
17. Wigan Borough CCG Chairs the Equality and Diversity Collaborative which includes our main NHS providers, along with representation from Voluntary and Community Sector.
18. One of the success stories of this year is the Community Link Workers. Patient and Public Involvement helped make the case for the introduction of this new role to help link people in with their local communities where they may not have a medical need. The Community Link Workers see patients who, for example, may be socially isolated, bereaved, have debt problems etc. The service supported 784 clients between January 2015 and March 2016. Patients were recently involved in evaluating the service which has been seen to have made a real difference, whilst helping to improve links with the Voluntary and Community Sector. Please see Appendix A. A Community Link Worker sits on our Equality and Diversity Collaborative.
19. Creating and maintaining links with local Voluntary and Community Groups, and seeking out opportunities to work with them where necessary to reach potentially excluded groups, is important and something we will look to build on in the future.
20. Further reading via Public Sector Equality Duty Annual Equality & Diversity Report January 2016:
<file:///C:/Users/rachel.richardson/Downloads/annual%20equality%20publication%202016%20inc%20eds2.pdf>.



Figure 3: Representatives from Age UK talking to Patient Participation Group (PPG) member Gary at our PPG conference held in June 2015 at The Pier Centre, Wigan.

How We Have Involved Patients and Members of the Public

21. This section outlines some of the patient and public involvement and consultation activity that has been undertaken within this period, 2015-2016, and the feedback we have received.

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| <p>Outpatient Service Redesign</p> <p>(Outpatient services are those where patients attend a hospital or clinic but do not stay overnight.)</p> | <p>Wigan Borough CCG has embarked on the process of reviewing the following outpatient services where we believe there are opportunities to make improvements: Dermatology, Pain Management, Rheumatology, Ear, Nose and Throat, Ophthalmology, Respiratory, Cardiology, and Urology.</p> <p>We have sought to build on work that our colleagues at Wrightington, Wigan and Leigh NHS Foundation Trust did earlier in 2015 where they held an Experienced Based Design Event around Outpatient services. In December 2015, we held a workshop with patients to look at how we may wish to improve these outpatient services. We have also engaged with Locality Patient Participation Groups. Other staff and professionals have also been engaged in this process.</p> <p>Lots of the feedback we have received so far about the services, and some of the ways in which we think they could be improved, has been positive. The points below serves to provide a snapshot of some of the feedback we received and how this is being developed;</p> <ul style="list-style-type: none">• If we were to deliver more services in the community, less travelling for more people when attending outpatient appointments was seen as a positive. However, the accessibility of any sites was raised as a concern. The estates group which is currently looking at where services may be delivered in the future is aware of these concerns.• Modernised facilities, with improved, more welcoming surroundings and all the necessary equipment is seen as a positive. |
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- A greater range of specialities offered in each outpatient clinic centre would be welcomed and people expressed that they would be keen to see one-stop-shop type services. We are looking at providing more one-stop sessions combining assessment, tests and treatment planning all on the same day phased in over coming years.
- Any improvement to waiting times would be positive, and patients told us there may be work to do around better administrative processes and communication. We are looking at the referral pathways and processes within the services to make them more efficient.
- Linked to the issue of improving waiting times, is also the need to work closely with General Practitioners to make sure all referrals into these services in the hospital are appropriate; this is to ensure that hospital services are more accessible to those patients who truly need them. We are already working with our General Practitioners on these issues.
- Where appropriate in some cases fewer face-to-face appointments will be needed as the use of technology is expanded over the next few years. Patients would welcome more technology, but we also need to ensure that those patients who would not like to use such technology are still catered for and do not miss out.
- Patients told us that the need for patients to self-manage long term conditions is an important issue. We are discussing how we can better support self-management and education within each of the services.
- We had some specific feedback on the Pain Management Questionnaire and that it could be more patient friendly. The Questionnaire is going to be reviewed as part of this service redesign.
- Patients told how important Specialist Nurses are to them and they asked how we could build on these. In Rheumatology for example we are exploring at the possibility of introducing a Specialist Nurse led follow up system.

