Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Engagement event report

February 2020

Contents

1. Purpose of the event

NHS North Kirklees and Greater Huddersfield Clinical Commissioning Groups (CCGs) invited the public and representatives of the voluntary and community sector (VCS) organisations to attend their engagement event on Wednesday 26th February, 10.00am – 12.00pm at Textile Centre of Excellence in Huddersfield.

The CCGs hold regular events to give the public an opportunity to hear about the work that the CCGs have been doing, our priorities and plans for the future. The last event was held in October 2019.

This event focused on future configuration of the CCGs in Kirklees and the Digital Strategy being developed by Calderdale and Huddersfield NHS Foundation Trust.

2. Attendance at the event

43 people signed up to attend the event and approximately 28 people attended. See appendix A for a full list of the organisations that attended.

3. Presentations

A number of presentations were delivered (see appendix B and C), these were:

Update - delivered by Dr Steve Ollerton (Chair of NHS Greater Huddersfield CCG) – provided an update on the new Chair of NHS North Kirklees CCG; Young People's survey on GP practices; the urgent community response service; and showed a couple of the short winter messages films that have been produced using local people as the stars.

Hospital services in Halifax and Huddersfield next steps – delivered by Nicola Bailey (Transformation Programme Manager at Calderdale and Huddersfield NHS Foundation Trust) – provided an update on progress to date and next steps on the reconfiguration of hospitals services in Halifax and Huddersfield.

Future configuration of the CCGs in Kirklees - delivered by Rachel Carter (Turnaround Director at NHS Greater Huddersfield and North Kirklees CCGs) – provided an overview of the work that has been taking place to look at the future configuration of the CCGs in Kirklees.

Digital Strategy - delivered by Luke Stockdale (Director of Digital Transformation and Innovation at Calderdale and Huddersfield NHS Foundation Trust) – provided an overview of the work that Calderdale and Huddersfield NHS Foundation Trust had been doing to develop their draft Digital Strategy.

4. Questions / comments raised

The following questions / comments were raised in response to the presentations:

Urgent community response service

- Is it part of care closer to home, as that is not working very well.
- Is it a two hour physical / face to face response?

Local people are the stars of health films

- The video isn't inclusive / accessible as there is no speaking
- Quite simple, very visual and would have a good impact. Good to use something different. It's good to use a wide range of methods.

Hospital services in Halifax and Huddersfield next steps

- What is happening with vascular services?
- The designs that are finalised need to be humane and not like an aircraft hanger
- Is the Halifax hospital going to be extended?
- We were told that there would be the same amount of beds but is it the case that Calderdale Royal Hospital will get more and Huddersfield Royal Infirmary will get fewer?
- Concerned that patients are already waiting in Calderdale Royal Hospital to get a bed in Huddersfield Royal Infirmary as there are not enough beds now, how will they cope if they have fewer beds?
- What is the timescale to have all the builds and reconfiguration complete?

Future configuration of the CCGs in Kirklees

- How will the merger help to address health inequalities in Kirklees, particularly in areas such as Batley and Dewsbury?
- Why not have one CCG for all of West Yorkshire and Harrogate?
- Concern that North Kirklees is losing out and services are moving to Greater Huddersfield.
- As part of the upcoming engagement you should look at other areas that have already done this e.g. Greater Manchester and use such examples to alleviate any concerns and show how it can work in Kirklees.

5. Future configuration of the CCGs in Kirklees discussion

Following the presentation each table was asked to discuss the following questions;

- What benefits could you see from a single CCG for Kirklees? As a patient or member of the public? As a service provider or partner organisation?
- Do you have any concerns about a single CCG for Kirklees and how would you like us to address them?
- Is there anything else you'd like to tell us?

Five facilitated discussion groups took place and notes were taken of each of the discussions (see appendix C for notes for each discussion group). The key themes that came out of the discussions were;

Benefits

- **Reducing duplication for commissioners and providers** – people talked about how staff currently have to do things twice, such as attending meetings, writing reports, producing accounts, bidding for contracts etc. By creating one organisation staff in the CCGs and providers would have more time to focus on other tasks.
- **Better use of resources** – by reducing duplication this in turn would lead to a better use of resources and a reduction in running costs.
- **Stronger voice** - having one CCG in Kirklees would give the organisation a stronger voice which would improve working with partners, and an improvement in services provided. People could also see the benefits of being co-terminus with Kirklees Council and how it would help to improve links between health and social care.
- **Provide consistency in commissioning decisions** – some people talked about differences in service provision and how having services commissioned across Kirklees would ensure this doesn't happen.
- **Natural progression** – most staff are already working across the two CCGs, there is already one Governing Body meeting, and shared lay members.

Concerns

- **Centralisation of services** – some people were concerned that the CCG being based in Huddersfield could mean that Huddersfield would benefit from more investment than other areas.
- **Local voice** - some people were concerned that the voice of local communities, in particular North Kirklees, would be lost. Although it was suggested by some that the Primary Care Networks would help to maintain the local identity.
- **Reduction in resources** – there was some concern that the merger could lead to fewer people working across a wider area which could impact on services.
- **Different acute trust footprints** - As both CCG's cover different acute hospitals, (CHFT and Mid Yorkshire) how will this be addressed.
- **Access to services** – some felt that the health care service is very fragmented for patients and public, and wanted to know if this would make it harder for patients to navigate as a bigger footprint.
- **Primary Care Networks** – some concern was expressed that PCNs could lead to variation in the quality of services people receive across Kirklees. As some PCNs are more developed than others.

