Real Accountability

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Introduction
Since April 2010, all Primary Care Trusts (PCTs) have a duty to report on consultations on commissioning decisions undertaken during the financial year (in this case April 2009 – March 2010). This report summarises the consultation activity undertaken by NHS Oxfordshire and the impact the feedback we gathered has had on commissioning decisions.

The examples in this report show the range of methods we have used to consult with people, including online surveys, focus groups, public meetings, attending existing community groups and one to one interviews, where appropriate. As part of the consultation process we engage with different people, groups and organisations such as Oxfordshire’s Local Involvement Network (LINk), members of voluntary organisations like Age UK and MIND as well as going out to youth clubs, children’s centres and prisons to make sure we reach as many relevant people as possible.

NHS Oxfordshire uses many techniques to engage with patients and the public. One of our key engagement tools is our public involvement service, Talking Health. Talking Health allows people to get involved and stay informed about what NHS Oxfordshire is doing to consult with people about service redesign and the development of new services. People can tell us exactly what they are interested in and how and when they want to be involved. Many of the summaries in this report refer to Talking Health and link directly to consultation documents and reports based on the findings of our consultations and engagement activities.

NHS Oxfordshire will use Talking Health to keep patients and the public involved in any consultations that are taking place. In addition, as part of public consultations we hold public meetings, focus groups and workshops so that we can develop face to face debate about the services and projects being consulted on.

As areas of work develop through consultation, NHS Oxfordshire invites interested service users, carers, patients, members of the public and other interested parties to get involved in reference groups, forums and project groups to focus on specific elements of work.

As part of our engagement and consultation work, we also approach community and voluntary groups for their input. This can often mean meeting with people in the community to get insight into their views.

Many project and programme boards across the organisation include representatives of the public as active participants. This includes our Enhanced Clinical Executive (ECE), our priorities committee and the Better Mental Health (BMH) Programme Board. The BMH Programme Board is chaired by a carer. In addition the two public representatives underwent a formal selection process including a simple application form and an interview. We are careful to ensure that they are well briefed before each meeting and have an opportunity to speak and be heard at the meetings. Their comments and points of view have been invaluable during the development of the programme.
We know it is important to recognise that consultation is not just ‘online’ and that for certain groups and members of the population people need to be able to have their say and feedback their views in other ways. To make sure that as many people as possible can get involved, we work with the health advocates as well as translating consultation documents into other languages and promoting materials in easy read versions.

NHS Oxfordshire consistently involves as many people from different walks of life in our consultations and works in partnership with our partner organisations such as LiNK, Oxfordshire Community and Voluntary Action, County, District and Parish Councils and other NHS Trusts.
Section 1 – PCT led activity

End of life care

As part of the end of life care strategy development NHS Oxfordshire spoke to patients, carers, health staff, voluntary sector groups, religious community leaders and members of the public with an interest in end of life care. We wanted to find out about what sort of help they need at the end of their life. In addition we wanted to establish what information people already had, where the gaps were and what could be improved.

People who got involved with the engagement process were given an explanation as to the purpose of the consultation, information about the services currently on offer and presentations from key NHS staff connected with end of life care.

One of the main messages was that people wanted to die at home, or in a hospice like environment, and not in a hospital. This feedback was used to shape a new service to provide support for patients and carers in the difficult last stages of life to enable them, wherever possible and if it is their wish, to be cared for in their own homes. More information about the consultation is available on our website.

Oral health needs assessment

NHS Oxfordshire undertook an oral health needs assessment during May and June 2010. The focus was to improve our understanding of the oral health needs for our population. We asked people to tell us about the dental care they have received; whether they can access an NHS dentist; dental hygiene and habits affecting oral health.

The consultation was open to all Oxfordshire residents, however the key stakeholders identified were: NHS dentists, older people, vulnerable people, military personnel, Black and minority ethnic groups, families especially those with young children, young people and NHS Oxfordshire staff.

The main method of collecting people’s views was a survey on Talking Health which asked people questions including:

- when they last went to the dentist
- whether they felt dental checks were important
- whether they had problems with their teeth
- whether they felt there were enough NHS dentists.

This was supported by visits to Children’s Centre’s, a youth club and surveys taken in to HMP Bullingdon.