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| | <p>Further patient and public involvement will be sought in this next year in the specific services as necessary to help continue to develop the plans. Any changes made to the services will be followed by a continuous cycle of evaluation and amendments and this will also require ongoing engagement with service users.</p> |
| <p>Age Well – Services for the Older You</p> | <p>We know that the number of older people in the Borough is increasing and people are living longer lives. Services are needed more than ever. Back in March 2015 we embarked on the process of reviewing the services that we have in the Borough for older people. Our ambition is to make sure that as people age they age well and that they can safely remain independent in their own homes for as long as possible.</p> <p>We have sought to involve patients, members of the public, staff and colleagues in the voluntary and community sector in this programme so far in the following ways.</p> <ul style="list-style-type: none"> • 2 large workshops events that were attended by a range of professionals and some of our Patient Participation Group members. • A smaller workshop event for patient representatives and colleagues within the Voluntary and Community Sector. • A formal consultation with 2 public meetings • Social Media Engagement during the consultation • A wide range of on-street engagement activity during the consultation, such as attending community health events, libraries and Pensioner’s party amongst others. • Attendance at specific groups/events, such as Age UK meetings and Shared Housing and Information Partnership (SHIP) event. <p>Some of the key themes that have come out of these discussions and the consultation so far have been;</p> |

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| | <ul style="list-style-type: none"> • Patients want to be treated as individuals, and with respect and dignity. • Health and social care services need to work better together for the benefit of patients. We are ensuring this programme of work links closely with other programmes of work, particularly with Bridgewater Community NHS Foundation Trust’s review of community services. • Patients told us that the services most important to them to keep them well are things like podiatry, chiropody and eye care. • Keeping people well, and in their own home, and enabling them to self-manage is important - Building a greater role for the Voluntary and Community Sector is important • Some concerns expressed about the variation in quality of residential homes. • A majority were in support of our proposal to introduce a specialist unit for frail patients who needed to be admitted to hospital, rather than going via A&E |
| <p>Respiratory Service Redesign</p> | <p>We embarked on the process of reviewing the respiratory services in the Borough to identify opportunities to make improvements to these services and patient outcomes.</p> <p>We engaged with patients and members of the public around this service redesign in the following ways;</p> <ul style="list-style-type: none"> • Attendance at the Breathe Easy Patient Support Group, supported by the British Lung Foundation to explain about the respiratory redesign and to talk to people about their experiences of the current services. • A patient questionnaire that was advertised widely throughout the Borough by way of a flyer. We did for example give every Pharmacy in the Borough 50 flyers and asked them to give out to any adult patient being given an inhaler. |

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| | <ul style="list-style-type: none"> • Engagement with two other patient support groups; Aspergillosis support group and the COPD & OSA support group. <p>Information from all the discussions with patients and the clinical teams went in to informing a new service model. The new model also picked up the 10 priorities for Wigan that came out of the patient and public involvement work done when the CCG was first being formed. Things that came out of the discussions;</p> <ul style="list-style-type: none"> • The path to diagnosis needed a lot of work and needed to be more efficient which has now been addressed. • Some patients reported that they did not have a management plan. An appropriate management plan is now an essential requirement to describe what the condition is, how bad it is, what the patient should do on a day to day basis and what to do in an emergency. • There were a high number of people contacting hospital services, and we have looked to address this in the new service. • It has been made essential for patients to be shown appropriate inhaler techniques. • Some patients told us they didn't always get enough information and work has been done around education/literature to address this. |
| <p>Alternative Provider Medical Services (APMS)</p> | <p>Wigan Borough CCG is currently reviewing the contracts for seven GP practices which hold an Alternative Provider Medical Services (APMS) contract. These contracts, unlike the other types of GP contract, are time limited and we are legally obliged to go through a period of review and decide what to do with them in the future.</p> <p>We have in this period, completed some pre-consultation engagement work around these practices. This</p> |

