

**NHS Wirral**  
**Public and Patient Involvement**  
**Annual Report**  
**April 2009-March 2010**

***Martin McEwan, Director of Communications & Engagement***

***Andy Mills, Head of Involvement & Patient Experience***

***Dawn Holt, Involvement & Patient Experience Manager***

## Foreword

Welcome to the first annual patient and public involvement report from NHS Wirral. I have recently had the pleasure of joining the primary care trust, NHS Wirral, as a Non-Executive Director and have taken up the position of Chair of the Patient and Public Involvement Committee. On behalf of my predecessor, Pauline Davis, one of my first responsibilities is to present the Committee's annual report for 2009/10. This report summarises our aims and activity in relation to patient and public involvement during this time and sets out clear plans and structures to continue to develop this work in the future. It is increasingly important that the NHS enhances its efforts to consult, respond and be accountable to people and communities. The challenges facing public services in the next few years are considerable and we must make sure that services are designed around the needs of patients and the public.

Nationally, one of the five pledges to the public in Lord Darzi's NHS Next Stage Review: Leading Local Change is that 'You will be involved'. Following on from this, the NHS Constitution was developed and states that:

*" You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services."*

NHS Wirral is committed to upholding this right with the express aim of benefiting users of services we commission and deliver, improving quality and delivering value for money to the taxpayer. We have consistently invested in strengthening the voice of the public in the development of local NHS services and we believe we can now show that people across Wirral feel informed and supported and able to have their say about their health and well-being when it matters to them.

We recognise that we are likely to need to make changes to services and that these may provoke powerful reactions from those affected. These 'stakeholders' can include patients and their representatives, carers, members of the public, clinicians, staff and political leaders. However, we aim to become more open and transparent about why we are proposing changes, what it is we are proposing to change and what we believe the benefits will be for the people who use the services.

I hope this report is another step to becoming more transparent and shows how we have involved stakeholders in our decision making processes throughout 2009/10. The year has been one of investment and development and I look forward to seeing the outcome of our investment come into fruition over the years ahead. Notwithstanding the future of the Primary Care Trust, Government policy continues to focus on public engagement in the NHS and we will look forward to sharing our experiences and knowledge with the new organisations which develop over forthcoming years.



**Chris Allen**  
Chair  
Patient and Public Involvement Committee.

## Contents

<b>Foreword – Chair of PPI .....</b>	<b>2</b>
<b>Contents .....</b>	<b>3</b>
<i>List of Tables.....</i>	<i>4</i>
<i>List of Figures.....</i>	<i>4</i>
<b>Background.....</b>	<b>5</b>
<i>About Wirral and our consultation landscape.....</i>	<i>5</i>
<b>Introduction.....</b>	<b>6</b>
<i>Patient and Public Involvement (PPI) Committee and Partnership Working .....</i>	<i>8</i>
<i>Membership .....</i>	<i>9</i>
<i>Patient Participation Groups.....</i>	<i>10</i>
<i>Comments, Compliments and Complaints .....</i>	<i>11</i>
Complaints.....	11
Compliments.....	11
<i>Equality Impact Assessments (EIAs).....</i>	<i>14</i>
<i>National Patient Survey Programmes .....</i>	<i>15</i>
<b>Consultations and Commissioning Decisions 2009/10 .....</b>	<b>16</b>
<i>Integrated Commissioning.....</i>	<i>16</i>
<i>Practice Based Commissioning (PBC).....</i>	<i>25</i>
<b>Regional Projects .....</b>	<b>26</b>
<b>Current Consultation Activity .....</b>	<b>31</b>
<b>Future Plans .....</b>	<b>344</b>
<b>Further Information.....</b>	<b>35</b>
<b>Glossary of Terms .....</b>	<b>36</b>
<b>Abbreviations.....</b>	<b>39</b>

**Appendix 1 – Communications and Engagement Strategy links with NHS Wirral Strategic Plan.....40**

**Appendix 2 – Patient and Public Involvement Committee Terms of Reference ....41**

**Appendix 3 – PPI Committee Annual Work Plan Report .....45**

**List of Tables**

**Table 1: NHS Wirral Consultation Activity 2009/10.....17**

**Table 2: NHS Wirral Consultation Activity 2009/10 Primary Care and Provider Services.....21**

**Table 3: List of Services Commissioned where the service commenced in 2009/10....25**

**Table 4: Regional Consultation Activity 2009/10.....26**

**Table 5: NHS Wirral Current Evaluation Programmes .....31**

**Table 6: Current Regional Programmes.....33**

**Table 7: Feedback on draft report .....48**

**List of Figures**

**Figure 1: Model of Communications and Engagement.....7**

**Figure 2: HYS/PALS/Complaints System - How Does the Process Work? .....13**

## Background

The duty for the Primary Care Trust (PCT), NHS Wirral, to report on user involvement in commissioning decisions is set out in the NHS Act 2006 under section 242A. This duty requires the PCT to report on: *any involvement or consultation, carried out by any person, that influences any commissioning decisions or relevant decisions it makes.*

There is no one definition of 'involvement' but guidance accompanying the above Act defines it as: *'the act of asking a person for their views on a proposal or issue, before a decision is taken'*. Terms such as consultation, engagement or involvement can be used to explain this act and may be used throughout this document.

Involving people in decisions which affect them may take different forms, depending on the circumstances. For example, consultation about a decision that affects only one person might involve a discussion with that person. Other proposals may require a full written public consultation, as envisaged by the Cabinet Office's Code of Practice on Consultation. There is no 'one size fits all', but the general rule is that those who may be affected by the decision should have an opportunity to give their views. The duty to report does not extend to all involvement activity; for example, information provision and hence will not be included in this report.

## About Wirral and our consultation landscape

Wirral Primary Care Trust was established in October 2006, and became NHS Wirral in 2008. It is coterminous with Wirral Council which helps to enhance partnership working. The Council's Health and Wellbeing Overview and Scrutiny Committee can and does request reports on the work of the PCT. In addition, Voluntary and Community Action Wirral is the host body for Wirral LINK (Local Involvement Network), an independent body made up of members of the public with a role to scrutinise the work of the PCT. Further details of the role of LINK and how to join can be found at [www.linkwirral.org.uk/](http://www.linkwirral.org.uk/).

The Wirral peninsula serves two very diverse populations; in the east, a population with high social deprivation and high health need; in the west, an ageing but largely affluent population. We are a spearhead PCT which means we are amongst 20% of PCTs in England which have high levels of deprivation within our communities. We are committed to narrowing the gap in health inequalities between the Borough and the rest of England. There are also significant inequalities within Wirral which we are seeking to address.

Wirral has a resident population of 310,000 people and a GP-registered population of more than 331,000 people. NHS Wirral is divided into 3 localities - Bebington and West Wirral, Birkenhead, and Wallasey.

## Introduction

NHS Wirral's vision is '*Working together for a healthier future*' and our aspirations for the area are "*to improve health for all our residents, reduce health inequalities and provide personalised care which meets patients expressed needs* (NHS Wirral Strategic Plan 2009-2014).

The Strategic Plan for NHS Wirral (2009-2014) has been developed to respond to the health needs of the population of Wirral, and followed extensive communication and engagement with the public and partners. An increased focus on Public and Patient Involvement is one of the enabling strands of the Strategic Plan. The Strategic Plan is available on our website at: [www.wirral.nhs.uk/aboutnhsuirral/planspoliciesandpublications/strategicplans/](http://www.wirral.nhs.uk/aboutnhsuirral/planspoliciesandpublications/strategicplans/)

We aim to deliver a patient-centered NHS, in line with the principles enshrined within the NHS Constitution, Lord Darzi's Next Stage Review and the recently published five-year development plan for the NHS (*NHS 2010-2015: From Good to Great*).

To achieve this, patients and the public need to be sufficiently well-informed and engaged to access and use their NHS services effectively and appropriately to meet their health needs. They need to be able to contribute meaningfully in helping to shape services and decisions that affect their current and future health and wellbeing. In addition to patients and the public, we value the contribution made by family members and carers and their views are sought as part of our engagement activity.

Effective communication is a prerequisite for proper engagement and, indeed, engagement itself is essentially an exercise in communication between the parties involved. Hence, an integrated Communications and Engagement Strategy has been developed, bringing together the corporate functions responsible for this spectrum of activity. This need was highlighted in a Communications Review carried out in early 2008, with a board-level Director of Communications & Engagement appointed in October 2008. A structure for the Communications and Engagement Directorate with additional specialist posts was agreed and recruitment has been on-going throughout 2009. The Communications and Engagement Strategy is available on our website at: [www.wirral.nhs.uk/aboutnhsuirral/planspoliciesandpublications/strategicplans/](http://www.wirral.nhs.uk/aboutnhsuirral/planspoliciesandpublications/strategicplans/)

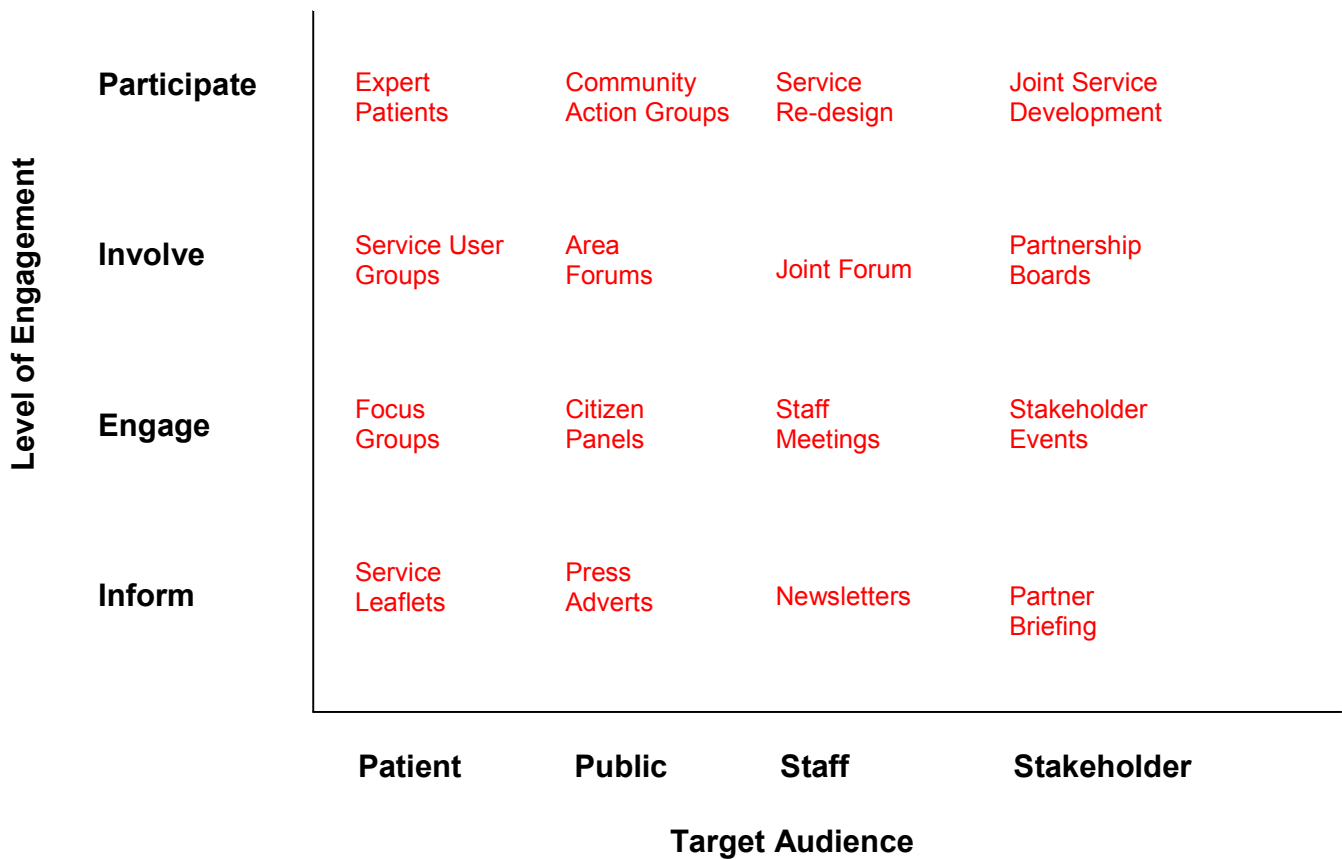
The fundamental driver for effective communications and engagement is to understand our key audiences – patients, the public and their carers - and to adapt to meet their future needs. Achieving this will mean we will make better decisions and create better outcomes for people. Appendix 1 illustrates how the strategy, patient and public involvement and NHS Wirral strategic priorities fit together.