The findings have been represented in the oral health needs assessment 2010. We will also use them when we develop plans to commission (buy) oral health improvement and dental services. A summary of the results can be seen by clicking on this link: oral health needs summary.
**NHS Oxfordshire website development**

NHS Oxfordshire carried out a website refresh, prompted by a combination of an old and outdated design and feedback that we were starting to get from staff and the public about difficulties in navigating the site. The refresh also coincided with the rise of digital media, such as Facebook and Twitter, as such we created a digital engagement strategy for Oxfordshire. The website redevelopment was a key part of this strategy.

We gathered feedback from the general public, partner organisations, clinicians and staff, other PCT web leads in NHS South Central and anyone who uses the PCT website. The main method used was a ‘pop up’ survey posted on the website inviting people to give their comments about the look and feel of the website as well as what they use it for.

The feedback and comments have been used to make the website:
- more visually appealing
- more patient focussed
- easier to navigate
- less text heavy
- consistent with NHS Oxfordshire branding.

To see a summary of the changes made to the website as a result of the feedback we received click on this link: [‘you said, we did’](#).

**Henley Townlands hospital and community services**

NHS Oxfordshire is running an ongoing consultation into the redevelopment of community hospital services at Townlands Hospital in Henley. This is to make sure as many people as possible are involved in helping plan the way forward so that the new services really meet the needs of the community.

The project group issues regular newsletters to keep people up to date with developments. Talking Health hosts a forum for people to discuss key issues openly. A Henley community forum has also been established which has representatives who sit on the NHS Oxfordshire project group. People have been consulted on:
- the preferred site for the new facilities
- which services they value
- the financial viability of the scheme in the current economic climate
- they also receive regular feedback about changes which have been made as a result of consultation with the forum.

This is an ongoing consultation but the feedback we have already received has informed the choice of site because people said they want it to remain in the same place.

**Bicester community hospital project**

NHS Oxfordshire is working to re-provide the facilities at Bicester Community Hospital for the people of Bicester and surrounding areas. As part of this consultation a public meeting was held to find out which services people valued and where the new facilities should be located. The public meeting led to a Community Hospital Engagement Forum (CHEF) being formed.
CHEF membership includes local politicians, health workers and lay members of the public who meet regularly to feedback on issues. At each CHEF meeting forum members are given full briefings from members of the project group. This includes regular feedback about changes which have been made as a result of consultation with the forum. Information is also shared on the NHS Oxfordshire website\(^6\). Feedback from the CHEF has indicated that the new care facilities should all be on a single site. The final decision on the preferred site option is still on going but future proofing any site for the likely growth of Bicester’s population is one of the key considerations.

**Neurological conditions**

Patients, carers and representatives from voluntary sector organisations such as the Motor Neurone Disease (MND) Association and the MS Society as well as NHS staff and GPs were consulted about their experience of care for people with a range of neurological conditions.

Participants were invited along to workshops to talk about their experience of all aspects of care for people with neurological conditions. Issues covered ranged from initial diagnosis, treatment, support, therapies and the information offered to patients and their carers. We also asked how people felt the services could be improved and where the gaps were.

The feedback from the workshops was shared with the neurological conditions local implementation group who have taken steps to address the issues raised. NHS Oxfordshire has developed the information available on our website about neurological conditions and included information signposting people to relevant support services. Additional funding will be used to enhance community services and service users and carers now have representation on the neurological conditions local implementation group.

**Health and wellbeing for all – mental wellbeing**

As part of a mental wellbeing campaign we asked people in targeted areas of the county, Rose Hill, Barton, Neithrop, Grimsbury and Castle what is good mental wellbeing? We also asked about barriers to good mental wellbeing and their views on campaign concepts and adverts. People were given an introduction to the project, including the purpose of the project and what it hoped to achieve.

The consultation was carried out using groups that already existed in the communities such as mum’s groups and older people’s lunch clubs. The main method of engagement was through two workshops. We also held a conference to raise the profile of mental wellbeing to educate staff in the public, private and voluntary sector about best practice in mental wellbeing improvement.

The feedback from the participants at the workshops was used to decide which adverts to use. ‘Turn a frown upside down’ was selected. The messages on the adverts were selected based on the definitions of good mental wellbeing, barriers and coping mechanisms that the groups reported. The whole campaign was developed differently as a result of the feedback
Communications and engagement strategy
Informing and engaging the public is a central role of NHS Oxfordshire. Effective communication and engagement is about getting the right messages to the right audiences through the most appropriate channels at the most appropriate time.

