Community Commissioning Panel

You Said, We Did

Meeting Date	Topic	You Said	We Did	We Couldn't Do Because
19 July 2016	Primary and Urgent Care Tender Spec	Expand the groups you are looking to engage with. Make the methods section outcome based. More clarity on the number of people we are looking to engage.	All of these things.	
19 October 2016	Medicines Management Pain Leaflet	Language is too technical The table of medications is not useful There not enough information on the purpose of the leaflet The information given should be more user friendly- some of the group liked the extra info, whereas others felt it was too much	Technical language was removed, as was the table of medications and the leaflet. The options for pain management were put in a more user friendly format.	
19 October 2016	Maternity Video	A bit long, some people were hard to understand- consider using sub titles, the info at the beginning is too much, it feels overwhelming. The shots of people's bodies and hands are strange. The people in the film are not representative of the local community. Should we be more clear that we are trying to move women who are low risk to have their baby in a non-hospital setting to decrease the pressure on the hospital birthing services? Some of the editing feels abrupt and seems like the speakers are being cut off mid-sentence.	The video has been re-filmed with a more clear message. The info at the beginning has been taken out and the focus is now only on community birth options. Some scenes have been re-shot, to make things more clear and to change some of the language.	Some scenes of the hands were not able to be re-filmed due to budget constraints.
23 November	Tower Hamlets Health and	Look into making GP registration process easier and ensure information given out at GP practices	Using the QI method we are in the process of setting up a	

2016	Wellbeing Club	is consistent across TH. We need to go to where people are rather than expecting people to come to us. Places and ways to engage and get more people to register at GP practices included: • Going to offices • Shopping centres • Create a billboard • Contact TFL to have a 'quote of the day' about the THH&WBC, and where to register (tube stations in TH). • Link in with housing associations • Target universities • LBTH council tax register, link into this and send a letter that goes along with council tax letters. • Local radio ads • Make registration more flexible and require less formal documentation	team to review patient registration and have already done some of the groundwork to establish some of the drivers and processes we need to review. Most of the suggestions from the feedback form part of our plan and I will make sure that this patient engagement through the CCP is fed into the project and that we feedback as we go along and possibly come back and re-engage at a meeting.	
23 November 2016	Outcomes Framework	**JP**-How do we engage with local TH residents about this? The panel had a variety of suggestions about this and include: • Consider changing the name Outcomes Framework to something more user friendly (some suggestions were- setting health priorities, health results, achieving a healthier Tower Hamlets). • Need to ensure that there is a clear ask of residents when doing engagement work. The questions need to be clear and easily	This work is on-going, but a new graphic based on some of your suggestions has been developed- See attached. JN will provide further feedback about this as the project develops.	

		understood in order to get the best out of people.		
		• You will need to come up with a simple way to explain the outcomes framework to the public- distil the information down into digestible pieces.		
		• It would be helpful to explain the wider health system and the way it works together as part of the engagement.		
		• It might be best to have some facilitated engagement sessions with someone who is outside of the health system and come up with a programme that stimulates creativity and enables people to think about what really matters to them in terms of their health.		
		• Work with specific age groups and community groups and tailor the engagement to their needs.		
		• Members of the public/ the CCP should be involved in designing the engagement activities		
		• Take the engagement activities to already established events, places where people gather or places where people are already thinking about health- schools, community centres etc.		
		• Be creative, use social media, peer researchers (LBTH has a bank of these), board games, and other non-traditional methods of engagement to reach a wider audience.		
		• Working with wider stakeholders like the		

		VCS, faith groups, GP's and others to make sure everyone is informed and on the same journey. • The panel would like to be kept up to date with developments, would like to help design the engagement strategy, a few panel members might be interested in being engagement ambassadors (or something to that effect!).		
1 February 2017	Learning Disability Employment Project	• a smaller setting would be better. • it needs to be frequent. • there should be more learning support during sessions. • more interactive sessions where there is less sitting around and just talking, and access to meetings i.e. transport. • there should be some kind of halfway house and how do TH know how many people have LD. • there needs to be a place where they can access information • remove jargon and have visual aids and opportunities for non-verbal to be able to draw their opinions and ideas like they do in Skillnet group in Kent.		This project was not approved for funding by the board.
1 February 2017	IPC Marketing Materials	• One flyer rather than four flyers might be a better option. • There should be more titled headings. • The old pictures don't illustrate what is happening, they should be more instructive. • The word totality is unnecessary.	– Decided to go with 4 flyers as we are doing targeted work with particular IPC cohorts. – Tried to implement this where possible.	