The NHS Wirral Communications and Engagement strategy illustrates a model for communications and engagement which provides a framework that staff find useful, particularly in respect of capturing activity undertaken and reporting this within our assurance processes. It also illustrates how we as an organisation try to involve and engage patients,

the public and carers in a variety of ways and at differing levels. Examples can be given of engagement carried out at all levels depicted within this model – see figure 1 below:

**Figure 1:**

**A Model for Communications and Engagement**  
**Examples of Good Practice**



The principle for each of these is to segment audiences to achieve the specific communications and engagement objectives for the task in hand.

## **Patient and Public Involvement (PPI) Committee and Partnership Working**

A Patient and Public Involvement Committee is in place to assure the PCT Board that the PCT involves patients and the public in a planned and proactive way, integrated with other local partners wherever possible and engagement activities co-ordinated as appropriate. Part of its role is to ensure the PCT and its providers are shaping services around the needs and preferences of individual users, patients, their families and their carers. The committee has a specific remit which is detailed within its Terms of Reference (see Appendix 3) and a wide ranging membership which includes Non Executive Directors of the PCT, Director of Communications & Engagement, Joint Director of Public Health, Wirral LINK representatives, Voluntary & Community Sector representatives, Social Care, Health & Inclusion Overview & Scrutiny Committee representative, Patient representative and Carer representative as well as a range of PCT officers. The committee follows an annual work programme and their report for 2009/10. Each meeting is recorded and reported back to the PCT Board on a regular basis. The minutes for both the Board and PPI Committee meetings are publicly accessible through the NHS Wirral website:

<http://www.wirral.nhs.uk/aboutnhsWirral/board/minutesandmeetings/>

NHS Wirral has a close working relationship with the Wirral Local Involvement Network (LINK) which is an independent network made up of individuals, community groups and organisations working together, to speak as one voice to influence and shape local health and social care services. In addition to taking part in the PPI Committee, the Chair of Wirral LINK attends the main Board meetings of the PCT. LINK regularly feeds back issues and ideas for improvements which are considered in a variety of ways e.g. involvement in a review of patient transport services, regular information requests to the PCT to assist their research into areas of interest, comments on PCT Quality accounts and Care Quality Commission (CQC) registrations in conjunction with the Council's Health and Wellbeing Overview and Scrutiny Committee (OSC). LINK is an independent organisation and, as such, has developed its own work plan. NHS Wirral has worked closely with LINK members on their work plan projects such as promoting the LINK Dignity in Care campaign and a review of discharge arrangements.

NHS Wirral has also worked closely with the LINK host organization, Voluntary and Community Action Wirral (VCAW), to enable appropriate representation processes to exist to ensure the third sector has a strong voice in service planning and delivery.



## Membership

NHS Wirral has a membership scheme which provides the opportunity for patients and the public to tell us what they think about our services, and for us to have the opportunity to hear what the public and patients have to say.

Because the NHS in Wirral already has large public memberships through the Foundation Trust hospitals (Wirral University Teaching Hospital NHS Foundation Trust, Cheshire & Wirral Partnership and Clatterbridge Centre for Oncology), the NHS Wirral membership scheme is not aiming to be a “mass membership” approach, rather one that brings together the membership organisations that are already active. As well as the large hospital trusts at one end of the scale, this also includes the smaller scale Patient Participation Groups (PPGs) based around General Practices (see next section).

Our strategy for signing up individuals is that we are open to anyone in Wirral who would like to join, but we will make additional efforts to sign-up those people who are currently under-represented.

For those who do sign up as a member, we commit to:

- Send out a regular newsletter, updating people on recent developments
- Invite people to attend focus groups, meetings, workshops and events
- Ask for opinions on proposed projects
- Keep people up-to-date with NHS Wirral through email bulletins
- Tell people about volunteering opportunities
- Send copies of key corporate publications such as our Annual Report

If there are any areas of healthcare people have a particular interest in, such as mental health or diabetes we can keep them updated and involved in those services that matter to them. One specialist area is carers and caring and is a means of specifically targeting people who care for others to gain their views.

Over the last 12 months members have been involved in a host of activities including:

- Assessing the PCT website usability
- Recruitment for GP practice Patient Participation Groups (PPGs) (see overleaf)
- Consultation on service information leaflets
- Primary Care Assessment Unit service redesign
- Consultation on the NHS Constitution
- Development of social networking sites

During 2009/10 NHS Wirral, Staff all became members of the scheme generating an additional 1800 members. Staff views are very important, as are those of patients and the public. Most NHS Wirral staff live in Wirral and are often patients themselves or carers of patients and, therefore, have insight into both sides of service delivery.

## Patient Participation Groups

NHS Wirral is keen to support the establishment and development of Patient Participation Groups or Networks in GP practices across the area. Patient groups and networks offer opportunities for residents to communicate with their General Practice about their experience of Practice services, exchange ideas and suggestions about the development of existing services and the planning of futures ones, and then to take action. A group's activities might include such things as holding health information events, consulting with patients about their experience of the health service, or producing a newsletter to let people know about the group and the services that the Practice offers. At March 2010, there were 27 Patient Participation Groups in the Wirral. Examples of activities carried out locally by patient groups include developing information resources, facilitating surveys to gather views of patients, contributing to surgery development plans and producing patient newsletters.

In addition to the development of practice based groups, locality wide forums have been established so that patients from different practices have the opportunity to network and feed in directly to the developments at the PCT. The Wallasey locality has a group already in place called the Voice of Wallasey and Bebington and West Wirral have started to scope a Patient Matters locality group. Similar plans are at an early stage of discussion in the Birkenhead locality.

The National Association for Patient Participation (NAPP) supports the establishment of Patients' Participation Groups and, as such, NHS Wirral is an associate member of NAPP. You can find out more about its work and about Patient Participation Groups on the NAPP website [www.napp.org.uk](http://www.napp.org.uk)

## Comments, Compliments and Complaints

The PCT has a number of ways in which feedback can be captured, analysed and responded to. Figure 2 (see over) illustrates how these work and the relationships between them.

### Complaints

The term “Complaint” has a particular definition within the NHS, backed up by a formal status which requires the Chief Executive to take direct responsibility to ensure they are properly addressed. During the period April 2009 to March 2010, NHS Wirral received 59 written complaints regarding our directly managed services (this does not include independent contractors such as GPs, Dentists, Pharmacists etc). Patient feedback gained via our complaints process is a valuable means of monitoring and improving services where required, to ensure we meet the needs of our patients in the future. Some significant and positive steps have been taken in response to complaints made. Improvements arising from complaint investigations include:

- All Day Health Centre – additional staff training provided
- All Day Health Centre – increased service flexibility
- Speech and Language Therapy Services – team implemented a new system to manage waiting times by pooling resources and staff; recruited two new therapists
- Wirral Admission Prevention Service – improved integration of referrals and assessment
- Unplanned Care – Communication protocols reviewed in respect of information being passed from one service to another
- Wirral Wide Nursing Service – The role and remit of the Integrated Community Discharge Team has been clarified.

### Compliments

The PCT also feels it is important to know when its staff and services have had a positive effect on people’s lives. Compliments and expressions of thanks are reported to the PCT Board. In 09/10 a total of 200 written compliments and expressions of thanks were officially recorded. Extracts from compliments received include:

Wheelchair therapist. – *“...Thank you for your input with this child. The family are delighted. You hear fast enough when there is a problem so wanted to let you know how much of a difference you made to this young man...”*

Condition Management Programme – *“The service has given me the confidence to go back to work and training. It has helped me to believe in myself again. They helped me to regain my confidence and self-belief. The staff were incredibly welcoming and professional and they had the ability to make people feel valued.”*

Community Nursing Teams – *“Thanks to each and every one of you for the kind, professional and dignified way you cared for our brother. We could never have got through the last few weeks without your help and kindness.”*