We carried out a month of consultation on the PCT’s Communications and Engagement Strategy involving local journalists, NHS South Central, Oxfordshire County Council, other local health trusts, the voluntary sector, NHS Oxfordshire staff and LINks. The range of engagement methods used varied: 10 of our local journalists were asked to complete a short satisfaction survey, people were invited to comment on the draft policy and we held a workshop to talk about key messages.

The feedback we gathered included:
- use of plain English
- the need to avoid jargon
- the importance of adapting communications to suit individual audiences
- closing the loop by letting people know what difference their views and input made
- making sure we use the right channels of communication.

As a result of this feedback we have been working hard to actively engage more people, in ways that suits them, through our involvement system Talking Health. We have also begun to exploit the opportunities provided by new social media, such as Facebook and Twitter, to reach new audiences and engage them in our work. More information about this consultation is available on our website.

Influencing decisions in NHS Oxfordshire
As part of an Oxfordshire Voice survey, a citizens’ panel run in partnership with Oxfordshire County Council, we asked people how they wanted to be listened to and whether they felt they were listened to by the NHS. The panel is made up of around 3,000 Oxfordshire residents who have volunteered to give some of their time to answer surveys.

We held two focus groups using targeted members of the public, one representing older people and one representing Black and ethnic minority groups. The focus groups were asked about their perceptions of how they are consulted with and also how they would like to be consulted. The feedback informed us that people want to get involved in the decision making process but many do not know how to. One of the main areas where people were interested in influencing decisions was at their local GP surgery.

Following the focus groups we issued a questionnaire through Oxfordshire Voice which widened the information we had from respondents. The whole process took three months in total.
As a result we developed an action plan to address the issues raised in both pieces of work. We also used the comments to inform the development of our ‘communications and engagement strategy’ and the resulting plans are outlined within the document.

Talking Health is one of the best ways for people to register their interest and get involved with and influence the decision making process at NHS Oxfordshire. We have been doing a lot of work to promote Talking Health to the community we serve and during the first three months we had over 700 people register to use it.

Making the most
This project is part of a pilot funded by the Department of Health and lead by the National Association of Patient Participation (NAPP). The first stage of the project was a survey of GP surgeries and subsequent workshops with members of the public and practice staff. By surveying practices we were hoping to understand attitudes to patient participation groups (PPGs). This stage of the project took place between February and April 2009. However, the follow up workshops were delayed and did not happen until May 2010.

The workshops have been reported in full and recommendations have risen from the discussions with patients and surgery staff which took place. It has been recognised that there needs to be a way for individual patient groups to be able to communicate with each other. We are currently investigating how this can be achieved through Talking Health. It has also been recognised that patients in local surgeries would like to have a chance to influence how commissioning decision are being made and this is taken into account in the report recommendations. The report has also been considered by the clinical think tank, a group of clinical specialists. More information about this consultation is available on our website.

Improving services in Community Health Oxfordshire (CHO)
A number of patient surveys have been carried out in CHO which have resulted in changes to services.

An issue raised by one of the surveys was around sleep and respecting patients sleep. We have now introduced bins that close quietly, in all bays, to reduce night time noise. Additionally, staff now ask patients how they slept each morning rather than making assumptions.

Meal arrangements were another issue raised by patients. Extra evening meals can now be ordered and a greater choice of snacks are available. Patients have also been given more time to eat their meals. A named nurse is also now responsible for red trays, used by patients who are nutritionally compromised. On one ward, a nutritional assistant has been trialled to assist with lunchtime dining.

In another survey the Oxfordshire Community chronic fatigue syndrome and myalgic encephalopathy team (OCCMET) asked their patients about their experience of the service. Patients’ comments identified that they were unhappy that they had been discharged from the service. Following the feedback, the OCCMET service have been working to manage the
expectations of patients about the length of their care pathway and to inform them of alternative treatment options post discharge.

