

CONSULTATION REPORT

1st April 2009 to 31st March 2010

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Introduction and Background Information

Patient and Public Involvement (PPI) is about developing relationships of trust and mutual respect between NHS City and Hackney (the PCT), and patients and the public leading to dynamic partnership working.

Patient and Public Involvement supports the PCT's main goal of ensuring it commissions high quality services for those who need it at the right place, and at the right time. We believe that NHS services will achieve better health outcomes for residents if they are built on a good understanding of the diverse needs of local people, and are tailored to meet individual needs.

In a *Patient-led NHS*, consultations with patients and residents have an important part to play in decision making. They form part of an ongoing PCT involvement process informing decisions on designing, planning, commissioning and evaluating local NHS services.

The above is reinforced by a statutory duty to report on consultations as enshrined in *Section 24A (1), of the NHS Act 2006*. PCTs have a legal duty to produce an annual report on consultations undertaken, or concluded during the preceding financial year that affected their commissioning decisions or relevant decisions. PCTs must also identify what consultations are planned for the subsequent financial year.

(Relevant decisions are decisions made by a PCT about the commissioning of services under sections 3 and 5 of, and Schedule 1 to, the NHS Act 2006. That is, any decision about the commissioning of secondary care and community health services, such as hospital accommodation, nursing services and ambulance services. The reporting requirements cover both commissioning decisions and relevant decisions, which means that all decisions made by a PCT in relation to carrying out its functions under any part of the NHS Act 2006 are subject to the same reporting requirements¹.)

This report covers the period 1st April 2009 to 31st March 2010 and it also lists any consultations planned from 1st April 2010 to March 2011. It contains a detailed breakdown of each consultation including:

- what the consultation was about
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- who was consulted
- by whom they were consulted
- how they were consulted
- views expressed
- What decision(s) were made
- Consultations planned or taking place

There were consultations held at regional level(South East Region), Pan-London level (across London and neighbouring areas), sector level (North East London), and PCT level (Hackney and the City) depending on the issue or service being consulted on. Only consultations which impacted, or potentially could impact on commissioning decisions affecting the residents of Hackney and the City are included.

Details of consultations are provided below.

NHS City & Hackney Consultations

Title of Consultation:	Joint Strategic Needs Assessment (aka <i>The Health & Well Being Profile for Hackney and the City</i>)
Lead for Consultation:	David Woodhead
NHS C&H Lead for Consultation:	David Woodhead
Start Date of Consultation:	7 th September 2009
Finish Date of Consultation:	4 th October 2009

What was the consultation on?	Development of the Joint Strategic Needs Assessment
Who was consulted? <i>(Definition of groups and numbers)</i>	All stakeholders in hackney and the City including NHS staff and clinicians , local councillors, residents, and under represented groups inc. <ul style="list-style-type: none"> • BME communities • Young people – both male and female separately • Tenants & resident Assoc questionnaire consultation with public via internet
What information was given to people? <i>(Written, Verbal, Visual)</i> and consultation methods used	Leaflets, Flyers, and website information

<p>What were people specifically asked to comment on? (<i>Specific Questions</i>)</p>	<p>Questions asked :</p> <ol style="list-style-type: none"> 1. Are the public, strategic partners and stakeholders familiar with the JSNA, what it is, its purpose and how it influences commissioning of local health services, children, young people and adult social care services? 2. Were the public, strategic partners and stakeholders aware of last year's JSNA and did they use it to inform the planning and development of services in 2009/10? 3. In addition to government and other traditional sources of data are there other sources of data and relevant information which should be included in the JSNA? 4. Once the draft JSNA is produced, does it provide a clear and comprehensive picture of the health and social care needs of our diverse population? 5. Do the key messages clearly reflect the data analysis? 6. Have the views, ideas and information delivered via the consultation exercise with the public, strategic partners, and stakeholders influenced the style and content of the JSNA 2009/10. 7. How will partners and stakeholders use the information to plan and develop services in 2010/11? <p>The questionnaire used with Tenants and Residents Associations had three questions :</p> <ol style="list-style-type: none"> 1. What, in your opinion, are the top three health issues facing your local neighbourhood? 2. What three things could you do to improve your own health? 3. What three things could the local authority and NHS do to help you improve your health
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What were the results of the consultation?
(Summary and range of views)

Q1.

Little awareness of the JSNA amongst members of the public. The JSNA 2008 strengthened relationships with several voluntary sector organizations but some were not engaged and not aware of the JSNA. More engagement with the voluntary sector and the public was needed.

Q2.

The level of impact of the JSNA on health and social care services shows planning was inconsistent. Some examples of services that were directly changed or developed as a result of the JSNA were:

- New 'carer support worker' posts which are currently being recruited
- Provision of community alcohol service
- Target setting for providers (CoL)

Q3. At the stakeholder workshops several sources of data and research were identified. Participants were encouraged to send this to the JSNA planning team. However, this rarely happened.

Q4,Q5,and Q6

Key Priorities as identified by public

Weight /obesity

Smoking

Sexual health

Access to dental care

Mental health issues

Stroke

CHD

Ageing

Better support for victims of domestic violence

Dementia

Diet /healthy eating

	<p>Drugs and Alcohol</p> <p>Other TB Improve environment from noise and litter Air pollution Exercise classes End of Life care</p>
<p>What decision(s) was made?</p>	<p>The consultation contributed to identifying local health priorities as follows:</p> <ol style="list-style-type: none"> 1. The principal need identified via the consultation process was to <i>bring male life expectancy closer to the national average</i>. This is to be achieved by reducing obesity and smoking, increasing access to services and improving life opportunities, employment and learning. <p>The other priority needs identified for local people, in no particular order, are:</p> <ol style="list-style-type: none"> 2. Improving opportunities for work, training and volunteering, especially in public sector organisations 3. Reducing smoking 4. Tackling obesity, especially amongst children and young people, including promoting opportunities for healthy eating 5. Improving maternal and infant health and wellbeing, and increasing childhood immunisation 6. Improving sexual health, including access to contraceptive services, and reducing teenage pregnancy 7. Increasing access to primary care, including dental health services, for unregistered populations, hard-to-reach and other under-represented groups 8. Protecting the public from influenza

	<p>9. Improving interventions to promote mental health and wellbeing</p> <p>10. Improving information about, and access to, preventative services which promote wellbeing and independence, combat isolation and exclusion, and safeguard the growing ageing population</p> <p>11. Meeting the needs of specific groups, including, people from minority ethnic communities, people who are carers, victims of domestic violence and hate crime, rough sleepers, people who misuse alcohol and substances, people who have dementia, and people who are disabled</p> <p>12. Getting more people to use parks, libraries and other cultural facilities and programmes, targeting people with long terms conditions and current non users</p> <p>13. Encouraging more residents to get involved in developing and scrutinising</p>
<p>What influence on decisions did the consultation have? (<i>What did/didn't change and why</i>)</p>	<p>The vast majority of the issues raised as part of the public and stakeholder involvement and consultation programme have been addressed in the JSNA. Gaps in information, and lack of data in some areas of the report resulted in additional data added and the following new sections created :</p> <ul style="list-style-type: none"> • A disability supplement section • Swine flu pandemic section • End of Life care section • Section on suicide • Review of the needs of sex workers in Hackney & the City • Recorded primary care prevalence of long-term mental health problems • Safeguarding Adults section • Incidence of falls
<p>What issues were raised that required further investigation/follow up?</p>	<p>Gaps in information, and lack of data in some areas resulting in additional data added and the following new sections created:</p> <ul style="list-style-type: none"> • A disability supplement section • Swine flu pandemic section • End of Life care section