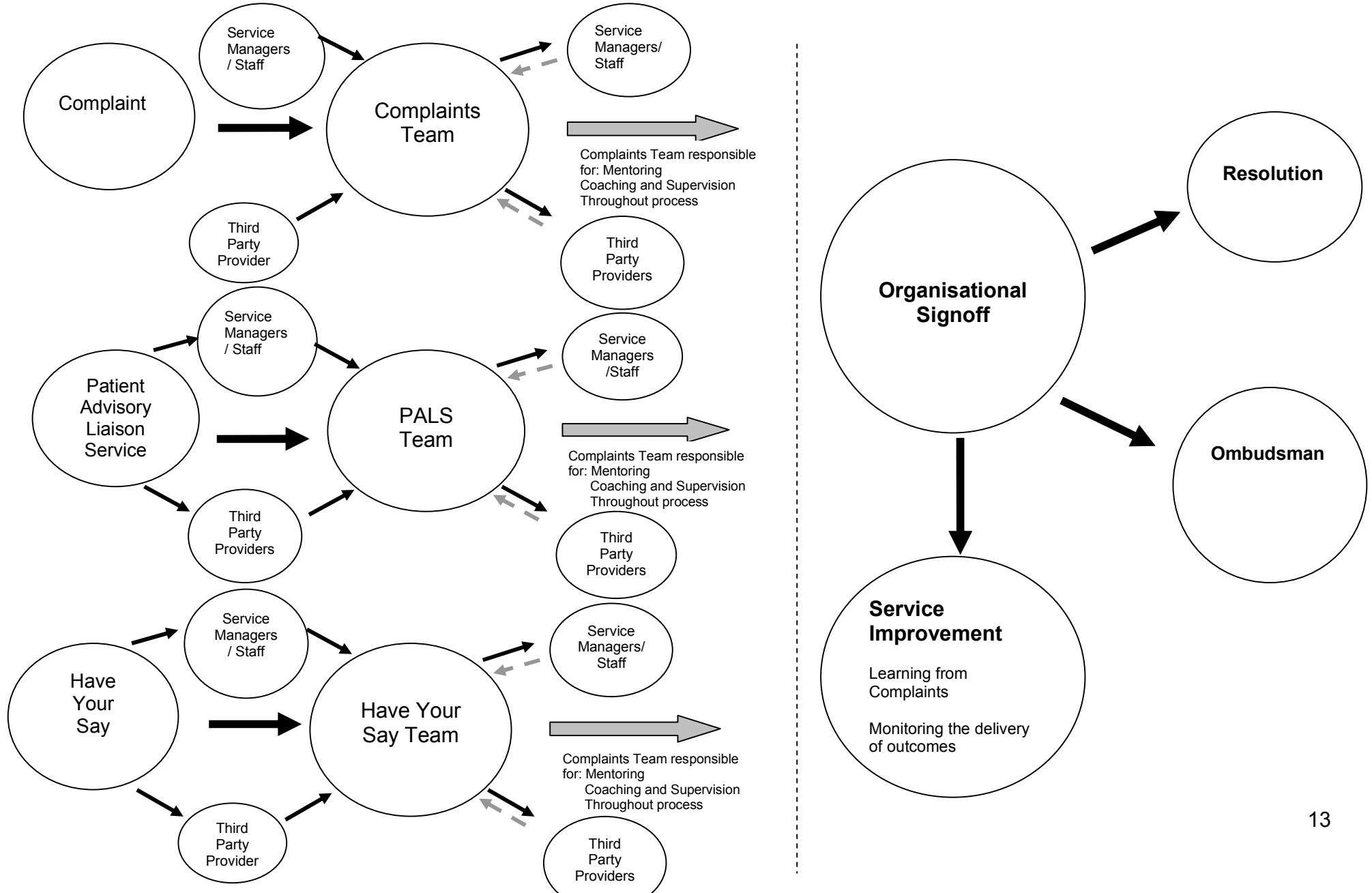
All Day Health Centre – *“...I was most impressed with the whole set up from reception staff to the Clinical Director taking the time to ring me with the results of the blood test done. Congratulations.”*

Urgent care services – *“I would give the Unit ten out of ten. The staff reassured me when I was quite concerned and they sorted out my diabetes problem within ten minutes. I would like to praise the way I was dealt with and the treatment I received. Thank you for all your kindness to me. You were all smashing and really put me at ease by explaining the procedure (being deaf). Thank you all again from a very grateful patient.”*

Further information can be found in the NHS Wirral Annual Report 2009/10.

**Figure 2: HYS/PALS/Complaints System - How Does the Process Work?**

**Phase 1: Complaint Received    Phase 2: Complaint Triage    Phase 3: Complaint Management    Phase 4: Organisation Sign-off**



## Equality Impact Assessments (EIAs)

NHS Wirral carries out EIAs to establish whether, and how, a policy proposal will affect people from different diverse groups. The main purpose of an EIA is to pre-empt the possibility that a proposed policy could affect some groups unfavourably. It is an assessment for equality and diversity – that is, full consideration of how a proposed policy is likely to affect people from diverse backgrounds and circumstances – and should be an essential ingredient of all stages of policy development, from conception to implementation.

Policies do not affect everyone in the same way. By making sure at an early stage of their development that they will not have unfavourable effects on some groups, or by taking steps to mitigate these effects, NHS Wirral will be able to:

- Ensure, as far as possible, that its policies are developed in full recognition of the diverse needs, circumstances and concerns of the people who will benefit or be affected by them.
- Be aware of any inequalities between different diverse groups that could arise, directly or indirectly, as a result of the proposed policy, and if so, consider alternative ways of achieving its aims.
- Deal with the possibility that policy proposals could lead to unlawful discrimination.
- Encourage greater openness, staff and public involvement in policy making.
- Ensure that any services provided meet the needs of all diverse groups.
- Increase staff and public confidence in the functions it carries out.
- Improve the quality of all of its policies, and its functions. Put staff and public interest, in all its diversity, at the heart of policy making.
- Ensure that its internal and external services do not overlook or exclude any groups of people, and that they serve everyone equally well.

With regards to PPI activity some of the projects show good examples of reaching out to minority groups. For example, for male circumcision, in addition to consulting with the wider general public through a citizen's panel, we specifically consulted with the Jewish community and Muslim community to ensure their voices were heard in the decision making processes.

An area for development during 2010/11 is building on work completed to date to ensure EIAs are part of the contracted outcomes for the next commissioning round.

## National Patient Survey Programmes

The NHS national patient survey programme has been established to ensure that patients and the public have a real say in how NHS services are planned and developed. Getting feedback from patients and listening to their views and priorities is vital for improving services. The programme enables the Care Quality Commission and others to build up a national picture of people's experience for comparisons of:

- performance of different organisations
- changes over time
- variations between different patient groups.

The Care Quality Commission is a health watchdog. It exists to promote improvements in the quality of health and social care in England. It is legally obliged to assess the performance of healthcare organisations in the NHS and award annual ratings of performance as well as co-ordinate inspections and reviews of healthcare organisations carried out by others.

The patient survey asks patients specific factual questions about what happened to them during their recent healthcare experience. These 'reporting' style questions highlight where the problems are and what needs to be done to improve care. Once the results are received, NHS Wirral makes use of the findings in order to improve their services locally. Data from these local surveys can provide evidence for instigating and evaluating a range of local quality improvement initiatives.

Surveys are carried out for many types of patient groups, such as inpatients, outpatients, cancer care, stroke, maternity, emergency care, primary care and mental health. As well as the quality of patients' recent health care experience, the surveys also include some questions regarding age, gender and ethnic group to help identify any inequalities of treatment across the country.

The results of surveys carried out in the Wirral can be found by visiting the Care Quality Commission's website at [www.cqc.org.uk](http://www.cqc.org.uk). If you go to the 'Find care services' section and then select 'Healthcare' followed by 'Overall performance', you will be able to select a trust or the Wirral as a location. From there you can obtain an overview of how well organisations are rated overall, as well as specific survey results in the 'how patients rate this trust' section. More information on the patient survey programme and how it was developed can be found by visiting [www.nhssurveys.org](http://www.nhssurveys.org)

## **Consultations and Commissioning Decisions 2009/10**

NHS Wirral's primary business is to commission, to plan and buy healthcare for the population it serves. A number of organisations provide healthcare services for Wirral patients – there are over 350 contracts commissioned from a range of NHS, voluntary and community sectors and independent providers. The range of healthcare providers is expected to grow.

One national driver in this area has been the World Class Commissioning framework aimed at maximising performance in the way health and care services are commissioned in the NHS. The vision and competencies describe what this shift will involve, and the organisational competencies that Primary Care Trusts will need. The World Class Commissioning framework outlines a responsibility for PCTs to 'understand, inform, engage and lead', to work with community partners, engage with public and patients, and collaborate with clinicians.

Table 1 overleaf summarises the consultations carried out during 2009/10 which informed key commissioning decisions and service developments. The information contained in the table has been summarised and further information can be obtained on any of the activities listed by contacting the Have Your Say team – details of how to contact the team are available at the end of the report.

A significant percentage of our commissioning is expected to remain within our existing main contracts with Wirral University Teaching Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust and NHS Wirral Provider Services. We have maximised the opportunities within the national contract frameworks to include patient experience metrics, and work with the trusts to build on the patient experience initiatives already underway. We work in partnership to develop the model of how patient experience and feedback informs their provision and our commissioning decisions.

### **Integrated Commissioning**

Over the last 12 months, the PCT continued to develop integration with the Local Authority. Health and Social Care Services are now aligned across the three localities; Birkenhead, Wallasey and Bebington & West Wirral. This has enabled staff to work together to provide services which are personalised and organised around the needs of individuals. Each locality has an Integrated Commissioning Manager who is responsible for joint commissioning across health and social care.



<b>Consultation Theme</b>	<b>Who was consulted, in what way and what information was provided?</b>	<b>Feedback from the engagement activity and outcome of activity</b>
<p>NHS Wirral Strategic Plan Refresh</p>	<p>General Population of Wirral through Have Your Say team. Health for All – Have your Say document provided.</p>	<p>Initiatives detailed within the Strategic Plan have been developed as a result of the consultation and in consultation with patients and the public.</p>
<p>Exploring the need for a Male Circumcision Service for Religious, Cultural and Social Reasons -Local patient concern has been raised over a lack of local provision.</p> <p>Further PPI exercises have taken place as part of the procurement process to inform the proposed recommendation.</p>	<p>Three listening events were undertaken regarding the commissioning of a service for male circumcision service for religious, cultural and social reasons. The process involved the Jewish community, the Muslim community and the wider general public via a citizen's panel.</p>	<p>The Jewish community leaders felt they would not consider a male circumcision service for religious, cultural and social reasons as a high priority as they have a good network of provision in place and the procedure is well managed. If a service was made available it may be something they would consider using. From the Muslim community the consensus of opinion was that they would like to see a standardised male circumcision service for religious, cultural and social reasons available to all and, in particular, for the communities and faiths that would require the service. The Muslim community felt it should be a free service so families with a low income could receive a safe and quality service. Nine participants attended a Citizens Panel facilitated by an external organisation with PCT representation in support. The panel was asked to debate the issue of male circumcision service for non clinical reasons. After a 2 hour debate the panel concluded that they were keen for the NHS to offer a free service to children under 16 requiring male circumcision for non medical reasons on the grounds of the protection of children's welfare and health. The panel felt that individuals above the age of consent i.e. over 16, who request such a procedure, should have access to a service but should meet the cost themselves.</p> <p>A service has been commissioned to meet the above specification of need and should be operational by December 2010.</p>
<p>The Configuration of Cervical Cytology Reporting Services across Merseyside and Cheshire</p>	<p>The Cancer Network has an active patient involvement group who were consulted.</p>	<p>The patient involvement group supported the proposal which contributed to it being commissioned.</p>
<p>Proposed Expansion of Radiotherapy Facilities in North Merseyside</p>	<p>The Cancer Network has an active patient involvement group who were consulted.</p>	<p>The patient involvement group supported the proposal which contributed to it being commissioned.</p>