		• The partner logo's which are on top of the old leaflet need to go at the bottom or the back. • Include the health benefits rather than outcomes? • They need to be phrased as questions. • The categories look like a box ticking exercise? • Add times to contact the phone numbers included. • Add a person's name on the flyer so she knows who to contact. • The pictures need to be more diverse and multicultural.	– Pictures on original leaflet were changed to represent a more diverse group. IPC leaflet is currently being refreshed and will contain pictures of actual people. – Has been taken into consideration and will be reflected in all marketing materials. – Has moved to the bottom of all materials. – NHSE use outcomes on their public facing website and is a terminology that we would like IPC patients to become familiar with. – Has been taken into consideration. – We have to mention the patient groups that we are targeting so there is not much we change regarding this. – Time Has been included for the leaflet only. – This is not possible, as any member of the team can pick up queries. – Photos have been changed to reflect the local community.	

| 26 April 2017 | Learning Disability Strategy | Suggestions given by the CCP were:

Online: Opening question a bit vague
    Audio available?
    Translation available?

Hardcopy: Simple, visual and well presented
    Rephrase introduction
    Questions should be tested on People with LD
    Next 3 years, is that relevant?
    Stay in touch, how?
    Question 3, rephrase it
    Question 5, further explanation Needed.
    What is LD Partnership?

Workshop: Use different wording for Support/help
    Give examples of what is meant By support
    Rethink about using the term LD
    Interactive workshop | **Online:**   Opening question a bit vague – we did amend the introduction so that it very closely followed the introductory information of the hard copy questionnaire – the final version of which is attached with changes highlighted.

Audio available? Translation available? I asked some service providers about this and they said it would be better if they support people to complete the hard copy questionnaires – which they did.

Hardcopy:
Simple, visual and well presented Rephrase introduction – we did this as in the attached
 Questions should be tested on those with LD. 3 adults with LD and 1 person working with them and 1 person with disability looked over them after we | |

			reworded them and thought they would work with some discussion about them for some people.	
			Next 3 years, is that relevant? We took that out.	
			Stay in touch, how? - we will circulate an easy read version of the Strategy widely when finished.	
			Question 3, rephrase it – we did as attached.	
			Question 5, further explanation needed. We reworded and simplified this for users.	
			What is LD Partnership? We used a more general term.	
			Workshop:	
			Use different wording for support/help. I opted to use support and adults with learning disability seemed to understand that.	
			Give examples of what is meant by support. We did	

			this in discussions at workshops when it seemed necessary. Rethink about using the term LD. We took out the definition/explanation – but opted to keep using learning disability to make clear who the group of people we are talking about are. Interactive workshop. I did several of these using the outcomes with pictures on flipchart as prompts and they worked well.	
15 June 2017	e-consult	E-consult is an online way to get GP advice via completing a questionnaire. GP's have 48 hours to respond, they can advise more patients this way. This service is only for adults, not children. All 36 GP practices in Tower Hamlets have signed up to this, you do not need a special log-in to use the service. Liane and Stella asked the group how best to promote this service. Suggestions included; - Have it come up when you do a Google search - Text messages from practices to promote and provide a link - Have info about it on the hold recording	Awaiting Feedback	