	<ul style="list-style-type: none"> • Section on suicide • Review of the needs of sex workers in Hackney & the City • Recorded primary care prevalence of long-term mental health problems • Safeguarding Adults section • Incidence of falls-older people <p>These were all addressed in the final JSNA</p>
What further consultation/involvement activity will take place as a result of the outcome of this consultation?	<p>Extensive programme of dissemination agreed with stakeholders.</p> <p>There will also be an evaluation exercise undertaken to assess the impact of the consultation on decision making, and also how the JSNA influences the PCTs Commissioning plan in the autumn of 2010</p>

NHS City & Hackney Consultations

Title of Consultation:	North East Hackney GP-led health Centre procurement project
Lead for Consultation:	Rigo Pizarro (bid manager)
NHS C&H Lead for Consultation:	Steve Gilvin (director of primary care commissioning)
Start Date of Consultation:	April 2009*
Finish Date of	September 2009 *

Consultation:	
What was the consultation on?	Specifications for the procurement of a GP-led health centre under the EPMC national programme
Who was consulted? (<i>Definition of groups and numbers</i>)	General public Patients of practice designated for development into a GP-led health centre Staff at same practice Hackney OSC City & Hackney LMC LinKs Keep NHS public campaign
What information was given to people? (<i>Written, Verbal, Visual</i>)	Leaflets/posters (English and relevant languages) Meeting patient groups Leaflet setting out developing thinking on service model on the Web site, Our health in Our hands event (Sept 2009) NHS City & Hackney newsletter Briefings for LinKs, LMC and OSC Meeting between chairman and Keep NHS public campaign.
What were people specifically asked to comment on? (<i>Specific Questions</i>)	Service model and specifications for service delivery
What were the results of the consultation? (<i>Summary and range of views</i>)	The views expressed were generally positive about the service model (extended surgery hours 8 a.m. to 8 p.m., 365 days a year and walk in services open to any registered or non-registered patient) However, there was interest in ensuring that improved access (including language, disability etc), communications (e.g. use of e-mails and text messages) and the general experience of patients (e.g. open, friendly and informative reception area) was built into the specifications
What decision(s) was made?	As the result of consultation service specifications were modified in order to strengthen the quality of patient experience. A whole new section related to patient experience and involvement was included in ITT document

What influence on decisions did the consultation have? <i>(What did/didn't change and why)</i>	See above
Were any equality issues highlighted?	Yes, difficulties of access due to language and learning disabilities in particular
What issues were raised that required further investigation/follow up?	N/A
What further consultation/involvement activity will take place as a result of the outcome of this consultation?	PCT will initiate further consultation as part of moving the service to the prospective North East Hackney Primary Care Centre
What consultations are planned for 2010/11?	

North East London - consultations

Title of Consultation:	Health for North East London
Lead for Consultation:	Jo Lobban -Health for North East London programme office
NHS C&H Lead for Consultation:	Jacqui Harvey CEO
Start Date of Consultation:	27 November 2009
Finish Date of Consultation:	22 March 2010

What was the consultation on?	<p>Delivering high-quality hospital health services for the people of north east London. (Including; Tower Hamlets, Havering, Redbridge, Waltham Forest, Hackney, Newham, Barking and Dagenham, and the city of London.)</p> <p>NHS City and Hackney conducted consultation in the City and the London borough of Hackney as part of a wider consultation being managed by the Health for north east London Programme Office</p>
Who was consulted? <i>(Definition of groups and numbers)</i>	<p>More than 10,000 people were involved including clinicians, stakeholders, patients and patient representatives. There were 57 meeting with 36 traditionally underrepresented and hard to reach groups and BME communities.</p>
What information was given to people? <i>(Written, Verbal, Visual)</i> and consultation methods used	<p>Written, verbal, visual (including road shows) and electronic including road shows.</p> <p>The information is available; www.healthfornel.nhs.uk</p>

<p>What were people specifically asked to comment on? (<i>Specific Questions</i>)</p>	<p>Complex care on fewer sites Q1-To what extent do you agree or disagree that complex vascular surgery in north east London should only be performed at The Royal London Hospital and Queen’s Hospital? Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don’t know</p> <p>Q1b-Please tell us why you agreed or disagreed with the statement in Q1.</p> <p>Q2-To what extent do you agree or disagree that all surgery on children in north east London UNDER two years of age should only be performed at The Royal London Hospital? Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don’t know</p> <p>Q2b-Please tell us why you agreed or disagreed with the statement in Q2.</p> <p>Q3-To what extent do you agree or disagree that all urgent surgery and all complex surgery in north east London on children between the ages of two and 15 should only be performed at The Royal London Hospital and Queen’s Hospital? Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don’t know</p> <p>Q3b-Please tell us why you agreed or disagreed with the statement in Q3.</p> <p>Q4-To what extent do you agree or disagree that care for children who are likely to need to stay in hospital more than a day or two, should be concentrated in specialist units at The Royal London Hospital and Queen’s Hospital? Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don’t know</p> <p>Q4b-Please tell us why you agreed or disagreed with the statement in Q4.</p> <p>Q5-To what extent do you agree or disagree that The Royal London Hospital and Queen’s Hospital should become the two major acute hospitals in north east London? Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don’t know</p> <p>Q5b-Please tell us why you agreed or disagreed with the statement in Q5.</p> <p>Separating planned operations from emergency care</p> <p>Q6-To what extent do you agree or disagree that planned surgery in north east London should be</p>
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separated from emergency surgery?

Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don't know

Q6b-Please tell us why you agreed or disagreed with the statement in Q6.

Improving emergency, critical and maternity care

Q7-To what extent do you agree or disagree that children should be assessed and treated in separate facilities developed alongside each accident and emergency department?

Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don't know

Q7b-Please tell us why you agreed or disagreed with the statement in Q7.

Q8-To what extent do you agree or disagree that the NHS can provide better, safer care with five rather than six hospitals providing A&E, critical care and maternity delivery services?

Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don't know

Q8b-If you agree with having five hospitals for accident and emergency, critical care and maternity delivery services tell us why. If you don't agree, tell us how many you think we need for north east London and why.

Q9-If we do decide to have five rather than six hospitals with accident and emergency, critical care and maternity delivery services, to what extent do you agree or disagree that these services should be moved from King George Hospital?

Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don't know

Q9b-If you agree with the transfer of accident and emergency, critical care and maternity delivery services from King George Hospital, please tell us why. If you don't agree tell us what you think we should do and why.

Q10-If in future there are no maternity services at King George Hospital and the delivery of your baby was assessed as 'low risk', where would you prefer to have your baby?