The County’s district nurses also carry out a regular survey amongst their patient group. A theme identified in the first wave of the survey was that patients expected to have continuity of care with the same district nurse. It is not always possible for a patient to be visited by the same nurse, because the service relies on staff working shifts and bank nurses to provide absence cover. However, the district nursing service has worked to improve continuity of communication through patients’ care plans. As a result of this feedback, new questions were added in the 2010 survey to address continuity of care and care plans including:

- do you always see the same district nurse or do you see different district nurses? (85 per cent say they see different nurses)
- when you see different nurses, do you feel the quality of care you receive is better, about the same or worse? (96 per cent say the quality of care is about the same or better)
- do you have a written care plan? (67 per cent say yes).
Section 2 – NHS Trust led activity

_Ridgeway partnership_

The opinions of people who use services and their representatives influenced the development of a specification for specialist health services for people with learning disabilities in Oxfordshire.

During this project we worked with a consultant from the Foundation for People with Learning Disabilities. The consultant canvassed the opinions of people with learning disabilities, family carers and other stakeholders to find out what worked well and what did not work, so we could look to improve the current services. This information was used in the development of the specification.

A local self-advocacy organisation, My Life My Choice, was also involved in the selection of the successful provider of the service, the Ridgeway Partnership NHS Trust. My Life My Choice developed a number of questions and interviewed bidders. The information from their interviews was used in selection of the final provider.
Section 3 – Specialist commissioning group led activity

Changes to fertility treatment

Before December 2009, there were differing policies within the nine PCTs in NHS South Central for In Vitro Fertilisation (IVF). A consultation took place across the whole of South Central, supported by local engagement, to enable people to share their comments about the proposed changes.

People were provided with access to consultation documents and invited to complete a questionnaire. People were asked to comment on the age at which IVF treatments should be offered, whether people should be allowed access to funding, embryo freezing and intrauterine insemination, if there had been a previous cycle of IVF.

Findings from the consultation revealed a strong call to adhere to NICE guidelines. However those who responded told us that they would, by a small margin, prefer a lower age range for IVF to be made available. The majority of the people who responded told us they would support NHS funded IVF for couples who had previously had no more than two cycles of treatment privately. A majority also supported storage of frozen embryos for three years. As a result of the consultation, the four proposals were changed and it was agreed that where infertility was as a result of an identified cause, couples should not have to wait for fertility treatments. All those who participated received a copy of the final report and the resulting decisions.

Primary percutaneous cardiac intervention

In line with national government policy the South Central Cardiovascular Network, of which NHS Oxfordshire is a member, looked at different ways to run heart attack treatment services in NHS South Central. We wanted to make sure that no matter where people live they can get gold standard treatment at any time of the day or night. We consulted LINks members, local health groups and other groups with an interest in cardiac health.

A consultation document - universal to cover the whole of South Central, including data about current services and the options under consideration - was shared with all those taking part and they were asked to comment on their preferred service option.

Comments received relating to Oxfordshire were very limited because the County already gets full provision of services. However, there were strong comments from Faringdon. People in the town raised concerns about ambulances being able to achieve the necessary turn around time to the John Radcliffe Hospital.

At a South Central level, the feedback received meant that changes were made to the original plan. At an Oxfordshire level the comments from people in Faringdon resulted in some of the work transferring to Swindon’s Great Western Hospital, on a Monday to Friday for the day time only service.
Section 4 – GP led activity

Patient voice – Vale practice based consortia
Practice Based Commissioning (PBC) is a government policy which devolves responsibility for commissioning services from Primary Care Trusts to local GP practices. Under Practice Based Commissioning, practices are given a commissioning budget which they have the responsibility for using in order to provide services. This involves:

- identifying patient needs
- designing effective and appropriate health service responses to those needs.

The Vale practice based commissioning consortia worked with their patient reference group to find out where, in the locality, people would prefer to have ultrasound and gynaecological services based. The consortia also wanted to talk about investment proposals for £90,000 made available as a result of savings in their practice budgets the previous year.

The patient group was given the range of possible projects and services being considered for funding. As a result of the discussions a number of projects were approved for funding including pulmonary rehabilitation, to help people after a heart attack. The feedback from the groups' members helped shape the time and location of the rehabilitation service so that it was accessible and people using public transport could easily attend and use it.

Dermatology services in north east Oxfordshire
As a result of feedback in a patient questionnaire the GP providing dermatology services now provides appointments for the enhanced dermatology clinic during his normal clinic times. This means he can better meet the needs of the community by offering a wider range of appointments.