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| <p>Review</p> | <p>has involved;</p> <ul style="list-style-type: none"> • Meeting with each of the practice Patient Participation Groups (PPGs). • Spending some time in the waiting rooms talking to patients about the review of the contract. <p>We will be holding a formal consultation around the review of these contracts within the next year.</p> |
| <p>Extended Hours Primary Care Access</p> | <p>In 2015 and 2016, a number of extended hour's access GP services were introduced in Wigan as a pilot. Wigan Borough CCG continues to review what extended hours services are needed in the Borough. The following work has been done to involve patients and member of the public in this work so far;</p> <ul style="list-style-type: none"> • Extensive Street based research commissioned from Vision One, who spoke to over 400 patients in the Borough about GP services and extended hours services. • A series of workshops which patient representatives took part in. • Discussions at Patients Forum and Locality Patient Participation Groups. <p>Some of the key outputs;</p> <ul style="list-style-type: none"> • Majority are satisfied with GP services. • Some variation in how easy patients find it to get an appointment at their GP practice, in particular carers reported to find it difficult to get an appointment. • Difficulties getting an appointment with the GP did drive some patients to attend other services such as A&E or the Walk in Centre. <p>Further patient and public involvement is needed and will be sought around this piece of work in this</p> |

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| | coming year. |
| Primary Care Assurance | With regards to Primary Care Assurance, this year we held a session with our Patient Participation Groups and Shape Your NHS Community Membership around how the CCG currently assures itself that GP practices are providing safe and quality care to patients. The event was predominantly a learning/education session but we started to discuss with PPGs what role they may play in supporting the safety and quality agenda in their practices and this will be developed further in the coming year. We are also working with patient representatives to develop a suite of performance indicators, governing primary care delivery. |
| Greater Manchester Devolution / The Deal for Health and Social Care | <p>The Greater Manchester Devolution Agreement was agreed with the Government in November 2014. This year, Wigan Borough CCG, along with the other health and social care organisations in the Borough have written a plan for the future direction of health and social care services.</p> <p>The Wigan Borough Locality Plan – available via http://www.wiganboroughccg.nhs.uk/your-ccg/improving-our-local-nhs/gm-devolution - was written based on the CCGs strategy which was informed by the early patient and public involvement work done when the CCG was being formed.</p> <p>Patient and Public involvement activities around Greater Manchester Devolution undertaken this year include;</p> <ul style="list-style-type: none"> • A public event, for PPGs, patient representatives, members of the public and colleagues in the Voluntary and Community Sector. • Healthy Fayres – street based engagement. • Patients Forum and PPG engagement. • Wigan Borough CCG senior leader involvement in other events around Greater Manchester Devolution including Healthwatch Wigan organised event with Simon Stevens and other NHS leaders. |

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| | <ul style="list-style-type: none"> • Establishment of new Wigan Leaders Engagement Group to act as an oversight group and offer perspective on what strategic decisions should have further engagement amongst other things. • Workshop event involving Voluntary and Community Sector colleagues and patients to undertake an Equality Impact Assessment of the Locality Plan, with separate visits to other groups to speak to specific groups of patients. This will be discussed further under section 8 of this report. <p>The Locality Plan and projects within it will require ongoing patient and public involvement.</p> |
| <p>Other Education / Learning Sessions</p> | <p>We have undertaken the following sessions;</p> <ul style="list-style-type: none"> • Understanding NHS Finance session for patient participation groups, shape your NHS Community and Voluntary and Community Sector colleagues. • The NHS Finance session was then delivered to a group of students at Winstanley College. • Understanding the CCG and Local NHS system presentation delivered by our Chief Officer to students at Winstanley College. • Some of our local GPs undertook mock interviews for some of the prospective medical students at Winstanley College. |
| <p>Community Engagement</p> | <p>In addition to those already mentioned, we have also held an engagement stall or been present at the following events;</p> <ul style="list-style-type: none"> • Wigan Pride 2016. • Some of Wigan Council’s DEAL listening events. • Age UK Prepare for winter event. • The BIG feed events. |

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| | <ul style="list-style-type: none"> • PPG run health information events. |
| PPG and Patient Representative development | <p>We engage with our Patients Forum and Patient Participation Groups on a regular basis on a range of topics. In addition to those already mentioned above, we have held specific events on the following;</p> <ul style="list-style-type: none"> • PPG conference held in June 2015 • Patient Forum Development session held in June 2016 |
| Medicines Management | <p>Within this period we re-established the Medicines Management Patient Group who have met once around Antibiotics and Waste. The work around this campaign is to be picked up within the next year.</p> <p>Our Medicines Management Team has also sought to involve patients in other pieces of work such as the review of Blood Glucose Testing Strips.</p> |

Table 3: Patient and Public Involvement summary 2015-16

22. We regularly share with our Patient Participation Groups, Shape Your NHS Community and Voluntary and Community Sector colleagues opportunities to get involved with other local and regional engagement events; for example CQC events and Local Authority events.