Home, Midwife-led birthing unit in the community, Midwife-led birthing unit based at Homerton Hospital, Newham Hospital, The Royal London Hospital, Queen's Hospital, or Whipps Cross Hospital, Doctor-led maternity service based at one of the above hospitals, Don't know, Other

	<p>Q11-If King George Hospital's A&E, critical care and maternity delivery services transfer to neighbouring hospitals, to what extent do you agree or disagree that the NHS should make the following changes:</p> <p>11a-Move all uncomplicated planned surgery from Queen's Hospital to King George Hospital? Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don't know</p> <p>11b-Move some of the kidney dialysis machines from The Royal London Hospital to King George Hospital? Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don't know</p> <p>11c Develop a specialist children's centre at King George Hospital to provide neuro-developmental assessments, child protection, specialist therapy services for children with disabilities and Child and Adolescent Mental Health Services? Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don't know</p> <p>This would involve relocating services from Kenwood Child Development Centre and Child and Adolescent Mental Health Services from Loxford Hall.</p> <p>11d-Enhance services for adults and older people at King George Hospital by improving existing nursing support and minor surgery, developing a rapid access to specialist assessments service and transferring facilities such as rehabilitation beds from Heronwood and Galleon in Wanstead?</p> <p>Agree strongly, Agree, Neither agree nor disagree, Disagree, Disagree strongly, Don't know</p> <p>Q12-Please tell us why you agreed or disagreed with the any of the statement in Q11</p>
<p>What were the results of the consultation? <i>(Summary and range of views)</i></p>	<p>More than 3,200 individuals and organisations responded to the consultation including LINks, Overview and Scrutiny Committees and Local medical Committees.</p> <p>Many of the proposals received broad support, though there were some reservations about the implementation and the need for careful planning. Concerns were voiced over travel times, capacity and the quality of care, particularly at Queen's Hospital.</p> <p>There was more support than disagreement for the following proposals;</p>

	<ul style="list-style-type: none"> • Providing surgery on children under two only at The Royal London (and not at Whipps Cross, Newham or King George Hospital) • Providing urgent surgery and complex surgery on children under 15 at The Royal London and Queen's Hospital (and not at Whipps Cross, Newham or King George Hospital) • Providing care for children with more complex needs at The Royal London and Queen's (and not at Homerton, Whipps Cross, Newham or King George Hospital) • Moving all uncomplicated planned surgery from Queen's Hospital to King George Hospital • The Royal London and Queen's becoming the major acute hospitals for the sector. <p>There was more disagreement than support from respondents about;</p> <ul style="list-style-type: none"> • Changing the number of A&Es and maternity delivery departments from six to five • Over a third of respondents did not agree with proposals to move A&E and maternity delivery services from King George Hospital. <p>The consultations results can be found here; http://www.healthfornel.nhs.uk/consultation/results-of-the-consultation/</p>
What decision(s) was made?	At the time of writing feedback was still being analysed other procedures were in place so a decision is yet to be made.
What influence on decisions did the consultation have? <i>(What did/didn't change and why)</i>	Subject to a final decision, the consultation gave guidance on the acceptability of the proposal to the community and identified issues that need to be addressed.
What issues were raised that required further investigation/follow up?	None that affected NHS City and Hackney At the time of writing feedback was still being analysed. However, the issues of travel times and access to different sites were highlighted. Health for northeast London completed a discrete Travel/Access Analysis
What further consultation/involvement	Next steps to be undertaken by the Health for North East London programme

activity will take place as a result of the outcome of this consultation?

Looking towards the next phases of the programme (decision-making and implementation planning) the key next steps are as follows:

Development of decision-making business case

- Complete clinical appraisal of consultation proposals in context of responses received
- Complete updated finance and activity modelling
- Review arrangements for implementation of recommended changes, including governance arrangements and implementation phasing, pace of change and risks and mitigations.
- Development of a final set of recommendations for change.

A number of wider stakeholder engagement sessions will be held as a final decision-making business case is developed.

Assessment of proposals against the key criteria set out in the revised Department of Health guidance on service reconfiguration.

The Department of Health preliminary guidance sets out four key tests for reconfiguration programmes, as follows:

- **Full support from GP commissioners**

Whilst the programme has been clinically led and many GPs have been involved in developing the consultation proposals, the expectation going forward is of a formal decision making process for relevant GP commissioners and full engagement in governance structures.

- **Strong patient and public engagement and engagement with local authorities.**

Again, building on the extensive engagement and consultation work that has been undertaken to date we will be working to ensure that stakeholders are fully engaged in the next phase of the programme. In addition to continued work with the two Joint Overview and Scrutiny committees, the expectation going forward is of a more formal consideration of local authority views, including executive and lead members.

- **Strong clinical evidence base**

The process to date has been clinically led and based on a thorough understanding of the evidence base underpinning proposals for change. This has been tested via NCAT review and the IIA and will be further tested through the next phase of the programme.

- **Clear understanding of the impact on patient choice.**

Further work is needed to more explicitly consider the impact of the proposals on patient choice. The White Paper provides more guidance on the new government's approach to choice with availability and transparency of information on the safety and quality of available services a key theme.

There will be a particular focus over the next phase of the programme on working with GP commissioners and developing mechanisms for further strengthening local authority engagement.

North East London - consultations

Title of Consultation:	Changes to Out of Hours Dental Services
Lead for Consultation:	Bernadette Beckett- NHS Tower Hamlets
NHS C&H Lead for Consultation:	Anthony Allert
Start Date of Consultation:	1/10/09
Finish Date of Consultation:	30/11/09

<p>What was the consultation on?</p>	<p>Proposed changes to out-of-hours dental services A public consultation took place to gather local views on proposals to improve the delivery of out of hours urgent dental care services across North East London. The findings of the consultation will be used to ensure the proposals for changes to the services meet the needs of the communities living and visiting Tower Hamlets, Newham, City and Hackney, Redbridge, Barking and Dagenham, Havering and Waltham Forest.</p> <p>Further to the public consultation final changes to the services were agreed by a Senior Project Board in February 2010. The services then will be procured within one contract and it is expected to implement the new service in autumn 2010.</p>
<p>Who was consulted? <i>(Definition of groups and numbers)</i></p>	<p>Stakeholders including residents of North East London The public consultation was carried out over the period 1st October, 2009 – 30th November, 2009. This time period was given agreement by the LINKs as there had been substantial involvement activity in the review period however if any groups could not provide feedback within this period consideration would be given to extending the deadline to early December. Three groups were unable to input to the consultation by the end of November</p>

	<p>and therefore the consultation deadline was extended until 15th December, 2009.</p> <p>A Consultation Briefing was designed in consultation with a group of LINK members from across the sector that had expressed interest in being involved in the development of the consultation materials and activity. Within the consultation briefing the following questions were asked:</p> <p>Specific activity was carried out to reach groups that may be excluded from accessing in hours urgent dental care appointments that are only accessible through the out of hours urgent dental care services. Offers were put forward to meet with these groups in the way in which they identified as appropriate. The interest groups that were invited to meet included Older Persons, Mental Health, Homeless Centres, HIV Service Users, New Residents and Refugees, Asylum Seekers, Muslim Centre and Addiction Units, Physical Disability Services. In addition, the Project Manager, attended a number of stakeholder meetings including Local Dental Committees, Scrutiny Committees and Urgent Care Boards.</p>
<p>What information was given to people? (<i>Written, Verbal, Visual</i>) and consultation methods used</p>	<p>Consultation document summary and full document 14,000 copies of the consultation briefing were distributed in all seven areas to key stakeholders including MPs, the Emergency Dental Services, General Dental Practices, GPs and Pharmacists who were encouraged to give their view and also given copies to be kept in waiting rooms for patients to complete. The briefing and the strategy were put on the seven PCT websites and circulated by e-mail to voluntary and community groups, staff working within the services and elected members. LINKs were asked to circulate the briefing to their membership and to highlight the consultation to groups they were actively working with.</p>
<p>What were people specifically asked to comment on? (<i>Specific Questions</i>)</p>	<p>New Screening service Change in Hours Change in name of Walk-in Service</p> <ol style="list-style-type: none"> 1. Do you know about the out-of-hours Emergency Dental Care Services? 2. If you have answered yes could you let us know whether you have used them?