Consultation Theme	Who was consulted, in what way and what information was provided?	Feedback from the engagement activity and outcome of activity
Sustainable Communities Strategy	Area Forums and voluntary networks were consulted on the content of the strategy. A draft strategy was distributed.	Strategy developed and agreed.
Public Health Annual Report 2008/9 “A Weight Off Your Mind: addressing overweight and obesity in Wirral”	Service Users sharing Patient Experience stories.	All of the services and activities mentioned in this report have the close involvement of patients and members of the public. Members of the public have also made valuable direct contributions to the report by sharing their personal experiences of weight management. Examples of this can be seen on pages 7, 13, 24 and 25 of the original report.
Communications and Engagement Strategy	Communications plan was developed to enable stakeholders to comment on the draft document.	The strategy was amended and published.
Independent Living Centre and Wheelchair Service Relocation to Hind Street	<p>Two focus groups were conducted with a mixture of Independent Living Centre users and Wheelchair Service users. Issues covered included: initial reactions to the proposals; perceptions as to how the proposed building should look and feel; any issues they may have with the building itself; the facilities and services that they felt the proposed centre should contain; and how service users would like to be kept up to date with information about the relocation.</p> <p>In addition to the feedback gained from the focus groups with service users, NHS Wirral also asked service users to share their views on the proposals via a questionnaire which was contained within an information leaflet. Users were asked whether or not they agreed with the proposal to relocate the Wheelchair Service and ILC and for any comments they wished to make in relation to this.</p>	<p>Findings of both quantitative data and at the focus groups showed significant support for the proposed relocation by service users. Analysis of responses to the survey within the information leaflet provided to users of the services revealed strong backing for the proposals - with the vast majority of users (92%) in favour of the proposed relocation. Despite this positive message, service user views were tempered with concerns. The focus group consultation showed evidence of more severely disabled users having more concerns over the move – these were evidently linked to issues of self-efficacy and self-confidence. Those using wheelchairs appeared a little over-awed by the prospect of having to negotiate the journey from the bus station to the new Centre, particularly during peak times, such as Christmas. Parking was a significant issue for all group participants, as well as for those responding to the NHS Wirral quantitative consultation. Issues of parking were three-fold – firstly, the number of spaces available and the difficulties of finding a parking space in Birkenhead; secondly, the quality of car park and pavement surface around the building; and thirdly, the patrolling of spaces to ensure they were only being accessed by service users. Service users mentioned the introduction of hoists and a wheelchair loan service (during repairs) as being desirable and commented on how the service should be organised and on the look and feel of the building. The service has considered all the feedback received and taken account of it in the relocation. The service has now relocated to the new site.</p>

<b>Consultation Theme</b>	<b>Who was consulted, in what way and what information was provided?</b>	<b>Feedback from the engagement activity and outcome of activity</b>
An independent review of the service user and carer experience of Psychiatric Liaison Service	Users and Carers of the Psychiatric Liaison Service  The review process included key stakeholder meetings, identification of current and ideal pathways, workforce review and capacity and demand.	NHS Wirral committed an additional £490k to enhancing the service which included additional opening hours and additional clinical and advocacy support. Service extension has contributed to reduction in 4 hr A&E wait breaches. Service extended and independent advocacy support commissioned to support service users and carers with social and practical issues. This resource has enabled clinicians within the unit to spend more time with patients as previously a proportion of their working hours were spent on dealing with social and practical issues.
Development of an Integrated Care Pathway for Dementia	Series of stakeholder workshop and carer forums to develop an ideal local pathway for dementia care.	Local pathway established. Older People Mental Health Strategy developed and implemented. Additional carer support services commissioned. A development programme of dementia services (including Early Onset Dementia) agreed and implemented.
Review into In Patient and Crisis Services for people of working age	A number of stakeholder workshops were held which included service users and service user groups	NHS Wirral recognised there was a reduction in occupancy and the changing pattern of provision and commissioned a review of Inpatient Services for Adults of Working Age in July 2009.  The review identified the need to commission a local Personality Disorder Service which is now operational. The review will also inform the future commissioning of in-patient and crisis services.
Review into In Patient and Crisis Services for people of working age	A number of stakeholder workshops were held which included service users and service user groups	NHS Wirral recognised there was a reduction in occupancy and the changing pattern of provision and commissioned a review of Inpatient Services for Adults of Working Age in July 2009.  The review identified the need to commission a local Personality Disorder Service which is now operational. The review will also inform the future commissioning of in-patient and crisis services.
Developing a locally agreed model for Primary Care Mental Health Services in Wirral	The review included a series of workshops with key stakeholders including service users and carers which in turn informed the development of a new service. In addition, a series of service user/carers interviews and focus group meetings were held to ensure the views of the people who use the service and their carers were taken into account.	In 2007 a full review of Primary Care Mental Health Services was undertaken which led to the decommissioning of existing services and commissioning of a new service.  A full tender and procurement process followed to commission a new Primary Care Mental Health Service. The selection process included a dedicated service user and carer panel who interviewed prospective bidders and contributed to contract award process.

<b>Consultation Theme</b>	<b>Who was consulted, in what way and what information was provided?</b>	<b>Feedback from the engagement activity and outcome of activity</b>
CCO Local CQUIN goals	Patient and carer workshop identified quality improvement themes	Themes captured and developed into local Commissioning for Quality & Innovation (CQUIN) metrics
Dignity	Older Peoples Parliament report into dignity at Wirral University Hospital Teaching Foundation Trust (WUTH)  Report and Trust response discussed at WUTH Quality Review meeting	Findings informed quality metrics in contract 10/11
Quality Reviews	Quality Team working with LINK to capture regular feedback on quality of provider services	Concerns raised with provider Quality leads
Carers Development Committee	Attendance at Carers Association. Information given included reporting on Carers Action Plans.	Feedback provided was used to inform future actions etc.  Ongoing review of services for carers. To feed into commissioning for carers developments.
Carers Strategic Plan	Carers Survey to identify carers experience of access to health services for themselves and those they care for.	Informed developments within the Carers Action Plans as part of the Carers Strategic Plan.
NHS Constitution	Staffs, Patients and Public were involved through a series of focus groups and a world café event. Information provided through the Department of Health (DOH) was distributed to participants. Initial consultation documents were circulated to the board via email, people were directed to the National exercise conducted through the DOH.	Comments were gathered and submitted via an NHS Wirral response to the Department of Health (DOH).

**Table 2: NHS Wirral Consultation Activity 2009/10 Primary Care and Provider Services**

Consultation Theme	Who was consulted, in what way and what information was provided?	Feedback from the engagement activity and outcome of activity
Podiatry	Nail Surgery Satisfaction Survey and focus groups	The survey led to the ability to meet demand for urgent cases and support patient's choice of appointments.
Nutrition and Dietetics	Diabetes Care Evaluation (questionnaire & focus group)	Additional clinics put on to meet demand, diabetes education provided in both evening and day sessions.
Safeguarding Service	User satisfaction survey Young peoples views on LAC health assessments	No changes made in year
Wirral Heart Services	Heart Failure Focus Group (changed from Patient satisfaction survey from outreach pilot)	Obtained additional information books on Atrial Fibrillation for patients. Reviewed rehab service programme to reduce waiting times for access to gyms. Information posters about equipment listed above gym equipment for patients.
Sexual Health and Chlamydia Service	Patient Consultation Exercise	Reviewed all Contraception & Sexual Health (CaSH) clinics based on feedback form Patient feedback of waiting times
Physiotherapy & Rehabilitation Services	User group Patient Subjective Questionnaire Telephone Survey/Corporate	Conducted a 3 month pilot of extended operational times. Improved patient awareness of physiotherapy services in PCT and WUTH. Improved signposting to services and car park within Victoria Central Hospital (VCH) and St Catherine's Hospital (SCH). Telephone survey indicated generally high levels of satisfaction with all aspects of the patient journey
Speech & Language Therapy Service	Stroke Patient/Relatives feedback	Changed feedback process from drop in sessions as per request, now telephone contact and face to face sessions at relatives request.
Community Equipment Stores	Patient satisfaction deliveries Telephone Survey/Corporate	Telephone survey was completed by only a small number of respondents, but indicated high levels of satisfaction with user experiences of the service.
Infection Control Service	Short questionnaire	Good level of awareness of targeted campaigns and satisfaction with training and education workshops. Resulted in changes to the information provided on webpage and variety of training sessions offered to services
PCT Community Dental Service/ OOH	Patient Satisfaction questionnaire	Improved signposting to services within venues.
Community Nursing	Patient Satisfaction Survey (Provider Services Wide)	No changes made in year

Health Visiting Service	Initiative based on Frontline Friday feedback	
Community Nursing District Nursing Service	Patient Satisfaction Survey (Provider Services Wide) Initiative based on Frontline Friday feedback	Reviewed operational hours
Active Case Management Team (Community Matrons)	Patient Satisfaction Survey (Provider Services Wide) Initiative based on Frontline Friday feedback	No changes made in year
Wirral Admission Prevention Service	Patient Satisfaction Survey (Provider Services Wide)	An improvement plan has been developed, which will update patient information leaflets as well as staff training.
Deep Vein Thrombosis	Patient Satisfaction Survey (Provider Services Wide)	Improved signposting to service venue at Arrowe Park Hospital (APH).
Wirral Integrated Continence Service	Telephone Survey/Corporate	Telephone survey was completed by only a small number of respondents, but indicated high levels of satisfaction with user experiences of all aspects of the patient journey
Parkinson's Specialist Nursing Service	Patient Questionnaire	Changes to the telephone advice line
Specialist Palliative Care Service	Patient Satisfaction Survey (Provider Services Wide) Patient and Carer Service Evaluation Questionnaire	Feedback was positive on overall service satisfaction. Insights have lead to the review and development of the triage process, which will be conducted in partnership with stakeholders
Tissue Viability Service	Patient Satisfaction Survey	Proposed simplification of verbal and written information shared with patients, including production of easy read format.
Wirral learning Disability health Facilitators Service	Feedback from Health Education Sessions	No changes made in year
Walk in Centres (VCH and APH)	National Survey (Primary Care Foundation) Initiative based on Frontline Friday feedback	Responses showed a slightly above average number score the service as very good or excellent on timeliness and rate help from health professionals reasonably highly compared to many other services
The Warrens Development - a one stop primary care centre	Consultation with West Wirral Group Practice and residents living within 0.5 miles of the site regarding the proposal to develop a one stop primary care centre where the Warrens Nursery formerly operated.  Practice patient focus group led the development and final content of the consultation leaflet. Leaflets were sent by post to patients	A total of 2725 patient responses were returned. 1766 strongly agreed with the proposal. 669 agreed. 117 disagreed and 173 strongly disagreed.  It was agreed to proceed with the development.  Planning permission approved by Wirral Metropolitan Borough