Figure 4. Shevington PPG presenting at the PPG conference around the work they have done setting up a Dementia carers support group.



Figure 5: Debbie Szwandt, Assistant Director of Primary Care delivering a presentation to a room of patient representatives, GPs and other staff at one of the Extended Hours Access workshops.

Patient Feedback

23. We encourage patients and members of the public to talk to us about their experiences of using the local health services on an ongoing basis. Our 63 member GP practice are also incentivised to report service user experience to the CCG. We call this 'soft intelligence' about local services.
24. Service user experience is noted on the CCG's practice feedback system, which is called Ulysses. The CCG's Quality Team collects the service user experience reported. The anonymised data feeds into wider early warning surveillance so that any trends or similarities in concerns can be raised with the relevant service provider organisation.
25. The Quality Team produce a quarterly newsletter summarising the service user experience reported which is shared with GP practices and our Patient Participation Groups.
26. The CCG also monitors feedback that members of the public give on Patient Opinion and liaise with service providers as necessary to resolve any issues.

27. Further reading in the Quality & Safety Annual Report 2015 – 2016;
<http://www.wiganboroughccg.nhs.uk/your-ccg/our-strategies-policies-reports/annual-reports>

Our Aspirations

28. Wigan Borough CCG will be working towards delivering the Wigan Locality Plan. We will need to work with local partners to engage members of the public in conversations around what healthcare may look like in the future and where services may be based. We will also need to ensure there is robust engagement in specific project areas within the Locality plan.
29. We will continue education / learning sessions around topics like the new Integrated Care Organisation.
30. There will be follow up work around previous service redesigns to ensure that we are feeding back to patients and members of the public who have been involved, 'closing the loop' and undertaking benefits realisation work.
31. We will continue to work with our Patients Forum and other Patient Representatives to ensure processes for engagement are effective and efficient.
32. We want to develop volunteers and patient leaders and enable them to be more formally recognised within the organisation.
33. Staff will get more training and education around patient and public involvement and consultation processes and principles. Linked to the new Consultation and Engagement Protocol.
34. Closer links will be created with the Equality & Diversity agenda and we will build on work to reach seldom heard groups.
35. We will build on the engagement methods and test out new ways to engage with patients and members of the public around healthcare services.

Contact Details

36. If you would like to know more about our engagement work, or get involved in any way, please get in touch:

Address: Shape Your NHS
NHS Wigan Borough CCG
Wigan Life Centre,
College Avenue,
Wigan,
WN1 1NJ

Email: shapeyournhs@wiganboroughccg.nhs.uk

Telephone: 01942 482711

Website: www.wiganboroughccg.nhs.uk

Facebook: Wigan Borough CCG

Twitter: @wiganboroughccg

If you would like help **translating** this information into another language, or you would like this information in Braille, large print or audio format, please call 01942 482711 or e-mail shapeyournhs@wiganboroughccg.nhs.uk

Appendix A

John

PROFILE



John is 63 and lives alone. 3 years ago he **hurt his knee** and had to stop playing bowls and snooker. Since then he has needed to have regular appointments at his GP surgery and Wigan Infirmary. He is **not able to leave**

his house very often and depends on friends and neighbours to help - lending him a shower because he can't get into his bath, driving him to the pub, taking him to the GP etc. Before his knee operation can take place, he needs to lose weight and cut down on smoking. The trouble is that because he isn't able to get out and about due to his knee, both of these things are proving very difficult. He'd been referred to a health trainer in the past but wasn't sure if it was for him.