	<ol style="list-style-type: none"> 3. If you were to contact the out-of-hours service and were offered an appointment the next day would you be able to attend a dental appointment near to where you live? 4. Will the change in hours make it more difficult for you to get help if you have urgent dental needs? 5. How can we improve information about local NHS dentists and the out-of-hours urgent dental care services? 6. Any further comments on out-of-hours services?
<p>What were the results of the consultation? (<i>Summary and range of views</i>)</p>	<p>? TBC</p> <p>Question 1 Do you know about the out-of-hours emergency dental care services?</p> <p>68% of patients that responded advised they knew about the EDS however about a third of the responses had been completed by patients within the EDS at the Royal London.</p> <p>Question 2 If you have answered yes could you let us know whether you have used them?</p> <p>Just over a third of patients that knew about the services had not used the services</p> <p>Question 3 & 4 If you were to contact the out-of-hours service and were offered an appointment the next day would you be able to attend a dental appointment near to where you live?</p> <p>The majority of patients (83%) advised that they would be able to attend a dental appointment near to where they lived if they were offered a next day appointment. There were 15 comments made regarding this question which included the following issues:</p> <ul style="list-style-type: none"> ➤ The difficulty of accessing local dental appointments because of work commitments and therefore needing to access out of hours dentistry; ➤ A few patients said they would prefer to be treated at the out of hours if they had

- accessed this for care and wouldn't expect to be turned away;
- Some concern that if referred to an in hours appointment would not want to pay the urgent dental charge of £16.50 twice.

Question 5 & 6

Will the change in hours make it more difficult for you to get help if you have urgent dental needs?

64% of patients advised that the change of hours would not make it more difficult to access urgent dental care. 23 of the respondents commented which included the following issues:

- Concerns regarding the reduction of hours and therefore the perception that there would be less capacity to see patients with urgent dental need;
- Requests to make the hours longer than they already are i.e. 24 hours
- There have also been some concerns raised regarding the earlier evening opening hours to the service as it could prove difficult to employ staff to work within the service. Whilst these concerns were raised across the sector by staff working within the services a couple of questionnaire respondents also raised this issue.
- Patients that live in adjacent boroughs may find it difficult to get transport late in the evening

Question 7

How can we improve information about local NHS dentists and the out-of-hours urgent dental care services?

42 of patients that completed the questionnaire responded to this question. Communications and information is a key theme arising throughout the review, pre consultation activity and public consultation. Many helpful suggestions have been made to improve and develop communications regarding the service as it is presently delivered and for the future. Some of these included the following suggestions:

- Ensure leaflets are available at all Dentists and posting them out to everybody

- Advertise the service and opening times more i.e. local free papers, all Dental and GP surgeries, local hospitals, post offices, schools, colleges, chemists, websites, TV and radio
- Emphasis needs to be placed on emergency nature of service to prevent non emergencies taking up spaces
- Spread the word for people to register with a dentist and have regular checkups – then a notice in dentists about out of hours services
- Out of Hours service details could be advertised on the back of appointments cards

Question 8 asked the borough the respondent came from and this information is provided earlier in this report.

Question 9

Any further comments on out-of-hours services?

53% of the responses provided further comments which included the following issues:

- Patients who have accessed the service found it excellent
- Patients feel that it is unfair to see the first in the queue and increases health inequalities
- The waiting times should be reduced
- Patient experience is poor for those waiting in the queue
- Patients would like the hours to be longer and suggestions included a 24 hour service
- Concern that patients should not be turned away if they don't have any money. Should be able to provide proof of address and a bill sent.
- The difficulties of getting an NHS Dentists and therefore more need for Emergency Dental
- Many residents felt that the services should not see people from outside North East London and at the very least residents should be prioritised
- Some respondents suggested a rota service within all the boroughs in North East London.

Face-to-face feedback

The consultation team were invited to the following groups at their meetings, events and discussion forums:

Sundial Centre for Elderly People
Older Peoples Event in Hackney
Barts and the London Patient Group
Havering LINK
'Your Health Your Say' – Mental Health Event
Age Concern Older Peoples Reference Group – Tower Hamlets
Pan Disability Panel
HIV User Group
New residents/refugees forum;
Older Peoples Reference Group – Hackney
Older Peoples Event – Barking and Dagenham

Focus groups were also arranged with the African Caribbean Disablement Association; and migrant communities, refugees, asylum seekers and travellers. This feedback was integral to ensuring the new services are accessible to all groups within the community.

Some of the key themes raised by the groups were that are not included within the responses to the questionnaire were:

EDS Service Delivery and Accessibility

The groups were very keen to ensure the services are accessible for all groups within the community and therefore should have disabled access, be accessible to non English speakers and be flexible so that refugees and homeless are able to access treatment even if they do not have documents.

People with HIV status advised that they find it difficult to access NHS Dentists as experiences have included being advised there are no appointments, their appointment being moved until the end of the day so the instruments could be cleaned and confidentiality being broken in front of other patients.

There was a feeling from all groups that the Out of Hours Dental Line should be free to

ensure all are able to access the services.

Issues relating to patient experience for those people that have tried to access treatment, particularly at the Royal London. There were also many concerns regarding those patients that are turned away from the queue when they have urgent dental needs. Some patients reported that they were asked to come back later for their appointment and found this difficult as they did not live locally to the service.

Another area that was raised by many groups was the access to urgent dental care for those people who were housebound, living in homes and also inpatients.

Change of Hours

Whilst this was an area covered within the questionnaire responses there was a positive response from some groups to the earlier opening hours as they felt that patients that have been advised by their dentist in the morning that there are no appointments are able to access care earlier. Also some patients that take medication in the evening find it difficult to leave the home once the medication has been taken. There was recognition within the groups that the changes were making the best use of resources. Groups suggested that the Telephone Dental Line should try and provide more information about accessing local dental services.

Procurement of Services

Some patients raised concern about the procurement of the services as they felt it was “creeping privatisation in the NHS”. All groups felt it was important to ensure there are good performance measures put in place within the new contract and they must be monitored continually to ensure the service continues to meet the needs of the patients.

LINK members expressed their wish to be involved in monitoring the services.

Access to NHS Dentists and Urgent Dental Care

All the groups raised concerns about there not being adequate access to NHS Dental Care within normal working hours. There was a general consensus that more Dentists should

open in the evenings and weekends. Dentists said that additional capacity was required so that they could see more patients.

Information

Information was highlighted as a key theme throughout the review and consultation period. Groups asked that information is made available about NHS Dental Services that are available across the sector, this should ensure more people visit their dentist on a regular basis. Groups raised their concerns about the costs of dentistry and in particular the perception that when they access Dentists they are directed to private treatment and therefore higher costs, groups therefore asked that clear information about the costs and the treatment patients can expect to receive from a Dentist is key to increasing access.

Throughout the review it became apparent that many NHS Organisations had incorrect information about the availability of the Out of Hours Services and therefore were referring patients inappropriately. Therefore there is a need to ensure good communications across the sector about the new services when they are in operation.