	<p>registered over 16 years of age totaling 12105 patients.</p> <p>The residents' leaflets were circulated to all homes and businesses within half a mile of the site and to homes and businesses on roads which continued beyond the measure. 4574 leaflets were distributed by mailshot with satellite tracking to confirm delivery.</p> <p>Public Meetings were held for patients and residents.</p>	<p>Council in September 2009, and cleared by the Government office for the North West in the Autumn of 2009.</p>
<p>Proposal for the modernisation and development of primary care facilities in NHS Wirral: proposal to relocate Greenway Road Surgery to the St Catherine's development</p>	<p>General Practice Patients - A copy of the consultation leaflet was sent to all patients aged 16 and over registered with the practice, and leaflets were available in the Surgery throughout the consultation period.</p> <p>Key Stakeholders - A public consultation event was held for the practice on 9 June, in the surgery building, between 4 – 7pm. Practice and PCT members, along with representatives from the Developers and Architects, were on hand to answer any queries. Details of the event were clearly highlighted in the consultation literature, in the surgery building, and on the PCT and Practice websites; the event was therefore made available to a wide range of stakeholders.</p> <p>Tranmere residents group were and still are actively involved.</p> <p>Consultation literature was produced that would allow respondents to comment specifically on the proposals to relocate the General Practice.</p> <p>Work was carried out with the practice to produce a leaflet which would convey the specific aspirations of the practice from the development and which would seek comments on the principle of relocating the practice to the St Catherine's site. There was opportunity for respondents to state whether or not they were in agreement with the proposals outlined, and also for additional comments/questions to be raised.</p>	<p>The most significant issues raised by respondents were in relation to the availability of free parking at the site and accessibility to the site, particularly for those who do not drive. 76% of respondents agreed with the proposal, 22% disagreed whilst 2% made no comment. There were 624 responses received by the end of the consultation period (30 June 2009). 475 voted yes, 138 voted no, 11 did not vote [but made a comment]</p> <p>The main issues raised in the negative responses were: car parking at St Catherine's, bigger surgeries mean more waiting times; losing personality; if it isn't broke, don't fix it; the costs of moving; waste of the current building; proximity to chemist at current site, do not wish to lose that; harder to access for the elderly, disabled and those with children. Positive comments made by more than one person included: this is a very good idea; in patient's best interests; extra facilities will be excellent; good concentration of services. The main conditional issues raised in the positive votes were [as long as...]: car parking is available; there is a Chemist; no merge/keep regular GP; appointment time is not affected; the old practice is utilized; local labour is used in the building works.</p> <p>There are currently issues with parking on the St Catherine's site, which have been raised as part of the consultation process. However, as part of the redevelopment, it is proposed that more than 300 Headquarter staff, together with staff from the Wheelchair and Independent Living services, plus a number of clinical management staff – accounting for around 350/400 cars a day - will be</p>

		<p>permanently moved off the site. The new development will include 525 car parking spaces on site, compared with 468 at present.</p> <p>Key Milestones for St Catherine's were obtaining planning permission in September 2009, the full business Case (which included information on public engagement) was approved by our Board in September 2009 and latterly by the Strategic Health Authority in November 2009. A report went to Wirral Metropolitan Borough Council Overview and Scrutiny committee on 8th September 2009 on the scheme.</p>
<p>Heswall redevelopment</p>	<p>Practice patients are actively involved.</p>	<p>The proposal was initially agreed and the planning appeal was not upheld at an inquiry in January of 2010.</p>



## Practice Based Commissioning (PBC)

Standing instructions to all PBCs Groups include the requirement to consult with patient groups regarding any investment discussions. Table 3 sets out where these have taken place.

**Table 3: List of Services Commissioned where the service commenced in 2009/10**

Service Commissioned	What Service is Provided?	Commissioner
Angina Service	Preventive health programme to "at risk" populations. Modern evidence based angina management.	Wallasey Health Alliance
Musculoskeletal Clinical Up-Skilling Project	General Practitioner Special Interest to attend appointments within the Member general practice and undertake relevant clinical action and/ or observe & advise the GP undertaking clinical action.	Wallasey Health Alliance
Facilitated Discharge Project	To improve discharge planning from hospital and ongoing home care	Wallasey Health Alliance
In-House Physio	In-House Physiotherapy Service	Leasowe Primary Care Centre
Cognitive Behaviour Therapy Sessions	Cognitive Behaviour Therapy Sessions	Birkenhead Collective
Podiatry Service	Podiatry Sessions - Triage and Clinic	Wirral PBC Consortium
Physiotherapy Service	Physiotherapy Sessions	Wirral PBC Consortium
Service for Vulnerable People	Home Visits to provide Screening/disease prevention	Devaney Medical Centre

## Regional Projects

NHS Wirral has also been involved in specialised commissioning on a regional basis in conjunction with other PCTs. Table 4 details key activities carried out regionally which have influenced policy development in key specialised services.

**Table 4: Regional PPI Activity**

Consultation Theme	Who was consulted, in what way and what information was provided?	Feedback from the engagement activity and outcome of activity
<p>Bariatric Surgery Services</p>	<p>Many of the providers of specialist bariatric surgery have patient support groups attached to them. This was an informal patient support group meeting. Around 10 patients were present at the meeting. These were patients who had already undergone surgery, either at Spire or elsewhere, or who were awaiting surgery. 3 carers were also present. All patients had undergone/were due to undergo surgery as part of the NHS contract. Some of the patients attending had also participated in primary care trust specialist weight management programmes. The North West Specialised Commissioning Team’s senior commissioning manager for bariatric services, and the Head of Communications, were also present, as were members of the nursing team from Spire.</p> <p>These were informal discussions. Commissioners explained the need for change. Patients talked about their experiences of surgery. Some felt it had been the best option for them, others described the complications</p>	<p>Commissioners gained a great deal of insight about the patient experience along this pathway. The most powerful message coming from the event was the need for PCTs to invest in preparing patients for surgery and that efforts should be concentrated on specialist weight management initiatives in the community as, overall, the vast majority of the patients present would have preferred to lose weight without resorting to surgery. Commissioners have fed their findings into discussions with PCTs about the development of community weight loss services. Feedback to the patient group was informal, conveyed via the Chair of the group. Offers were also made to the group for commissioners to attend similar meetings in future, at their request.</p> <p>With regards to concerns raised about future access commissioners reassured them that those deemed in clinical need of surgery would receive it,</p>

	<p>they had suffered as a result of surgery, others reported how other forms of weight loss had proved ineffective. Services highlighted included specialist weight management courses and cognitive behavioral therapy. Patients were concerned that people waiting for surgery might not be able to access it in the future because their Body Mass Index (BMI) was not high enough.</p>	<p>as per NICE guidance</p>
<p>Teenagers and young adults with cancer</p>	<p>A half-day conference was held at Haydock on 23<sup>rd</sup> September 2009, which attracted around 90 delegates from across the region. It was hosted by the North West Specialised Commissioning Team in conjunction with the North West cancer networks. The purpose of the event was to raise awareness, report progress and facilitate further engagement across the region on teenagers and young adults with cancer. The event aimed to cover the issues and challenges faced by this patient groups, and the implications for local teams and individuals delivering care.</p> <p>Key stakeholders from across the North West and North Wales involved in developing, designing and delivering teenage and young adult cancer services across the whole of the pathway took part. Several of the attendees were young people who had received or were presently on treatment for cancer. The conference involved presentations from national and internally renowned speakers on teenage and young adult cancer medicine and management. Issues covered in presentations included the importance of adult and paediatric teams working together and sharing expertise, the importance of good data sets, analysis and interpretation and the importance of research in this field to ensure that teenagers and young adults receive the best evidence-</p>	<p>Teenagers and young adults with cancer are considered to be a very vulnerable group of patients with special and specific needs, reflecting the transition from childhood to adulthood complicated by a cancer diagnosis and treatment. This results in complex management problems in looking after the young person and their families.</p> <p>Presentations on the day were followed by a panel formed by five young people who, together with the presenters, answered questions from the floor. There followed round table discussions on key areas of service development, focusing on how local teams could find potential solutions to the challenges posed by the NICE guidance and illustrated by patient experience. Patient stories about their experiences of being a teenager or young adult with cancer gave delegates to the conference a new awareness of, and different dimension to, cancer in this age group. This clearly enhanced the understanding of the delegates and was clearly demonstrated by feedback on the day. Emergent themes from the discussions were collated and shared with attendees and formed the basis of future workstreams for local teams and for several interested parties who volunteered to help</p>

	<p>based treatments available. There were also presentations on the practical issues associated with delivering teenage and young adult cancer services and the challenges faced by cancer networks.</p>	<p>take this work forward.</p>
<p>Expansion of haemodialysis capacity – E16 scheme</p> <p>The expansion of haemodialysis capacity across Cheshire and Merseyside has been made possible as the result of the former Government’s independent sector procurement programme.</p>	<p>This scheme has been project managed by the North West Specialised Commissioning Team from the start, in partnership with independent sector provider Fresenius Medical Care Renal Services and the Department of Health, working in conjunction with the main renal centre’s across the zone.</p> <p>The scheme has resulted in the refurbishment/expansion of existing facilities or the building of brand new state-of-the-art units at six sites across the zone – Halton, Clatterbridge, Southport, St Helens, Warrington and Macclesfield. 2009/10 saw the opening of units at Southport (March 2009) and St Helens (February 2010), with Warrington opening in April 2010 and Macclesfield due to open in the autumn. When this final unit opens, the scheme will have created the potential for an additional 2,300 patients to receive their treatment in a modern, clean and safe environment.</p> <p>The main consultation was around the development of a range of units. Each of the units has had a site-specific project group attached to it to oversee development of each unit. Each of these groups includes patient representatives, usually – although not always – a current patient. Their role is to represent the view of fellow patients/carers, and provide feedback from meetings to those on the unit. Patient representatives attend planning meetings alongside the independent sector provider, clinicians and commissioners, as well as</p>	<p>Planning meetings for Macclesfield are still ongoing but patients involved in the scheme elsewhere across the patch have had a direct influence on a number of issues such as the location of outpatient clinics. Patient views have informed the way in which outpatient services are delivered, with outpatient appointments now taking place at the Halton satellite unit, with an increased service at Warrington, rather than patients having to travel to the main renal centre in Liverpool. This change in the way services are provided is the direct result of patient views about transport links and the need for care closer to home. In terms of the units themselves, decisions about the kind of mattresses used on the dialysis stations as well as the colour of the walls, and the view out of the window, have all been influenced by the patient representatives, where the contract has allowed. The independent sector provider has encouraged patient input throughout the development of the various units and carries out regular patient satisfaction surveys which are viewed by the specialised commissioners as part of our monitoring of the contract.</p> <p>The North West Specialised Commissioning Team produces a patient newsletter for all patients undergoing haemodialysis at a unit which is part of the E16 scheme, as well as for those patients at</p>