IMPACT

Impact of the CLW service on John's life

The link worker visits John at home which means he doesn't need to rely on someone taking him to the GP surgery. After seeing his condition, the link worker referred him to an OT **to better equip his home**. This helped him access a rolling trolley to bring his food in from the kitchen, a bar next to the toilet and a support block for getting into the bath. These have all made a **huge difference to his quality of life**.

Through Age UK he has been put on a **waiting list to access a bungalow** because it's so difficult for him to go up and downstairs in his current flat. In the meantime, the link worker has been speaking to his housing provider to see what temporary measures they can install.

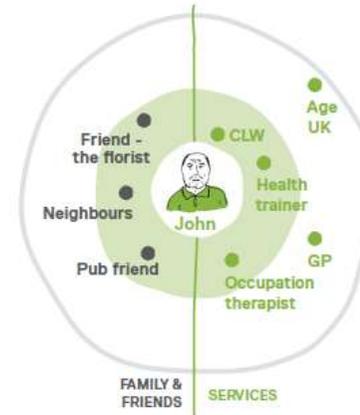
The link worker regularly gets in touch to make sure John is OK and **he will call the link worker if he is worried about anything**. Recently he called the link worker to help him with his benefits forms and he has said he will get back in touch if he needs further help with this.

John's use of services

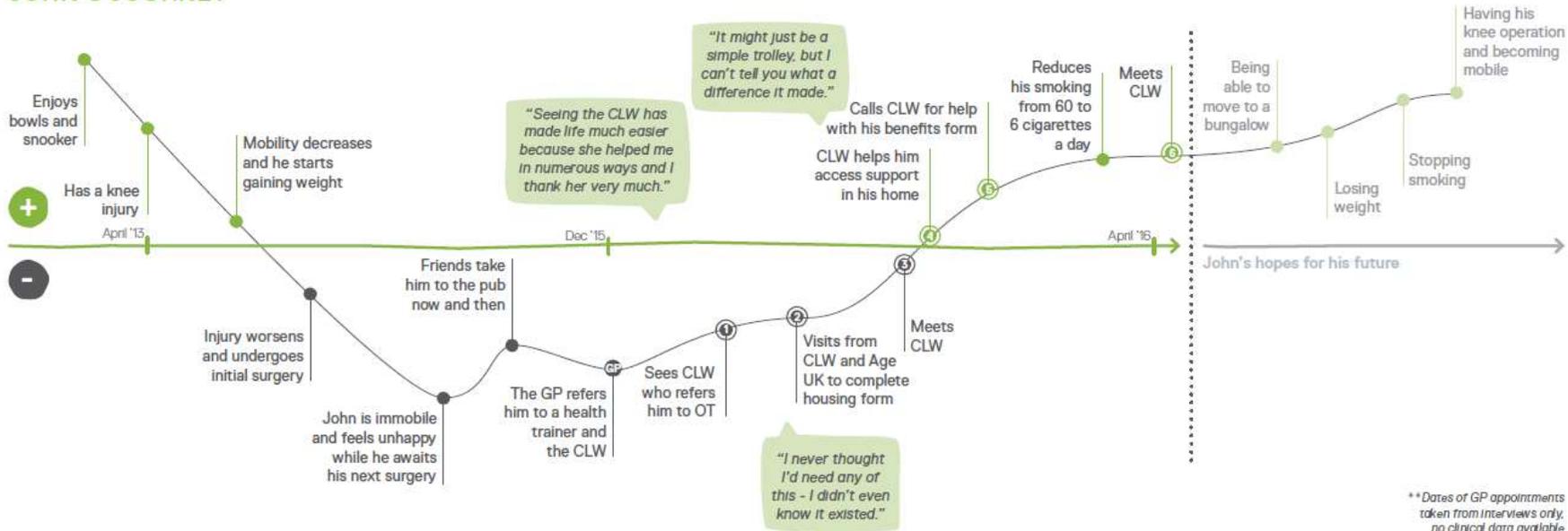
- In the past 12 months John has seen his GP 9 times and outpatient services 5 times
- John has seen the link worker 6 times, both at home and at his GP practice
- He is also seeing a health trainer regularly

6 CLW visits

NETWORKS OF SUPPORT



JOHN'S JOURNEY



** Dates of GP appointments taken from interviews only, no clinical data available