Changes to the Out of Hours Urgent Dental Care Services

At the beginning of the review there was a view that if patients were only able to access out of hours urgent dental care by telephone assessment all patients with urgent dental need would be able to receive care at the two services. Very early on in the review it became very clear from listening to patients, staff and stakeholders that by limiting access to services via telephone assessment some groups within the community would find it very difficult to access out of hours urgent dental care services. As a result of this involvement activity a decision was made to provide a telephone line for those patients that would prefer to telephone first however also ensure the services at Hornchurch and Royal London remain open door and therefore accessible to all groups.

The proposals that were put to public consultation were influenced by the involvement activity carried out throughout the review. The Review Team has listened carefully to the views put forward throughout the public consultation and can now confirm the following changes are to be incorporated within the specification for urgent dental care services within North East London.

Next Day Urgent Dental Care Appointments

Feedback was very positive about the commissioning of extra in hours appointments in practices across the sector for those patients that have accessed the out of hours urgent dental services the evening before either by telephone or through walk in and have been assessed as having urgent dental needs. These appointments will now be developed across the sector. There was some concern that patients wouldn't want to be turned away from the services for a next day appointment if they were in pain and therefore the service will have enough capacity to be able to see all those patients that require the most urgent dental need. Patients were also concerned that if they were assessed at the Urgent Dental Care Centre and given a next day appointment they would have to pay twice. Measures will be put in place to ensure patients are not charged twice for one treatment.

Assessment Process

The majority of people that provided feedback felt that implementing a face to face assessment process at the Urgent Dental Care Services was an improvement which would ensure those patients with urgent dental needs are seen as a priority. This system will be put in place at both Urgent Dental Care Services by Dentists and an assessment process will be put in place at the Telephone Dental Line which will be implemented by Dental Nurses.

Change of Hours to the Services

Whilst there was some feedback that longer opening hours were preferable there are not presently the resources to operate longer working hours at the Urgent Dental Care Services. All PCTs within the Sector are working hard to increase access to Dentistry within their areas by developing extra appointments at existing Dental Practices, opening new Dental Practices and encouraging Dentists to deliver

more extended hours at evenings and weekends. Over time this increase in access should mean that less people need to access the Out of Hours services.

The hours of opening at the Royal London are slightly shorter than currently during week days however when analysis was carried out to identify the times that patients accessed the services it was found that there was some dead time later in the evenings. Further efficiencies will be put in place ensuring more patients should be able to be seen within the proposed time period.

Patients have advised that they would prefer earlier opening times during the week however there is a need to ensure the services are able to recruit staff and therefore the Urgent Dental Care Services will open 30 minutes earlier than the present opening hours. The Telephone Dental Line, however, will be open at 5.30 p.m. where patients with urgent dental need can access appointments either that evening or next day locally to where they live.

The proposals include two shifts operating at Weekends and Bank Holidays. These shifts have been put in place to ensure that patients are able to access urgent dental care within a reasonable time period. There is recognition that these shifts are required at the Royal London because of the numbers of patients accessing the service at weekends however it has been agreed that Hornchurch will now only have one longer shift, opening for five hours weekends and Bank Holidays, an increase of two hours to the present opening times. There will continue to be two shifts at the Royal London however the opening hours will start earlier to address concerns raised by staff that patients are more likely to access these services earlier in the morning rather than later in the evening.

The proposed hours of the Urgent Dental Care Services are:

Out of Hours Telephone Dental Line

Weekdays	5.30 p.m. – 9.30 p.m.
Weekends	7.30 a.m. – 6.00 p.m.
Bank Holidays	7.30 a.m. – 6.00 p.m.

Hornchurch

Weekdays 6.30 p.m. – 9.30 p.m.
Weekends 11.00 a.m. – 4.00 p.m.
Bank Holidays 11.00 a.m. – 4.00 p.m.

Royal London

Weekdays 6.30 p.m. – 10.30 p.m.
Weekends 8.00 a.m. - 12.30 p.m.
2.30 p.m. – 7.00 p.m.
Bank Holidays 8.00 a.m. – 12.30 p.m.
2.30 p.m. – 7.00 p.m.

Information

Throughout the review patients, the public, stakeholders and Clinicians have raised concern about the lack of good information regarding dental services available in the area. Many suggestions to improve the present communication mechanisms have been provided and therefore a communications strategy will be developed to take forward the changes to the services.

Procurement of the Services

Whilst there was some concern about procuring the services it was felt that if good monitoring standards are put in place it will be key to ensuring the service provides high quality care and continues to meet the needs of patients over a period of time. Performance measures will be put in place and monitored throughout the sector to ensure the services continue to operate effectively and provide urgent dental care.

What decision(s) was made?	<p>The three services will be procured within one integrated contract. This will ensure the services work together effectively and there is some flexibility in the available resources.</p> <p>The procurement process is due to start in February and it is hoped that the new services will be in operation in autumn 2010.</p> <p>A communications strategy will be developed across North East London which will include many of the suggestions put forward throughout the review and consultation period. Information and education regarding local dental services and the Out of Hours Urgent Dental Care Services will be circulated widely ensuring patients receive the best possible care in the most appropriate timescales for their dental need.</p>
What influence on decisions did the consultation have? (What did/didn't change and why)	TBC
What issues were raised that required further investigation/follow up?	TBC
What further consultation/involvement activity will take place as a result of the outcome of this consultation?	TBC

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Pan-London Consultations

Title of Consultation:	The Shape of Things to Come- Stroke and Trauma (Healthcare for London) consultations
Lead for Consultation:	Healthcare for London
NHS C&H Lead for Consultation:	Jacqui Harvey (CEO)
Start Date of Consultation:	31/01/2009
Finish Date of Consultation:	08/05/2009

What was the consultation on?	Stroke and Trauma services in london
Who was consulted? <i>(Definition of groups and numbers)</i>	<ul style="list-style-type: none"> • SHAs covering London ; • PCTs in London and surrounding London; • individuals who responded to Consulting the Capital; • public and clinicians engaged in <i>A Framework for Action</i>. • acute and mental health trust CEs; • stroke network leads and clinicians; • major trauma leads and clinicians; • stroke and major trauma boards, panels and working groups and attendees at events; • Healthcare for London Clinical Advisory Group (CAG); • Healthcare for London Patient and Public Advisory Group (PPAG); • local authority CEs and directors of social services;

	<ul style="list-style-type: none"> • London Councils and LGA; • London and SW Essex MPs; • Joint Health Overview Scrutiny Committee (JHOSC); • Health OSC members; • London Ambulance Service; • trade unions and royal colleges; • Londonwide LMCs; • Department of Health chief officers and national clinical directors; • National NHS groups such as NHS Confederation, NHS Direct; • Think Tanks; • 500+ voluntary sector organisations including those specific to stroke and major trauma; • London LINKs; • London medical schools and deanery;
<p>What information was given to people? (Written, Verbal, Visual) and consultation methods used</p>	<p>Leaflets, flyers, website information, Five hundred lives a year will be saved through the creation of specialist stroke and trauma centres in London. Expert clinical care and the latest technology would be concentrated in a few super-centres which would treat the most serious and life-threatening cases. And they would be linked to a network of A&E and stroke units across the capital dealing with less serious cases, rehabilitation and continued treatment.</p> <p>Information given: Approximately 144,000 consultation documents (detailed and compact) distributed across London (includes bulk distribution to PCTs.) This includes nearly 4,000 consultation documents sent to a broad range of stakeholders.</p> <p>Consultation documents were also emailed to stakeholder groups and distributed through networks (such as the Women’s Institute and Expert Patient Group). The chief executive of the national charity The Stroke Association wrote to the 42 stroke clubs in London, enclosing consultation documents and encouraging a response to the consultation.</p>
<p>What were people specifically asked to comment on? (Specific Questions)</p>	<p>The shape of things to come Consultation on stroke and major trauma services in London</p> <ul style="list-style-type: none"> • Q1 Which option do you think would provide the best trauma care for Londoners • Q3 Do you agree with our proposal on how (not where) we provide stroke care in the future? • Q5 For good urgent care for stroke patients it is important to reach excellent quality care fast. Do you agree that eight hyper-acute stroke units would provide the best urgent care for stroke patients in London?