	<p>a representative of the Kidney Federation and the Department of Health. Patients were asked to present their views on a number of issues affecting the development of the units such as décor, environment and facilities e.g. internet access.</p>	<p>the main renal centres. This newsletter is written and produced by commissioners and is distributed to all satellite units. Patients are encouraged to contribute articles and photographs and we have used this method of communication to cover the official openings of all the units so far, so that patients can see that progress is being made across the zone.</p>
<p>North West Children's HIV Network parent consultation event -</p>	<p>The North West perinatal and paediatric HIV parent/patient consultations have been running annually since 2006 and provide children/young people living with HIV and their parents/carers with the opportunity to meet medical/social care teams in a relaxed atmosphere to talk about getting the best out of HIV tertiary specialised services, which are accessed by patients in the North West and peripheral areas.</p> <p>The network consultation event took place in Manchester on 13<sup>th</sup> November and was organised by the Children and Young People's HIV Social Work Team on behalf of the North West Perinatal and Paediatric HIV Network, which is hosted by the North West Specialised Commissioning Team. Due to the sensitivity and confidentiality of the subject matter, parents were consulted about who should be invited to the engagement event. Parents suggested that the event be small and informal and that only members of the network and clinicians be invited. In total, 17 parents/carers of children living with HIV attended as well as paediatric HIV specialist clinicians/nurses, support workers and specialised commissioners. The half-day workshop event consisted of presentations from parents about their experiences of caring for children living with HIV, and</p>	<p>Parents felt they had learned a lot about HIV following their child's diagnosis and were supported by medical staff throughout. However, they felt that other healthcare professionals e.g. GPs were sometimes ignorant about HIV and that there was some stigma associated with this group.</p> <p>Parents highlighted that disclosing HIV diagnosis to children was difficult, and that constant encouragement and support from HIV healthcare and voluntary support staff was vital.</p> <p>In terms of disclosure of diagnosis to children, parents/carers and HIV workers agreed that parents and staff needed to work together, identify somebody that the child can talk to about HIV, find out how much the child already knows about their condition, assess the child's maturity and provide appropriate information, maintenance of confidentiality and on-going support and education.</p> <p>One of the issues raised on the day was psychological assessment of children living with HIV. It is hoped that the appointment of a psychologist for the Manchester Children's HIV</p>

	<p>about the clinical and social support services which have helped them and their children; round-table discussions which consisted of six groups agreeing and outlining important issues for parents/carers and clinical/social care staff to consider when providing pre-disclosure support, the naming of HIV and post-disclosure support to children. Key themes included confidentiality, age-appropriate information and on-going, continued support; and Q&amp;A session whereby a panel of medical professionals answered parent/carer questions specific to children and young people living with HIV. The session finished with lunch and an opportunity to talk informally.</p>	<p>Team would improve things for some families in the North West network. It was noted that other parts of the network should review the psychology services available to them.</p> <p>An evaluation of the event was carried out and a report was delivered to all those who attended. The findings from this event will be used to inform the future commissioning of these services.</p>
--	---	---

## Current Consultation Activity

Currently underway is a programme of evaluations linked to the priority areas identified within NHS Wirral strategic plan. Details of active projects are listed in Table 5 below:

**Table 5: NHS Wirral Current Evaluation Programmes**

Programme Area	Priority
Obesity Programme	<ul style="list-style-type: none"> <li>▪ Explore awareness of the Child Weight management services provided by the Lifestyle &amp; Weight management service and MEND (Mind, Exercise, Nutrition...Do it!) within the target group, the impact of the services on the target group, users' experiences of the services, the target group's behavioural and lifestyle changes, the appropriateness of the services for the target group and any perceived barriers to access.</li> <li>▪ Explore reasons for non-use and any barriers to accessing the child weight management services as perceived by non-users in the target group.</li> </ul>
Health Inequalities Programme	<ul style="list-style-type: none"> <li>▪ Explore awareness of the Health Action Areas (HAA) programme within the target group, use of other services prior to availability of the HAA programme, the impact of the HAA initiative on the target group and users' experiences of the HAA services,</li> <li>▪ Assess the appropriateness of the HAA services for the target group and any barriers to accessing the HAA programme.</li> <li>▪ Explore client awareness, perceptions and experiences of Wirral Working for Health (WW4H), the impact of the initiative on the target group, the appropriateness of the services for the target group and any perceived barriers to access.</li> <li>▪ Employers' perceptions of the WW4H service</li> <li>▪ Staff perceptions of the WW4H service, in terms of the process, delivery and perceived effectiveness and any barriers to access staff may be able to identify.</li> </ul>
CVD / Stroke Programme	<ul style="list-style-type: none"> <li>▪ Assess the experience of patient's referred to the intermediate heart failure service to determine how this contributes to their experience of the intermediate care service, point of care testing and health check to their overall Cardiovascular disease (CVD) risk management</li> <li>▪ Assess GP and staff's engagement with the intermediate heart failure service and point of care testing</li> </ul>
COPD Programme	<ul style="list-style-type: none"> <li>▪ Assess the experience of patient's referred to Chronic Obstructive Pulmonary Disease (COPD)/Oxygen (O2) service to determine how this contributes to overall COPD management</li> <li>▪ Assess the service provider (GP, Health Care Professionals, etc) experience of how COPD/O2 contributes to overall COPD management</li> <li>▪ Assess COPD service user experience of the Primary Care Assessment Unit (PCAU)</li> <li>▪ Assess service provider experience of the PCAU</li> </ul>

Programme Area	Priority
Sexual Health Programme	<ul style="list-style-type: none"> <li>▪ Assess young people's levels of awareness of the Health Services in Schools (HSIS) initiative and associated social marketing campaign</li> <li>▪ Assess why certain young people, to be identified by NHS Wirral, are not accessing the HSIS services and any barriers that may exist to access</li> <li>▪ Assess perceptions, satisfaction levels, self-assessment of lifestyle changes, behaviours, level of knowledge following HSIS implementation</li> </ul>
Alcohol Programme	<ul style="list-style-type: none"> <li>▪ Assess the overall experience of service users of each of the Alcohol services to determine how this contributes to overall condition management.</li> <li>▪ Assess the service users' experience of (and barriers to) entry to Alcohol services, and experience of (and barriers to) effective transition between elements of the treatment pathways, including discharge procedures.</li> <li>▪ Assess the service users' experiences of aftercare and support services, and their effectiveness in reducing relapse and need for hospital re-admission or other treatment.</li> <li>▪ Assess reasons for non take up of services and barriers to access</li> <li>▪ Assess the service provider (GP, Health Care Professionals, etc) experience of how the Alcohol Programme contributes to overall condition management and its wider implications, including services that interface with their own.</li> </ul>
Smoking Programme	<ul style="list-style-type: none"> <li>▪ Compare quit rates and other relevant data (such as registration, intent to quit, support content and delivery) through 'Your reason, your way' campaign compared with those from traditional NHS Wirral Stop Smoking Services</li> <li>▪ Measure awareness of the variety of quit methods available</li> <li>▪ Establish the most effective methods for engaging with smokers and achieving a quit attempt (mobile outreach trailer, web based resource, incentive scheme in association with Asda, Black and Minority Ethnic community champions, Neighbourhood champions)</li> <li>▪ Establish the most effective support and follow-up methods (phone, letter, text, email)</li> <li>▪ Establish barriers to re-engagement with the campaign and positive facilitators to re-engagement with campaign after a failed quit attempt</li> <li>▪ Establish reasons for sign up or non-engagement by smokers in comparison to traditional services</li> <li>▪ Consider the cost-effectiveness of this approach</li> <li>▪ Establish the views of the service providers involved in the social marketing campaign with particular regard to their perceptions and experience around effectiveness, accessibility, appropriateness and impact</li> </ul>
Mental Health Programme	<ul style="list-style-type: none"> <li>▪ Effectiveness of Columbia team Dialectical behavior therapy (DBT) service (50 vulnerable families) in respect of user experience and health impact</li> </ul>
End of Life Care Programme	<ul style="list-style-type: none"> <li>▪ Initial candidate for evaluation (night sitting service) is still being scoped out. The priorities for this evaluation are in development with Programme Manager.</li> </ul>



**Table 6: Current Regional Programmes**

<b>Consultation Theme</b>	<b>Details</b>
<p>Paediatric Cardiac Surgery Review - The NHS Management Board asked the National Specialised Commissioning Group to examine the way that children's heart surgery services and interventional cardiology services are provided in England, with a view to reconfiguration. The objective of the programme is to deliver safe and sustainable services into the future.</p>	<p>There are currently 11 children's heart surgery centers' in England with approximately 30 surgeons conducting children's heart operations across the country. Between them they carry out around 3,800 procedures a year. The principles of the programme are delivery of the highest standards of care, regardless of where a child lives; services based around the needs of the child and their family, taking account of the transition to adult services; all relevant treatment, including follow-up, must be provided as close as possible to where each family lives.</p> <p>Site visits to all 11 service providers took place in June 2010, followed by a series of patient/carer engagement events. The outcome of the site visits and engagement events will inform the discussions of Specialised Commissioning Group Chairs, who will meet during the summer to decide recommendations for reconfiguration of services. Formal, facilitated patient engagement events were held in each of the regions in June/July 2010. The North West event took place on 16<sup>th</sup> June in Warrington and was attended by around 80 patients/carers, clinicians, specialist nurses, specialised commissioners. Members of the North West Specialised Commissioning Group were also invited to attend. The engagement event took the form of an overall presentation about the background to the review, and an extensive Q&amp;A with an expert panel which included national and regional specialised commissioners, local clinicians and a member of the national steering group. Information from this event will be fed into national discussions about the reconfiguration options. Parents attending engagement events around the country – including the North West – will receive an email from the national team, asking them to weight a number of issues, rating their importance to them. This will be followed by full public consultation in the autumn.</p> <p>Key themes emerging from the patient/carer engagement event were: Improved support for patients and families from community services; better understanding of paediatric heart conditions among both primary and secondary care staff; concern about the future development of services, given the current economic climate; the need for more paediatric cardiac surgeons; concern about a reduction in the number of paediatric intensive care beds; improved antenatal and diagnostic services; travel times to surgical centres; problems accessing the right level of treatment when dialing 999; transition services for children moving into adult services; patient choice; specialist nursing support, and accommodation for carers at surgical centres.</p> <p>There will be a full public consultation in the autumn and the outcome of the consultation is expected around April 2011.</p>

## Future Plans

NHS Wirral is committed to ensuring the voice of patients and the public are at the forefront of service developments and improvements both within its own organisation and with the wider health economy. Plans are in place to build on the progress made during 2009/10 and the foundations are in place across all work streams to guarantee the continued focus on patient involvement and engagement and improving the patient experience. An example of this includes the insertion of comprehensive schedules that have been incorporated into all the main health services contracts detailing the activity that providers have to complete, specifically regarding patient and public involvement, in order to fulfill the terms of the contract.

NHS Wirral has invested funds into developing systems to capture near real time patient experiences. Capturing experiences at the time patients have them allows for organisations to take immediate action and make improvements. Equipment such as touch screen survey kiosks and dictaphones have been purchased and will be used throughout 2010/11 to develop this methodology further. Specific plans relating to this activity can be found in our Involvement Plan and Communications and Engagement Strategy. The Communications and Engagement Strategy is available on our website at: [www.wirral.nhs.uk/aboutnhsWirral/planspoliciesandpublications/strategicplans/](http://www.wirral.nhs.uk/aboutnhsWirral/planspoliciesandpublications/strategicplans/)

## Consultation on the Report

NHS Wirral has endeavored to be fully inclusive in the development of this report and a period of consultation and opportunity for feedback was facilitated throughout July and August 2010. Groups consulted included PCT management boards, Wirral LINKs, Wirral Carers Association, NHS Wirral PPI Committee, Wirral Council Health and Wellbeing Overview and Scrutiny Committee prior to final approval by NHS Wirral Board in September.