		- message at GP practices - Put information on A&E waiting screens - Link in with idea store to put info on their screens - Put leaflets and posters about this in GP practices - Develop an App for E-consult - Educate front line staff –health visitors etc. so they can promote to patients. - Promote at new patient registration - Promote through children's centres - Work with Healthwatch outreach team to tell local people about the new service - Utilise THCVS and other THT partners to spread the word to patient groups	
15 June 2017	Eye Condition service in the community	Many people use the A&E at Moorefield's for a minor eye conditions when they could be seen by a community optician in a nicer setting and in some cases more quickly. The group suggested that perhaps there could be a co-located optician service at Moorfields for minor cases. They also suggested that perhaps this same service could operate alongside the A&E at the RLH. The group also suggested that some patient education might be necessary about what a minor eye condition is and also raise awareness that they can be seen in other places besides A&E. It was also suggested that the new eye services could operate within a similar model to Pharmacy First, where patients are initially incentivised to	, the business case was approved today – we're now looking at asking Barts to provide the service, including a hub in the Royal London A&E. This is for a number of reasons: - Concerns from elsewhere re: the governance of the LOC - Barts not wanting to take on additional clinical risk - Barts providing the service will help	

| | | use the service rather than going to A&E. Suggestions for patient education included;
• Workshops
• Focus groups
• Community outreach through Healthwatch or Social Action for Health
Suggestions to promote the new service included;
• Utilise opticians patient lists to do a mailing and targeted promotions
• Develop posters to be put up in A&E and GP surgeries and opticians
• Have a recording telling people about the service when you are on hold with GP practices
• Link into 111 and offer direct bookings and also have a recording linked to 111
• Put information in local news papers
• Information on screens in Idea stores
• Link into CVS organisations who give out advice about community services
• Link in with social prescribers
• Work with Healthwatch outreach team to tell local people about the new service
• Utilise partner organisations websites and patient facing comms channels to spread the word to patient groups in TH. | them grow their market share and repatriate work from Moorfields – there's limited opportunity for them if the LOC provides the service

This is quite consistent with the steer we got from CCP (although we're unlikely to have a hub at Moorfields), it does mean that the service is likely to operate out of less hubs than originally proposed.

The discussion at CCP re-emphasised the importance of comms and engagement to patients – this will form a key part of the service implementation. I've contacted the project manager for the Lambeth & Lewisham service to see what we can learn about how they educated patients and raised awareness of the service.

I'll look into the Pharmacy First model – I think it's | |

| | | | unlikely we will be able to offer a financial incentive, given the financial position of the organisation.

These are all really helpful suggestions, and will be used when designing the comms campaign – we may wish to consult with the CCP again closer to implementation to get their steer on how best to 'market' this service to patients | |
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| 17 July 2017 | Whole Systems Data Set | Krish and Abi outlined the whole systems data set project whose aim is to link health and social care data sets to create a more comprehensive picture of the health needs of the population in Tower Hamlets. This has not been done before and they are gathering the views of local people. The data will be de-personalised and protected securely. Krish and Abi asked the group what they thought of the project, what they thought were the risks, what was good about the project and what they didn't like about the project.

The group said:
• How is this different from what has already been done- what is the added value?
• Where does the accountability lie? Once we have the information, who is | Awaiting Feedback | |

		responsible for taking action? • Unclear on what the project aims are • Need a way of explaining this to the public in a way that is meaningful • How would knowledge from data be filtered down to services and how might it help in the prevention agenda? • What about the people who are not known to services? • The project is good because it will give us more specific information • This will help target interventions in a new way • More knowledge is a good thing		
17 July 2017	Resilience in Primary Care	Virginia and Jenny came to talk about their project to improve GP Practices in Tower Hamlets. They are working with staff and using data in an informed way to drive change, make service improvements and create lasting culture change. They are working with a few practices at the moment but hope to expand the project. They asked the group how they could meaningfully engage patients in this process. Suggestions from the group included: • Invite patients to a protected learning time at the specific surgeries • Speak to people in the waiting rooms • Do a roadshow or community event in the relevant locality • Use text messages, or phone calls	Awaiting Feedback	

		• Go to where people are, schools, community centres, coffee mornings • Work with partners like Healthwatch to ask key questions in the right areas • Utilise PPG's at the relevant practices • If using social media make it clear that messages and forums are for patients not just for staff		