	<ul style="list-style-type: none"> • Q6 Do you agree with our preferred option of hyper-acute stroke units at...: • Q8 Do you agree or disagree that the proposed configuration of stroke units will provide the best care possible for Londoners? • Q10 Do you agree or disagree that the proposed configuration of transient ischaemic attack (TIA or mini stroke) services provides the best possible care for Londoners? 																							
<p>What were the results of the consultation? (Summary and range of views)</p>	<p>The results of the consultation are available online at the following link: www.healthcareforlondon.nhs.uk/assets/Stroke-and-major-trauma-consultation/Stroke-and-major-trauma-topline-consultation-responses.pdf</p> <p>Trauma Care Q1 Which option do you think would provide the best trauma care for Londoners?</p> <table border="1" data-bbox="584 635 2069 1082"> <thead> <tr> <th data-bbox="584 635 1599 770"></th> <th data-bbox="1599 635 1899 770">No. of completed responses for this question</th> <th data-bbox="1899 635 2069 770">As a % of all responses</th> </tr> </thead> <tbody> <tr> <td data-bbox="584 770 1599 906">Four trauma networks, with major trauma centres at Royal London Hospital, Kings College Hospital, St George's Hospital and St Mary's Hospital 4378 51</td> <td data-bbox="1599 770 1899 906">4378</td> <td data-bbox="1899 770 2069 906"></td> </tr> <tr> <td data-bbox="584 906 1599 975">Four trauma networks with major trauma centres at Royal London Hospital, Kings College Hospital, St George's Hospital and The Royal Free Hospital</td> <td data-bbox="1599 906 1899 975">3114</td> <td data-bbox="1899 906 2069 975"></td> </tr> <tr> <td data-bbox="584 975 1599 1043">Three trauma networks with major trauma centres at Royal London Hospital, King's College Hospital and St George's Hospital</td> <td data-bbox="1599 975 1899 1043">205</td> <td data-bbox="1899 975 2069 1043"></td> </tr> <tr> <td data-bbox="584 1043 1599 1082">Did not answer question</td> <td data-bbox="1599 1043 1899 1082">914</td> <td data-bbox="1899 1043 2069 1082"></td> </tr> </tbody> </table> <p>Stroke Care Q3 Do you agree with our proposal on how (not where) we provide stroke care in the future?</p> <table border="1" data-bbox="584 1286 2069 1385"> <thead> <tr> <th data-bbox="584 1286 1599 1385"></th> <th data-bbox="1599 1286 1899 1385">No. of completed responses for this question</th> <th data-bbox="1899 1286 2069 1385">As a % of all responses</th> </tr> </thead> <tbody> <tr> <td data-bbox="584 1286 1599 1385"></td> <td data-bbox="1599 1286 1899 1385"></td> <td data-bbox="1899 1286 2069 1385"></td> </tr> </tbody> </table>				No. of completed responses for this question	As a % of all responses	Four trauma networks, with major trauma centres at Royal London Hospital, Kings College Hospital, St George's Hospital and St Mary's Hospital 4378 51	4378		Four trauma networks with major trauma centres at Royal London Hospital, Kings College Hospital, St George's Hospital and The Royal Free Hospital	3114		Three trauma networks with major trauma centres at Royal London Hospital, King's College Hospital and St George's Hospital	205		Did not answer question	914			No. of completed responses for this question	As a % of all responses			
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	No. of completed responses for this question	As a % of all responses																						

Agree	6257	73
Disagree	1377	16
Don't know	722	8
Did not answer question	255	3

Q5 For good urgent care for stroke patients it is important to reach excellent quality care fast. Do you agree that eight hyper-acute stroke units would provide the best urgent care for stroke patients in London?

	No. of completed responses for this question	As a % of all responses
Yes	6095	71
No	1174	14
Don't know	945	11
Did not answer question	397	5

Q6 Do you agree with our preferred option of hyper-acute stroke units at..:

	No. of completed responses for this question	As a % of all responses
Agree	4534	61
Disagree	1870	25
Don't know	640	9
Did not answer question	393	5

Q8 Do you agree or disagree that the proposed configuration of stroke units will provide the best care possible for Londoners?

	No. of completed responses for this question	As a % of all responses
Agree	6421	75
Disagree	931	11
Don't know	946	11
Did not answer question	313	4

Q10 Do you agree or disagree that the proposed configuration of transient ischaemic attack (TIA or mini stroke) services provides the best possible care for Londoners?

	No. of completed responses for this question	As a % of all responses
Agree	6452	75
Disagree	809	9
Don't know	959	11
Did not answer question	391	5

Q12 The results of this consultation will be presented to the Joint Committee of PCTs which will make a decision on how services will be provided in future. We believe it is important that, along with the views of consultees, the committee will consider

- Which option is likely to give the best clinical quality for all Londoners both once established and for years to come;
- Which option provides the best geographical coverage - particularly ensuring that no Londoner is more than 30 minutes travel from a hyper-acute stroke unit.
- Which option is the best fit when considering the two services together (we believe there are advantage in locating hyper-acute stroke services with major trauma services wherever possible) or when considering other services or strategic objectives.

	Do you agree or disagree with this criteria?		
		No. of completed responses for this question	As a % of all responses
	Agree	6465	75
	Disagree	1063	12
	Don't know	695	8
	Did not answer question	388	5
What decision(s) was made?	<p>A joint committee of primary care trusts (JCPCT) met in public on 20 July 2009 to consider clinical evidence and the responses to The shape of things to come. The JCPCT agreed to introduce new, specialist services for stroke and major trauma patients.</p> <p>Four major trauma centres will treat the most seriously injured patients and will be located at:</p> <ul style="list-style-type: none"> • The Royal London Hospital, Whitechapel • King's College Hospital, Denmark Hill • St George's Hospital, Tooting • St Mary's Hospital, Paddington <p>Eight hyper-acute stroke centres will provide specialist care to patients following a stroke, after which they will be transferred to one of 24 local stroke units to continue their recovery. The new centres will be located at:</p> <ul style="list-style-type: none"> • Charing Cross Hospital, Hammersmith • King's College Hospital, Denmark Hill • Northwick Park Hospital, Harrow • Queen's Hospital, Romford • St George's Hospital, Tooting • The Princess Royal University Hospital, Orpington • The Royal London Hospital, Whitechapel • University College Hospital, Euston <p>TIA services for people who have had a transient ischaemic attack (or 'mini-stroke') will also be provided alongside the stroke units. People attending a TIA service will be rapidly assessed and treated, to reduce their chance of having a full stroke in future.</p>		