## Further Information

If you would like any further information on anything referred to within this report or would like to provide feedback on the content of the report, please do not hesitate to contact us through the Have Your Say Team:

- Call and speak face-to-face to the 'Have Your Say' Team at:

Old Market House  
Hamilton Street  
Birkenhead  
Merseyside  
CH41 5FL  
Tel: 0151 647 4251

- Telephone us on our freephone number 0800 085 1547
- Write to us at HAVE YOUR SAY, FREEPOST \*
- Complete our online feedback form at: [www.wirral.nhs.uk](http://www.wirral.nhs.uk)
- E-mail us at: [haveyoursay@wirral.nhs.uk](mailto:haveyoursay@wirral.nhs.uk)
- Or text us on 07781 472493.

\* This is the full Freepost address to reach the Have Your Say Team.

## Glossary of Terms

All Day Health Centre	The All Day Health Centre (formerly known as the Walk-in Centre) offers a drop in service, with no appointment necessary.
Analysis	<p>The process of looking for patterns in information to identify cause and effect or answer specific questions, such as whether a treatment works and what the risks are.</p> <p>There are two types of analysis. Quantitative analysis looks for patterns in the form of numbers, such as most frequent choice of treatment option or average rating of pain during treatment. Qualitative analysis looks for patterns of meaning, feeling or beliefs. It can lead to a finding such as 'most people who support paying more for end of life therapy also believe society should give more to those with greater need.</p>
Body Mass Index	The body mass index (BMI) is a statistical measure of body weight based on a person's weight and height.
Care Quality Commission	The independent regulator of health and social care. From April 2009, the CQC brought together the work of the Commission for Social Care Inspection (CSCI), the Healthcare Commission and the Mental Health Act Commission.
Carer	Person who provides a substantial amount of care on a regular basis, and is not employed to do so by an agency or organisation. Carers are usually friends or relatives looking after someone at home who is elderly, ill or disabled.
Chronic	Term used to describe a disease, condition or health problem which persists over a long period of time. The illness may recur frequently and in some cases may lead to partial or permanent disabilities. Examples include arthritis, diabetes and hypertension.
Citizens Panel	A Citizens' Panel is a large, demographically representative group of citizens regularly used to assess public preferences and opinions.
Commissioning	The processes local authorities and primary care trusts (PCTs) undertake to make sure that services funded by them meet the needs of the patient.
Community Equipment	The range of equipment used for home nursing such as pressure relief mattresses and commodes, and equipment for daily living that is usually provided by local authorities such as shower chairs and raised toilet seats.
Consultations	Consultations are an opportunity for stakeholders and the wider public to contribute to government policies on a National or local level.
Contracting	The practice of organisations purchasing services from the private sector, charities or other bodies rather than providing the services themselves.

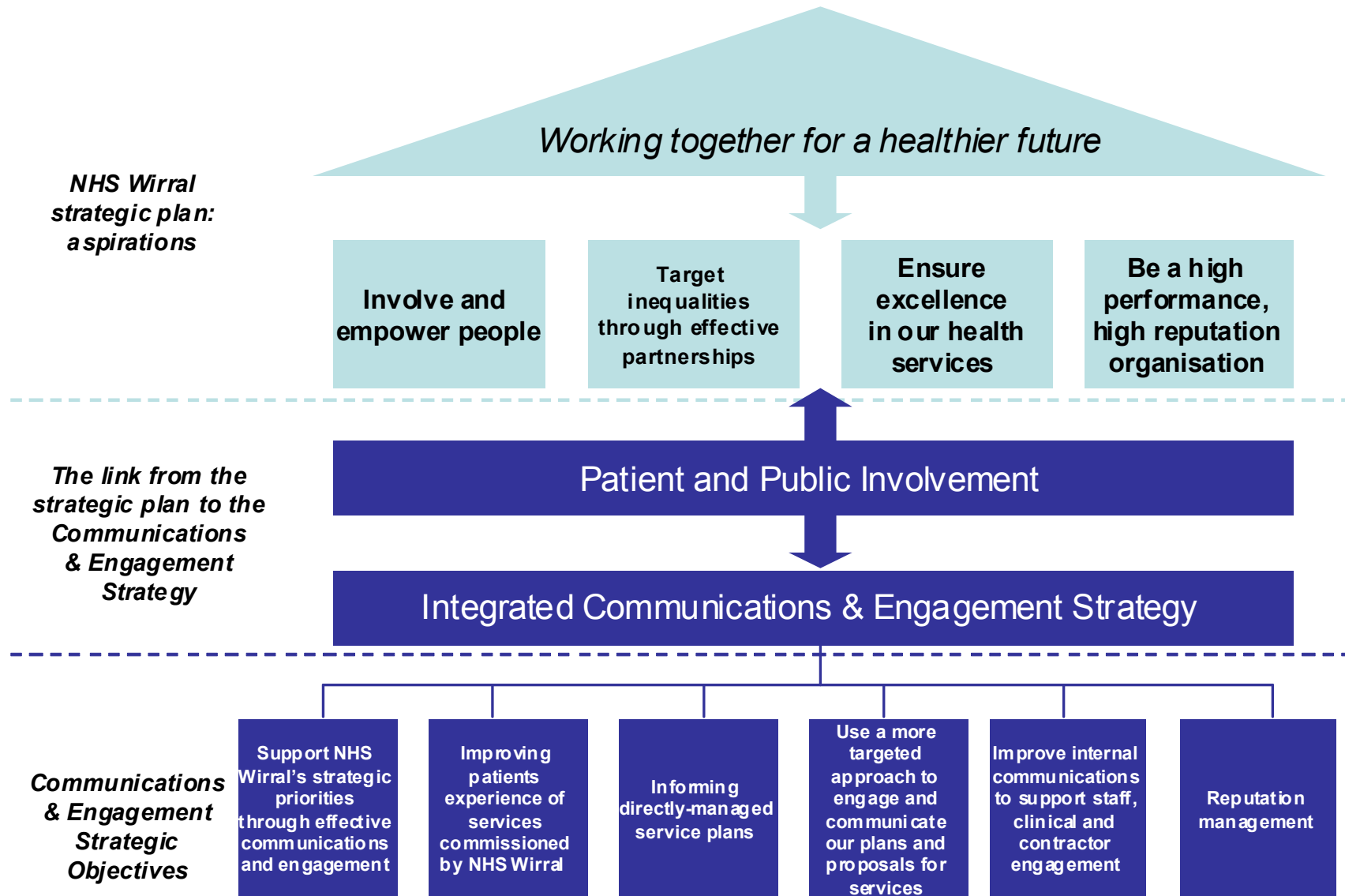
Equality and Diversity	Equality involves recognising that everyone should be given access to the same opportunities, irrespective of their age, religion, class, ethnicity, sexuality or gender.
Equality Impact Assessments	An equality impact assessment is a tool for identifying the potential impact of NHS policies, services and functions on its residents and staff. It can help staff provide and deliver excellent services to residents by making sure that these reflect the needs of the community.
Evidence Based	'Evidence-based' decisions or recommendations are based on research findings that have been systematically <i>appraised</i> - that is, the best available evidence.
Evaluation	An assessment of an <i>intervention</i> (for example, a treatment, service, project, or programme) to see whether it achieves its aims.
Expert Patients	Patients who become experts at managing their condition on a day to day basis.
General Practitioner Special Interest	GPs that supplement their generalist role by delivering a clinical service beyond the normal scope of general practice.
Have Your Say	The Have Your Say Service provides a confidential service, helping you to sort out any concerns you may have about the care you are receiving, and guiding you through the different services available from the NHS.
Health Action Areas	Health Action Areas are designated areas in Wirral that have the poorest health.
Health Inequalities	Work that contributes to the narrowing of the health gap between disadvantaged groups, communities and the rest of the country.
Independent sector	An umbrella term for all non NHS bodies delivering health care, which includes a range of private companies and voluntary organisations.
Integrated Commissioning	Joint Commissioning between Health and Social Care Services.
Learning Disability	Disabilities that reduce a person's ability to understand new or complex information, learn new skills and cope independently.
Local Involvement Networks (LINKs)	Local Involvement Networks (LINKs) are individuals and groups from across the community who are funded and supported to hold local health and social care services to account.
Metrics	Metrics are a set of measurements that quantify results. Performance metrics quantify the units performance. Project metrics tell you whether the project is meeting its goals. Business metrics define the business' progress in measurable terms.
National Association of Patient Participation	N.A.P.P. is the umbrella organisation for Patient Participation Groups (PPGs) within primary care.
National Institute for Health and Clinical	Independent organisation that provides national guidance on the promotion of good health and the prevention and treatment of ill health

Excellence (NICE)	
NHS Constitution	The constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service. It explains what you can do to help support the NHS, help it work effectively, and help ensure that its resources are used responsibly.
Non-Executive Director	A non-executive director (NED) is a member of the board of directors of NHS Wirral who does not form part of the executive management team. He or she is not an employee of the company or affiliated with it in any other way. They are public representatives on the board.
Palliative Care	Improving the quality of life of patients who have a life threatening illness.
Patient Advice Liaison Service	Services that provide information, advice and support to help patients, families and their carers.
Patient and Public Involvement	Involving the public in shaping a care system's development, and keeping patients well informed of clinical processes and decisions.
Practice Based Commissioning	PBC engages practices and other primary care professionals in the commissioning of services.
Primary Care Assessment Unit	The Primary Care Assessment Unit is a GP led service situated in Ward 43, Arrowe Park Hospital, Wirral Hospital Trust. The aim of the service is to provide Primary Care investigation and treatment ensuring patients get appropriate care, and avoiding unnecessary admission to hospital.
Primary Care Trust	NHS bodies with responsibility for delivering health care services and health improvements to their local areas.
Quality Accounts	Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda.
Quality Assurance Processes	The process by which the PCT makes sure that the services they pay for are of the right quality, safe for patients and are based on patients needs.
Stakeholders	NHS Wirral has a wide range of stakeholders that all share an interest in its work, including patients and the public, local and regional NHS organisations, local authorities and social care providers, charities, and the voluntary and community sector.
Strategic Plan	A plan that every primary care trust (PCT) prepares and agrees with its strategic health authority (SHA) on how to invest its funds to meet its local and national targets, and improve services.
Third Sector	Non public private organisations that are motivated by a desire to further social, environmental or cultural objectives rather than to make a profit.
Voluntary and community sector	Groups set up for public or community benefit such as registered charities, and non charitable non profit organisations and associations.