Keeping patients informed in south east Oxfordshire
The south east Oxfordshire PBC regularly meets with patients from patient groups in their area to let them know about new services being developed. As a result of this work they are currently establishing a wider patient reference group which will provide a sounding board for new services and projects. This means the views of patient are now included in the decision making process.
Section 5 – Joint activity

**Developing services for those with aspergers syndrome**

During February 2010 the parent of a young person with aspergers syndrome developed an extensive consultation exercise with local families about aspergers syndrome. This was done with the support and encouragement of NHS Oxfordshire. The consultation included a range of focus groups and questionnaires aimed at those affected by aspergers, both carers and those living with it. The aim was to provide information which would feed into a strategy for working with those with Aspergers, particularly during the crucial transition stage from children’s to adult services. It considered health, employment, housing and how the care system impacts on the lives of this group of patients.

A strategy is currently under development and it is expected that the findings from the work undertaken, will influence the development of the strategy. Once a draft of the strategy is ready there will be a full public consultation. As the strategy is currently under development no feedback has yet been provided.

**Integrated drug treatment service needs assessment**

HMP Bullingdon’s mental health steering group identified the need for a brief mental health needs assessment (MHNA), to build on the findings of the general health needs assessment carried out in 2008. The aim of the needs assessment was to identify gaps, opportunities and priorities to improve the mental health of prisoners in custody looking at the broad determinants of mental health and wellbeing in HMP Bullingdon.

Prisoners and members of staff at Bullingdon were asked their views on the current mental health services provided. Prisoners were asked to comment on a variety of topics including:

- what they felt were the most common mental health problems within Bullingdon
- what they felt were the key triggers for stress and mental health problems
- the impact having visits had on their mental health.

The findings were developed into an action plan and a steering group has been formed to implement the action plan. The steering group have developed a new service model and will be discussing the next stage following feedback from staff at HMP Bullingdon.

**Better healthcare programme**

In March 2008, the Independent Reconfiguration Panel rejected proposals to change services at the Horton General Hospital in Banbury. NHS Oxfordshire was asked to take forward a project to ensure services are retained and developed specifically looking at maternity and paediatrics. Over the past two years the PCT has worked with local authorities, local GPs, the Oxford Radcliffe Hospitals NHS Trust, patients and the public in planning sustainable health services for the people of Banbury and surrounding areas. The PCT
also established a Community Partnership Forum (CPF), which represents the Banbury community and is attended by representatives including members of the public, council representative’s, district councillors and GPs.

NHS Oxfordshire carried out a health needs assessment and consulted members of the public, community stakeholders, the (CPF) and clinicians about options for how paediatric and maternity services could be provided. A regular newsletter was developed to keep up to date with developments and consultation documents\textsuperscript{12} were posted on our website.

Following the extensive work on the Better Healthcare Programme, with input from the CPF, proposals are now being implemented to provide consultant delivered maternity and paediatric services at the Horton General Hospital.

**Supported living**
NHS Oxfordshire, jointly with Oxfordshire County Council, worked on a framework and plan to take forward the mental health accommodation strategy. As part of this people were asked to give their views on the proposed framework and strategy. People were asked to complete a questionnaire and were given access to a range of documents including the Oxfordshire mental health and housing strategy. The documents can be viewed on the NHS Oxfordshire website\textsuperscript{13}.

Following the consultation, five services were identified for supported living:
- intensive supported housing for people needing 24 hour support
- transitional supported housing to integrate people back into community living
- floating support for people in their own homes
- complex needs floating support for people who need a lot of help to engage with services
- longer term supported housing for people who need longer term support and cannot easily reintegrate into community housing.

**Children’s therapy services review**
The review of services covered children’s therapy services commissioned, bought, from Community Health Oxfordshire. This was a joint piece of work between NHS Oxfordshire and Oxfordshire County Council. People, including NHS and County Council staff, schools, parents as well as children, young people and members of Oxfordshire Youth Enablers, were consulted on current services and about how services could be improved in the future without increasing funding.

Participants were given the reasons for the review and background information. Different methods were used for the engagement including: focus groups, questionnaires, one to one interviews with hard to reach parents and carers, briefings for key meetings and an expert challenge event on the proposed service model. People taking part were asked for their view on current services, what they perceived as the obstacles, what changes were needed and their ideal service model.
The feedback received from the consultation has been used to influence the service redesign. The responses showed that there are some aspects of the service that can be improved quickly through making quite small changes, such as improving the information given to parents, carers and service users about the services. A full consultation report is available on the Oxfordshire Family Voices website.