<p>What influence on decisions did the consultation have? (What did/didn't change and why)</p>	<p>Almost 11,000 groups and individuals responded. Views submitted as part of the consultation have formed the basis for a series of recommendations about next steps. For example, the joint committee of primary care trusts has agreed that commissioners should review the quality, capacity and demand for services at each hyper-acute stroke centre and stroke unit. It has also agreed that primary care trusts and hospital trusts need to work with haemoglobinopathy centres to ensure the appropriate provision of services for people with sickle cell disease.</p>
<p>What issues were raised that required further investigation/follow up?</p>	<p>Points of learning</p> <p>Ways to improve the questionnaire came to light. The stroke questions all had a 'don't know' option, but the major trauma questions did not. The inclusion of a 'don't know' option meant that for stroke we were able to calculate the percentage of support overall, and the percentage of support amongst only those who had expressed a preference. Support for major trauma appeared lower because the percentage was of the global total of respondents to the consultation, many of whom didn't want to express a preference..</p> <p>A post-decision stakeholder communications plan was developed, which detailed a range of activities, including a letter to be sent to all respondents, thanking them for their response and informing them of the final decision. However, the consultation questionnaire asked only for a postcode to assess whether responses were being received from across the capital, which meant we were only able to send the letter out to those who had proactively provided us with their address (for example by sending us a letter) or who had given an email address.</p>
<p>What further consultation/involvement activity will take place as a result of the outcome of this consultation?</p>	<p>Not known at this stage.</p>

South East England Region- Consultations

Title of Consultation:	Tier 4 independent consultation
Lead for Consultation:	South East Coast Specialised Commissioning Group and West Kent PCT
NHS C&H Lead for Consultation:	Jo Scott
Start Date of Consultation:	20/04/2009
Finish Date of Consultation:	27/07/2009

What was the consultation on?	The NHS consulted about the best way to organise care for people with complex personality disorder(i.e. people who might use specialised (Tier 4) services.
Who was consulted? <i>(Definition of groups and numbers)</i>	<p>Stakeholders from East of England, London, South Central and South East Coast regions.</p> <p>There were 373 responses to the consultation.</p> <ul style="list-style-type: none"> • Of these, 181 were from health professionals and managers (49%), • 106 were from service users and family members (29%), • 59 were from NHS organisations, voluntary groups and other agencies (16%), • 18 were from members of the public (5%), • and 3 were from MPs and Councillors (1%). Six responses were from mixed groups of individuals and organisations. <p>Named groups</p> <ul style="list-style-type: none"> • Previous and current service users and their carers • Previous and current service users' consultants and clinicians • Service user groups • Existing PD services & registered SCGs • Links • Social services • MH Trust CEs • Referring clinicians

	<ul style="list-style-type: none"> • GP's
What information was given to people, and consultation methods used	<p>The consultation summary document was made available widely both in hard copy format and electronically. All 62 PCTs were asked to display the electronic link to the consultation web-page on their web-sites. People were asked to feedback by:</p> <ul style="list-style-type: none"> • Reading the consultation summary document and providing feedback online via the website • Posting back a feedback form with a freepost address • Attending a discussion group. • Sharing their stories.
What were people specifically asked to comment on? (<i>Specific Questions</i>)	<p>Consultation Options</p> <p>There were 4 options described in the consultation document; a core element of all the options being a specialist outreach team. The options differed with regards to the range and location of inpatient treatment beds. In addition responders were invited to put forward their own ideas.</p> <p>A range of options were proposed including:</p> <ul style="list-style-type: none"> • Should outreach teams be set up specifically for people with complex personality disorder in each region? • Should specialist residential (live in) treatment centres be available for people with complex personality disorder? • If residential treatment centres are used, how many should be provided across the four regions? • If residential units are offered, people were asked to comment on whether one, two or four units would be best spread across the East of England, London, South Central and South East Coast regions • People were also invited to suggest other options.
What were the results of the consultation? (<i>Summary and range of views</i>)	<p>Q: Should there be community outreach teams for personality disorder? A: 95% of responses supported regional outreach teams.</p> <p>Q: Should specialist residential treatment centres be available? A: 276 of responses commented on the option of having no residential units. Of these, 16% supported the idea of having no residential units. The majority of responses appeared to support having residential units of some nature. In fact, 92% of responses said both community outreach and residential units were needed.</p> <p>Q: How many residential units should be provided across the four regions? A: Whilst the majority of people and organisations that responded to the consultation generally supported both community outreach and residential care, there was no agreement about the number of residential units needed.</p>

	<p>Other options Responses also suggested other ways of organising services for people with complex personality disorder, including:</p> <ul style="list-style-type: none"> • setting up more day centres or units • enhancing the support available in the community, including outreach teams, support groups, and recreational facilities • adding specialists in personality disorder to community mental health teams • having a team in the community which holds and manages a commissioning budget and signposts people to available day centres, crisis treatment and other short term care • ensuring a managed clinical network to help professionals work across organisational boundaries • having crisis houses • having three needs-led units such as one for women only, one catering for families and one for a mixed group, or separate units for people with different types of personality disorder.
<p>What decision(s) was made?</p>	<p>A consensus decision was reached on the future service model for tier 4 PD across the 4 regions.</p> <ul style="list-style-type: none"> • The decision states that there should be 1 residential unit, which will be a centre of excellence and large enough to be able to provide a variety of treatment options; plus 4 outreach teams who will work to ensure integrated provision between local services at tiers 1 - 3; supporting local development including providing training and support to local teams plus offer treatment. • No decision has been taken with regards to the specific service provider or location of the future specialised residential unit. The four specialised commissioning groups will now work together to take forward the decision; the final service provider and location will be confirmed through a competitive tendering exercise.
<p>What influence on decisions did the consultation have? <i>(What did/didn't change and why)</i></p>	<p>Three core issues pertaining to the consultation were discussed and were pivotal in steering the committee towards their decision on how to shape the future model of care.</p> <p>The core issues were:</p> <ul style="list-style-type: none"> • Should outreach teams be set up for people with complex personality disorder in each region? • Should there be specialist residential units? • If specialist units are used, how many should there be across the four regions?

<p>What issues were raised that required further investigation /follow up?</p>	<p>As agreed during the first stage of this work (Tier 4 PD consultation) there is a need for a commitment from each SCG to input into and support the plan:</p> <ul style="list-style-type: none"> • Finalise and agree the service specification, using a clinical and commissioner reference group to work through things such as the final bed numbers required within the unit, • Full review of each Region to give a clear understanding of the level of support that would be needed from the Regional outreach teams, clearly mapped out so that the Regional teams do not become instantly swamped in those areas there is currently nothing by mild to moderate PD.
<p>What further consultation /involvement activity will take place as a result of the outcome of this consultation?</p>	<p>Not known at this stage.</p>

Planned Consultations for 2010/11

Pharmaceutical Needs Assessment

Section 128A of the NHS Act 2006¹ requires Primary Care Trusts (PCTs) to assess the pharmaceutical needs for its area and to publish a statement of its assessment and of any revised assessment. This is termed a Pharmaceutical Needs Assessment (PNA)

The PNA will be directly linked to City and Hackney's Joint Strategic Needs Assessment.

The process which involves direct consultation with the 64 community pharmacies contracted to work in Hackney and the City has begun. In addition, we are seeking feedback from members of the public and stakeholders about their experiences with community pharmacies. Currently surveys are being conducted in GP surgeries, however to gain a wider view the public are invited to respond to the survey which is on the PCT website www.cityandhackney.nhs.uk. The survey will close on 6 October 2010.