## Abbreviations

<b>APH</b>	Arrowe Park Hospital
<b>BMI</b>	Body Mass Index
<b>CCO</b>	Clatterbridge Centre for Oncology
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>CQC</b>	Care Quality Commission
<b>CQUIN</b>	Commissioning for Quality and Innovation
<b>CVD</b>	Cardiovascular Disease
<b>DBT</b>	Dialectical Behaviour Therapy
<b>DOH</b>	Department of Health
<b>EIAs</b>	Equality Impact Assessments
<b>GP</b>	General Practitioner
<b>HAA</b>	Health Action Areas
<b>HSIS</b>	Health Services in Schools
<b>HYS</b>	Have Your Say
<b>LINKs</b>	Local Involvement Networks
<b>MEND</b>	Mind, Exercise, Nutrition.....Do it!
<b>NAPP</b>	National Association on Patient Participation
<b>NHS</b>	National Health Service
<b>NICE</b>	National Institute for Health and Clinical Excellence
<b>O2</b>	Oxygen
<b>OOH</b>	Out of Hours
<b>PALs</b>	Patient Advice and Liaison Service
<b>PBC</b>	Practice Based Commissioning
<b>PCAU</b>	Primary Care Assessment Unit
<b>PCT</b>	Primary Care Trust
<b>PPG</b>	Patient Participation Group
<b>PPI</b>	Patient and Public Involvement
<b>SCH</b>	St Catherine's Hospital
<b>VCAW</b>	Voluntary and Community Action Wirral
<b>VCH</b>	Victoria Central Hospital
<b>WCC</b>	World Class Commissioning
<b>WMO</b>	Wirral Multicultural Organisation
<b>WUTH</b>	Wirral University Teaching Hospital
<b>WW4H</b>	Wirral Working for Health

## Appendix 1 – Communications and Engagement Strategy links with NHS Wirral Strategic Plan





## Appendix 2 – Patient and Public Involvement Committee Terms of Reference

### Patient & Public Involvement Committee Terms of Reference

#### Constitution

1. The Board hereby resolves to establish the Patient & Public Involvement (PPI) Committee as a Committee of the Board. The PPI Committee has no executive powers other than those specifically delegated in these Terms of Reference.

#### Membership

2. The PPI Committee will be appointed by the Board.
3. The PPI Committee will comprise the following members:
  - Chair (Non Executive Director)
  - Two Non Executive Directors
  - Director of Engagement (*Executive Lead*)
  - Joint Director of Public Health
  - Two Wirral LINKs representatives
  - Two other Voluntary & Community Sector representatives
  - Patient representative
  - Carer representative
  - Head of Involvement
  - Head of Communications (or representative)
  - Director of Health Systems Management (or representative)
  - Deputy Director of Strategic Partnerships
  - Director of HR
  - Staff-side representative
  - Social Care, Health & Inclusion Overview & Scrutiny Committee representative

and will be chaired by a Non Executive Director. A quorum will be 4 members and must include the Director of Engagement (or other PCT Executive Director), a Non Executive Director and a LINKs representative.

2. The Committee will also request representation from the following key posts within the PCT:
  - Senior managers responsible for PPI at main providers (eg. WUTH)
  - Head of Provider Services
  - One nominated Head of Locality
  - Head of Governance (or representative)
  - Have Your Say Programme Manager (PALS service)
  - Public Health Programme Manager
  - Equality & Diversity Lead

- Link Officer

Other senior managers will attend when they have papers to present. Any Board member who is not a member of the Committee may attend as a non-voting observer by agreement with the Chair of the Committee.

### **Attendance**

2. The Board & Corporate Support Manager will make arrangements to ensure that the Committee is supported administratively. Duties in this respect will include taking minutes of the meeting and providing appropriate support to the Chairman and committee members.
3. Agendas and papers will be distributed at least four working days (or three plus a weekend) in advance of the meeting.

### **Frequency**

4. The Committee will meet on a quarterly basis. Additional meetings may be called if required.

### **Authority**

5. In order to facilitate the achievement of good governance, the PPI Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the PPI Committee.
6. Minutes of the PPI Committee will be presented to the Board.
7. Matters for consideration by the PPI Committee may be nominated by any member of the Committee or Executive Director of the PCT.
8. The PPI Committee is authorised by the PCT Board to obtain outside legal or other independent professional advice and to secure the attendance of advisers with relevant experience and expertise if it considers this necessary.

### **Function/Purpose of the Committee**

9. The purpose/role of the PPI Committee will be to advise the PCT Board in ensuring that the PCT involves patients and the public in a planned and proactive way, which is integrated with other local partners wherever possible and co-ordinated with staff engagement activities as appropriate, in order to shape services around the needs and preferences of individual users, patients, their families and their carers.

### **Duties**

10. The PPI Committee will propose its terms of reference for agreement by the PCT Board, specifying its composition, governance and reporting arrangements.

11. In order to fulfill its role effectively, the PPI Committee will:
- ensure that the PCT meets its legal duties as outlined in the NHS Act 2006: Section 242 and 244
  - ensure that the PCT engages in meaningful dialogue with the local community, patients and public to inform the commissioning and planning of services in accordance with Section 11 of the Health & Social Care Act, eg. LINKs
  - oversee work to develop new models of stakeholder engagement, in order to enhance PCT accountability as a commissioner and provider of healthcare for and on behalf of the local population
  - oversee development and implementation of auditable processes for PPI activities in all areas of service commissioning and provision, including ensuring appropriate involvement at the early stages of new service development or significant redesign
  - in particular, the PPI Committee should assure itself (on behalf of the Board and Integrated Governance Committee) that the PCT is fulfilling its responsibilities under World Class Commissioning to ensure improvement in panel assessment under Competency 3
  - assure itself of the effective involvement of public and patient involvement in Practice Based Commissioning plans
  - assure itself of the effective implementation of the PCT Involvement Strategy, co-ordinating the efforts of all PCT Directorates, and ensure that the supporting Action Plan delivers key milestones (including Standards for Better Health, PPI Self Assessment Framework, key national policy initiatives etc) within agreed timescales
  - oversee the development of a wider engagement strategy
  - develop quality control processes for patient surveys and other techniques employed to assess patient satisfaction with commissioned and PCT provider services, and advise the Corporate Directors Group and PCT Board on actions required to ensure relevant quality improvements
  - establish and maintain links with other Committees and groups both inside and outside the PCT, ensuring a seamless approach to Patient and Public Involvement
  - identify key themes and significant concerns arising from Have Your Say (including PALS) contacts, and advise the PCT Board of the need for resulting actions or outstanding issues
  - ensure that the PCT meets its statutory obligations with regard to Equality & Diversity and adheres to national guidance in respect of such matters as:
    - publishing annual report and accounts
    - holding an Annual General Meeting
    - publishing a Guide to Local Health Services and distributing to all households in the Wirral area

### **Relationship to the Board & Reporting Arrangements**

12. The minutes of the PPI Committee shall be formally recorded by the Committee Secretary and submitted to the PCT Board. The Chair of the PPI Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action. Items relating to assurance of Competency 3 of World Class Commissioning should also be reported to Integrated Governance Committee.

13. The Committee will produce an annual report on the decisions it has taken and submit for the Board's consideration.

#### **Links with Other Committees/Groups**

17. The minutes of the Maternity Services Liaison Committee will be submitted for noting.

#### **Review**

18. These Terms of Reference shall be reviewed annually by the Patient & Public Involvement Committee, with recommendations made to the PCT Board for any amendments. Thereafter, the Terms of Reference will be reviewed annually by the PCT Board to ensure they are still appropriate.

## Appendix 3 – PPI Committee Annual Work Plan Report

### Patient & Public Involvement Committee Annual Report 2009-2010

#### Frequency of Meetings

1. The Patient & Public Involvement Committee meets quarterly and has held 4 meetings from April 2009 – March 2010.

#### Key Issues

2. The following table details the regular items taken to each Committee and the frequency of those submissions:

Frequency	Date of Submission	Item
Each meeting		Communications Update
		Complaints, Incidents and Communications Activity Reports
		Scrutiny Report
		Committee Workplan
		Update on LINKs
		Equality and Diversity

3. The table below details the key issues discussed at each meeting:

Date of Meeting 2009/10	Area	Item
14 May	Engagement	Communications and Engagement Strategy
	Engagement	PCT Membership Scheme
	Engagement	Communications and Engagement Proposal to support the commissioning of a Male Circumcision (MC) service for non clinical reasons.
	Engagement	Hospital Discharge Scrutiny Review, The patient experience of older people in the Wirral – Response to Recommendations
	Premises Development	Premises update
9 July	Engagement	Carers Development <ul style="list-style-type: none"> <li>• Life Channel video</li> <li>• WIRED Carers Information DVD</li> </ul>
	Governance	Healthcare Commission Standards for Better Health
	Access	Scrutiny report – Integrated Care at Home

Date of Meeting 2009/10	Area	Item
	Urgent Care	Scrutiny report – Primary Care Assessment Unit (PCAU)
	WCC	World Class Commissioning Competency 3 update
	Engagement	LSP Comprehensive Engagement Strategy
<b>15 October</b>	Governance	Governance Issues
	Governance	Terms of Reference
	Access	Scrutiny Report – Choose and Book
	Cancer	Scrutiny report – Cancer Network PPI
	Premises Development	Scrutiny Report – Update on St. Catherine’s and St. Warrens
	Public Health	Health and Wellbeing OSC
	Engagement	Public Perception Survey
	Engagement	Membership Update
<b>21 January</b>	Governance	Provider Assurances
	Governance	NHS Wirral Provider Assurance <ul style="list-style-type: none"> <li>• Wirral University Teaching Hospital NHS Foundation Trust</li> <li>• Cheshire and Wirral Partnership NHS Foundation Trust</li> <li>• Primary Care and Provider Services</li> </ul>
	Governance	Real Accountability Guidance – Committee Annual Report and Committee Workplan
	Health Inequalities	Scrutiny Report – Health Action Areas Progress Report
	Learning Disabilities	Scrutiny Report – Learning Disabilities presentation
	Engagement	Communications and Engagement Database/ Promise
	Engagement	Communications and Engagement Strategy Refresh
Governance	Risks related to Patient and Public Involvement Committee	

4. The following table details the decision taken by the Committee and when the Board was advised of said decision via the Committee Minutes:

Date of Meeting 2009/10	Decision Taken	Board advised (meeting date)
<b>14 May</b>	There were no decisions for noting.	9 June 2009
<b>9 July</b>	<ul style="list-style-type: none"> <li>• AS to progress Staff side representative.</li> <li>• Head of Governance to be asked to come to the next meeting.</li> <li>• A full update report on PAL and Have Your Say will be brought to the next meeting.</li> <li>• Head of Complaints to be invited to next</li> </ul>	8 September 2009

<b>Date of Meeting 2009/10</b>	<b>Decision Taken</b>	<b>Board advised (meeting date)</b>
	meeting.	
<b>15 October</b>	There were no decisions for noting.	10 November 2009
<b>21 January</b>	There were no decisions for noting.	13 April 2010

**Chris Allen**  
Chair of Committee

**Martin McEwan**  
Lead Director