Keeping people well
NHS Oxfordshire and Oxfordshire County Council are working together on a programme, Better Mental Health in Oxfordshire, to review and where necessary redesign all services for adults with mental health problems in the county. As part of this people were invited to comment and give their views on a new, draft service model for day services provided by voluntary and community services for adults over the age of 18 living with mental health problems in Oxfordshire.

A number of consultation and engagement methods were used simultaneously to enable maximum feedback in the time available. This included a number of public consultation events around the county, visits to existing service providers and voluntary organisations, online engagement methods on Talking Health, and feedback via email or by phone. The two main findings from the consultation were that we need to commission two services for keeping people well: the Oxfordshire wellbeing service and the structured recovery service.

Feedback from this consultation will be vital in helping NHS Oxfordshire and the County Council to understand what the requirements are for the future of mental health services in the county. This will then be used to determine the content of the service specification which will set out an outline for how mental health services might be provided from October 2010. A copy of the full consultation report is available on the NHS Oxfordshire website.

Dementia care pathway
NHS Oxfordshire and the County Council wanted to hear from the public to establish an agreed pathway for care of early diagnosis and intervention in dementia for in Oxfordshire. Patients with dementia, their families and carers, current service providers, other organisations – including LINks and NHS Oxfordshire staff were invited to join the consultation.

Participants were encouraged to give their views on the proposed care pathway, available on the NHS Oxfordshire website, for early diagnosis in dementia. There was an online questionnaire and people could also write in about their experiences of dementia diagnosis in Oxfordshire. In addition, 26 people attended a two hour workshop held at County Hall in Oxford to look at experiences of early diagnosis in dementia and the proposed care pathway.

The final consultation report was discussed at the project team meeting and considered in drawing up the service specification for the memory assessment service. Other feedback included the need to include GP training and awareness within the system, some of the development funding has now been set aside for this purpose. Another issue raised was the need for a clear point of access which confirmed the approach the project team are taking.
Service user and carer expenses
When the public volunteer their time to NHS Oxfordshire and Oxfordshire Social and Community Services, their time is valued. Following a period of consultation, with service users, carers, voluntary sector groups, LINks and staff at the County Council, PCT and Community Health Oxfordshire, we developed a joint policy for payment of expenses and reward for those who get involved in assisting us with decision making.

As a result of the information we gathered from the survey undertaken during the consultation and the input from a task and finish group, which included three service users, we revised the policy and procedure guidance notes. We have also delivered training to staff within both organisations to ensure there is a wider knowledge at both the PCT and County Council. A copy of the full consultation is available on the NHS Oxfordshire website.

Lesbian, Gay, Bisexual and Transgendered (LGBT) – access to primary care
NHS Oxfordshire is a member of the Homophobia Awareness Liaison Team (HALT) and over the last three years HALT have conducted a survey at the Oxfordshire PRIDE event. Last year a small minority of respondents, less than 10 per cent, indicated that they had experienced difficulty when accessing primary health services which they felt may have been because of their sexuality.

We wanted to find out more about the experience people from Oxfordshire’s LGBT community have when accessing primary health services in the county. We ran a survey to coincide with Oxford Pride 2010 which people could access on the NHS Oxfordshire and HALT websites.

The report of the findings will be shared with HALT to discuss ways of addressing and resolving the issues raised by the people who responded. The results and recommendations from HALT will be discussed within the PCT and shared with GPs and with other health partners to improve and develop primary care services for LGBT people. The summary report was shared with all those participants who requested a copy. Follow these links to read the summary report or to see a summary of the responses.

Listening to the mental health sounding board
NHS Oxfordshire attends the mental health sounding board run by Oxfordshire County Council. Following representation from a member of the public questioning the focus on personalisation by NHS Oxfordshire the governance of this has been strengthened. The personalisation agenda now has its own governance process and its own workstream which will influence how personalisation is implemented in the PCT.