Once this data is analysed and conclusions drawn the draft PNA will be put to public consultation.

Use of older peoples inpatient beds at the East London Foundation Trust

This sector consultation will begin within the next six months, with NHS Tower Hamlets leading jointly with the East London Foundation Trust. Detail on the scope of the consultation will follow soon.

For further information about this report or consultations taking place in Hackney and the City please contact:

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Glossary of NHS terms

A&E - Accident and Emergency: Accident and Emergency departments assess and treat people with serious injuries and those in need of emergency treatment. They are sometimes referred to as 'casualty' departments.

Acute: Used to describe a disorder or symptom that comes on suddenly and needs urgent treatment. It is not necessarily severe and is often of short duration. Acute is also used to describe hospitals (acute hospital) where treatment for such conditions is available.

Acute Trust: A legal entity/organisation formed to provide health services in a Secondary Care Setting, usually a hospital.

Ambulance Trust: A legal entity responsible for providing ambulance services within a defined geographic area.

Authority: The Department of Health.

CAA: Comprehensive Area Assessments – This new assessment framework will provide a snapshot of how effectively local partnerships are working together to deliver local people's priorities.

CAB - Choose and Book: Choose and Book is the national electronic referral service which enables patients to choose the place, date and time of their first outpatient appointment in a hospital or clinic.

Caldicott Guidelines: Guidelines issued by the Department of Health relating to the confidentiality of patient information.

Children's Trust: A legal entity to be formed to provide health and Social Care services to children.

Choice: A Department of Health initiative to provide choice for patients leading to choice at the point of referral by December 2005 .The NPfIT Electronic Booking component will help to deliver elements of the Choice programme.

Clinician: A health service professional dealing with clinical rather than administrative issues.

Commissioners: Staff in charge of commissioning and contracting with service providers of healthcare such as from an acute trust.

Community Care: Locally-based health or social care services provided to patients in and around their home.

CPA - Care Programme Approach: Systematic assessment of the health and social care needs of a service user with particular regard as to whether the service user has a severe and enduring mental illness.

CQC: Care Quality Commission - The Care Quality Commission is the independent regulator of health and social care in England.

CRS - Care Records Service: A mixture of local and national IT services designed to provide a cradle-to-grave care record for each patient.

DGH: District General Hospital

DH or DoH: Department of Health. The department that supports the government to improve the health and well being of the population.

eBooking - Electronic Booking: A service to allow a common means of booking appointments for NHS services through multiple electronic communication channels. Part of Choose and Book

Foundation Trust: NHS Foundation Trusts are a type of NHS hospital trust with certain freedoms, tailored to the needs of local populations and run by local managers, staff and members of the public.

GMC - General Medical Council: The regulator of the medical profession. Its purpose is to protect, promote and maintain the health and safety of the community by ensuring proper standards in the practice of medicine.

GP - General Practitioner: A doctor providing primary care services, usually providing the first point of contact for NHS patients.

HAS: Health Advisory Service

HSCIC - Health and Social Care Centre: A centre that works to co-ordinate and streamline the collection and sharing of data about health and adult social care.

ICP - Integrated Care Pathway: A process within health and social care that collects variations between planned and actual care.

ICU - Intensive Care Unit: Intensive care units, also known as critical care units, are located in hospitals and provide treatment and monitoring for people who are in a critically ill or unstable condition.

ISTC: Independent Sector Treatment Centre

LAA – Local Area Agreements: These set out the priorities for a local area agreed between central government and a local area (the local authority and Local Strategic Partnership) and other key partners at the local level.

LINK: Local Involvement Networks - LINKs are made up of individuals and community groups who work together to improve local services. Their job is to find out what the public like and dislike about local health and social care. They will then work with the people who plan and run these services to improve them. LINKs also have powers to help with the tasks and to make sure changes happen.

LGA - Local Government Association: The LGA represents the local authorities of England and Wales and exists to promote better local government.

LSP – Local Strategic Partnerships: Are non-statutory, multi-agency partnerships, which matches local authority boundaries. LSPs bring together at a local level the different parts of the public, private, community and voluntary sectors; allowing different initiatives and services to support one another so that they can work together more effectively

NAO - National Audit Office: The body that scrutinises public spending on behalf of Parliament. It is totally independent of Government and audits the accounts of all government departments and agencies as well as a wide range of other public bodies.

NCAB - National Clinical Advisory Board: A group of senior clinicians representing healthcare professionals in the National Programme. Replaced by the Care Record Development Board in Summer 2004.

NHS - National Health Service: The National Health Service was set up in 1948 to provide healthcare for all citizens, based on need, not the ability to pay. It is made up of a wide range of health professionals, support workers and organisations.

NHS Direct or NHS Direct Online: A nurse-led telephone advice and information service, also available on the internet.

NHS Trust or Trust: A generic term for a legal entity/organisation providing health and social care services within the NHS.

NICE - National Institute for Clinical Excellence: A Special Health Authority for England and Wales on 1 April 1999. It is part of the NHS and its role is to provide patients, health professionals and the public with authoritative, robust and reliable guidance on current best practice.
www.nice.org.uk

OAT - Out of Area Treatment: From 1 April 1999 patients have been treated under service agreements. Emergencies and other situations which preclude the use of specific pre-arranged service agreements are covered by arrangements termed Out of Area Treatments (OATs).

PALS - Patient Advice and Liaison Service: A service provided to help patients, carers and relatives raise concerns or make comments on any aspect of local health services.

PCT - Primary Care Trust: Local NHS organisations responsible for the planning and securing of health services and improving the health of the local population.

Polyclinics: the name for a new model for community-based healthcare as set out in Healthcare for London: A framework for action. Polyclinics will be GP led and as well as providing GP services, will provide a range of services and offer extended opening hours.

PPIF - Patient and public involvement forum: There is a patient and public involvement (PPI) forum for every NHS trust and primary care trust (PCT) in England. They play an active role in health related decision making, have statutory powers and are made up of local volunteers.

Primary Care Services: provided at the first stage of treatment when you are ill - by family doctors, dentists, pharmacists, optometrists and ophthalmic medical practitioners, together with district nurses and health visitors.

RCN - Royal College of Nursing: The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

SBH: Standards for Better Health - The Care Quality Commission assess how NHS organisations perform against 24 core standards.

Secondary care: The second stage of treatment when you are ill and usually provided by a hospital.

SHA - Strategic Health Authority: Responsible for developing strategies for local health services and ensuring high-quality performance. They manage the NHS locally and are a key link between the Department of Health and the NHS.

SHA - Special Health Authority: In addition to the regional SHAs, a number of Special Health Authorities provide specialist services across England. These include the National Blood Authority, which coordinates blood donations and distribution.

SLA: Service Level Agreement – A service-level agreement (SLA) is a negotiated agreement between two parties where one is the customer and the other is the service provider. This can be a legally binding formal or informal contract between the service provider and other third parties.

Trust: A generic term for a legal entity/organisation providing health and Social Care services within the NHS.

Tertiary care: The third and highly specialised stage of treatment, usually provided in a specialist hospital centre. See also primary care and secondary care.

Walk in centres: Centres designed to offer fast advice and treatment, without an appointment, for more minor conditions or injuries.

WHO - World Health Organisation: The United Nations specialised agency for health.

World Class Commissioning: A statement of intent, aimed at delivering outstanding performance in the way the NHS commissions health and care services.