Reviewing race equality in acute mental health services
A review of the experience of equality of treatment for people from different races was undertaken by service users within Oxfordshire and Buckinghamshire NHS Mental Health Foundation Trust (OBMH). The review
involved service users who talked to patients on the wards. Issues were identified with cultural awareness, approach to carers and food quality. As a result of the work which was done and patient feedback the following action has been taken:

- A cultural assessment toolkit has been rolled out to all inpatient areas and the uptake has been reviewed in the acute care forum. Uptake is being kept under review. It is on the intranet site and is part of training for staff. It also features as part of prevention and management of violence and aggression training.
- Equality and diversity face to face training has now been rolled out across the Trust and is delivered at induction. The Trust is also hosting six sessions during the summer to capture any backlog of staff who have not received the training. We have had positive feedback on the training, that it is interactive and makes people think in a way that the online material did not. Equality and diversity training is mandatory for all front line staff and forms part of their personal development plans. It is also monitored through monthly training reports and is reported at performance reviews.
- The Service manager for adult services and the head of forensic nursing meet on a regular basis to share information between the two Directorates. This will enable learning and support an equitable standard of culturally sensitive services.
- Since conducting the service reviews, OBMH has employed modern matrons whose role is to monitor standards and quality. A core responsibility of the matron is for the standard of food provision and to focus on quality, quantity, variability and availability of meals. Poor performance will be taken up by the matrons who will address issues directly to the catering manager. The matrons also work in partnership with the dietician in auditing the completion of nutritional screening tools and in ensuring that the nutritional needs of service users are met.
- All inpatient wards have a carers lead and the service manager is the ‘carers champion’. The carers leads monitor the implementation of the carers pathway and will arrange carer assessments where appropriate.
- The ‘carers champion’ will highlight equality and diversity issues with regard to carers and will actively seek to work in partnership with a carer representative from a Black and minority ethnic background.
Section 6 – Looking forward

This section covers consultations that are either currently underway or planned for later in the year.

Creating a Healthy Oxfordshire (CAHO)
All NHS organisations and Oxfordshire County Council are working together to ensure we can provide high quality sustainable health and social care services in the future. As a whole health and social care system we need to improve the quality and value for money of health services provided in Oxfordshire in a way that will keep the system in financial balance. This will involve redesigning the wide range of health care services currently provided throughout Oxfordshire and will see services delivered in new ways – with increased emphasis on self-care and healthy living and bringing care into the community. A consultation will take place in the autumn of 2010 to give people the opportunity to have their say about proposed changes and share ideas they have for developing services in the future.

Maximising recovery interventions and outcomes
This consultation, taking place in autumn 2010, will discuss the psycho-social care pathway and how it will be delivered. More information about this future consultation is available on our website.

Older people’s exercise, health and wellbeing service
This consultation took place during July and August 2010 and gathered information to help develop an active aging network, an older people’s exercise, health and wellbeing service for the benefit of Oxfordshire residents. The results are currently being analysed and the feedback received will be used to shape and define the service that we commission.

Informatics strategy roadmap
A strategy is being developed to focus on the possibility of integrated/shared care records to improve; the quality of patient’s care, efficiency of care, the patient’s experience, as well as to support CAHO objectives. This strategy roadmap will then require consultation and engagement with a number of key stakeholders including patients, clinicians, Oxford Radcliffe Hospitals NHS Trust, Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust, Oxford County Council, Nuffield Orthopedic Centre NHS Trust, and the Ridgeway Trust.

Healthy weight (obesity) strategy refresh
NHS Oxfordshire already has an obesity strategy in place, however in order to identify unmet needs and prioritise the actions to be taken forward from 2011-12, we will be carrying out a period of consultation. This will involve major stakeholders, such as current service providers, county and district councils and members of the public. The period of engagement will run from October to December 2010. The feedback from people will be used to shape the support available county wide to help people maintain a healthy weight and also tackle obesity.
Kendall Crescent Health Centre & Wolvercote Surgery
Following the notice being given by a single-handed GP to terminate his contract to provide general medical services from Kendall Crescent Health Centre and Wolvercote Surgery in Oxford, a review will be undertaken to look at how services can be reprovided. This review will include a consultation with patients and the local community.

Older people’s mental health strategy
A draft strategy has been developed for Older People’s Mental Health. The strategy is designed to provide direction for the future of mental health services for older people until 2015. Our vision is for Oxfordshire’s older people to be mentally healthy, feel empowered and remain as independent as possible for as long as possible. NHS Oxfordshire is gathering feedback from key stakeholders about the draft Older People’s Mental Health Strategy – including the seven objectives and what the priorities should be. This feedback will be used to create the final version of the strategy and the development plan.

Improving access to psychological therapies
NHS Oxfordshire has a number of different contracts to provide counselling services. One contract is with Talking Space, a partnership between Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust and Oxfordshire Mind, which provides counselling and a range of other primary care psychological services.

A consultation took place during July and August 2010. The purpose of this consultation was to find out which of the proposed models for counselling services was the preferred option for people with mild to moderate depression and/or anxiety. We consulted people who already use the service, members of the public and health care professionals. The consultation documents were made available on our website and people were invited to comment on them by completing a survey. A summary result of the findings can be viewed here.

The report will be taken into account in the planning of the future service.

Pharmaceutical needs assessment
Throughout September – November 2010 NHS Oxfordshire is seeking people’s views on the newly developed Pharmaceutical Needs Assessment (PNA). The PNA is a document which looks at current pharmaceutical provision in Oxfordshire and identifies gaps. It looks at where pharmaceutical services are not available and where they could be offered by local pharmacies or dispensaries, how these gaps could be filled and plans for pharmaceutical provision across the county in the future.

As part of the consultation process, people can register on the Talking Health section on our website. People can also comment on the content of the PNA and a questionnaire is also available to gather feedback. During September an event was held with professionals, participants included
dispensing GPs and pharmacists to seek feedback about draft PNA. A further five events are planned throughout October for the public across Oxfordshire.

**Trauma units**

Trauma networks are organised groups of services and personnel that serve a defined population and aim to reduce death and disability following major trauma injury. As part of a national drive, NHS Oxfordshire, along with other PCTs in the South Central area will be undertaking public engagement this year to enable us to listen to and take account of the public point of view. In Oxfordshire it is anticipated that the Oxford Radcliffe Hospital will be a major trauma centre. The consultation will look at which hospitals throughout South Central will be trauma units.

**Personal health budgets**

NHS Oxfordshire has been identified as a pilot area for personal health budgets. We are one of just nine PCTs that will be able to offer direct payments to patients receiving budgets. The project started in April 2010 and focuses on continuing healthcare.

Initially interviews were conducted with a small number of those currently receiving continuing healthcare. These helped us to understand some of the concerns and issues for patients. We have now established a patient reference group which includes carers and patients receiving continuing healthcare. This group will review and comment on all the decisions being made about how personal health budgets are delivered. It is expected that it will have a significant influence on decisions made about delivery of personal health budgets.

**Diagnostic centre – Witney**

As part of the development of new primary care facilities in Witney, NHS Oxfordshire will be commissioning a community based endoscopy service for patients from West Oxfordshire and surrounds, aged 18 and over who consult their GP about specific gastro-intestinal, urinary or gynaecological symptoms. As a result GPs will be able to offer their patients a faster diagnostic service. The project is being managed jointly between NHS Oxfordshire Clinical Commissioning and West Oxfordshire Locality Group in preparation for the future GP budget holding arrangements.

From September to 1 October 2010, an online survey will be available on Talking Health to allow people in Oxfordshire, who have been for an endoscopy, to give their feedback of their experience, tell us what would make it better and what information would help them to better understand the procedure. People responding to the survey are also being offered the opportunity to attend a meeting and to also get involved with the procurement process (buying the service from a provider).

The feedback we receive will be used to help shape the service and the patient information for those having an endoscopy. Members of public who wish to get involved in the procurement process will also have the opportunity to influence the decision about the provider by sitting on the tender panel.
Sleep apnoea service West Oxfordshire consortia

This has not been confirmed – it proposed to develop patient engagement from December 2010.
Weblinks in full

18. http://www.oxhalt.co.uk/
https://consult.oxfordshirepct.nhs.uk/consult.ti/LGBT_access2primarycare/questionnaireResults?qid=1110467
21 https://consult.oxfordshirepct.nhs.uk/consult.ti/MaRIO/consultationHome
22 https://consult.oxfordshirepct.nhs.uk/consult.ti/activeagingnetwork/listresponses
24 https://consult.oxfordshirepct.nhs.uk/consult.ti/IAPT/questionnaireResults?qid=11462
11 https://consult.oxfordshirepct.nhs.uk