Anything else

- **Impact on health inequalities** – people wanted to know how the merger would support tackling health inequalities.
- **Transparency of savings** – people wanted to know what savings would be made, how any savings would be used and would these be used to improve services.

- **Perception of CCGs** – some felt that most members of the public are not aware of the CCGs and would probably not be really interested in whether they merge or not; their main priority is the availability and quality of services that they receive.
- **Communication** – need to communicate what the benefits will be to patients, staff and providers. Use examples from other areas to show the benefits of CCG mergers.

Questions raised

- Is there any resistance between the CCGs to work together?
- What are the benefits to staff?
- How will contractors be scrutinised. Will a merge stop private contracts for NHS services?
- Why not West Yorkshire and Harrogate CCG
- Will PCNs be independently funded?
- Who is doing the steering of PCN's? Does the CCG control PCNs?

6. Digital Strategy discussion

Following the presentation each table was given one question to discuss. Five facilitated discussion groups took place and notes were taken of each of the discussions (see appendix C for notes for each discussion group). The key themes that came out of the discussions were;

Group 1 - **What is the most frustrating thing you see for patients and their families every day?**

- **Poor communication –** people talked about their frustrations of not being provided with the correct information in a timely manner.
- **Patient records –** having to repeat their 'story' several times as patient records aren't shared across the different services that people access.
- **Continuity of care –** not being able to see the same person or choose who you see, so unable to build a rapport with someone
- **Difficulties accessing services –** having to ring to book an appointment but unable to get through as the lines are busy.

How do we think digital can help?

- **Online access** – being able to access services online such as booking appointments, and service directories.
- **Concerns** - Some people were concerned that not everyone has access to online services, and when planning services we need to be mindful of this. There was also some concern that this could lead to a reduction in workforce.

Group 2 - **What's the barrier to using digital? What's the 'yes, but…' that is holding digital back.**

- **Lack of understanding –** not everyone knows how to use technology; some people need support / guidance on how to use it.

- **Cost –** concern about the cost of using technology and the pressure to buy new technology
- **Privacy and security** – some expressed concern that their data may not be secure and their data could be shared without their authorisation.
- **Trust** – there is conflicting information, how do people know what they should trust?
- **Use** – not everyone wants to use technology, some people would prefer to speak to a person rather than using online chat functions.

Group 3 - **What 'digital thing' has transformed a part of your day, or your family's life?**

Sensory impairments - People within the group talked specifically about the benefits digital had brought to them as people with visual impairments, hearing impairments, wheelchair user, problems with short-term memory, dyslexia and allergies. Some examples of how this had helped them were;

- **App for people with autism** – provides advice, guidance and support of what to do in situations, such as the bus doesn't turn up.
- **IPhone** – benefits for person with visual impairment has enabled them to access books, newspapers, GPs, can take a photograph of a person and phone will identify who it is, and travel information
- **Apple watch** – has ability to detect if you fall over and can make an emergency call. Can monitor heart rate.
- **Google translate** – have allergies but can use this when on holiday to be able to communicate in restaurants to tell them about allergies and also read the menu.
- **Doorbell** – has facility to flash in another room so person with hearing impairment is aware that someone is at the door.
- **Virtual appointments** - could be of benefit for some people, especially those that are unable to leave the house due to physical and / or mental health reasons. It was also felt that virtual appointments should be patient choice and shouldn't be used for all appointments. It could be that the first and last appointment is face to face but other appointments could be done virtually.
- **Not for everyone** - Need to be mindful that not everyone uses / can use technology.

Group 4 - **Stand in the digital future – how will we know we've been successful? What will things look and feel like?**

- **Improvement in patient experience** - Patients being treated and feeling better
- **Patient records** – shared care record that can be accessed by people providing care and the patient. Ability for patient to edit their own records.
- **Improvement in communication** – examples given were using appointment reminders to reduce DNAs; and communication that is safe and confidential.
- **Use of a wide range of technology** – examples given were Skype and Facetime to speak to Drs, voice recognition, virtual reality, and artificial intelligence.
- **Improved efficiencies** - More immediate delivery of healthcare and saving money by not repeating tests.

Group 5 - **Describe great service that you received that involved 'digital'.**

- **Apps** – people gave examples of what they had used such as Uber, 'what 3 words', and google maps.
- **Virtual assistants** –using virtual assistants / services such as google home, and being able to turn their heating on before getting home.
- **Online services** –being able to book online, do online courses, access NHS online counselling services that were available such as Kooth, and live chat services
- **Text services** – being able to receive text message reminders.
- **Monitoring** - discussion about dementia care and how digital support e.g. where people could be monitored remotely for falls etc.
- **Not for everyone** - Acknowledged that some people did not want to/could not engage with digital resources and that NHS needed to be mindful of that, particularly legal/equality consequences. Also acknowledged that some services were only being made available digitally – so pushing/expecting people to engage in this way was becoming the norm.

7. Evaluation of the event

Each of the attendees was asked to complete an evaluation form about the event (see appendix D). 21 people completed the form and the majority rated the event as excellent or good.

Most of the respondents felt that they were given the opportunity to have their say, and found the discussions informative and interesting.

Great event. It gave an insight to what's on the future agenda. Also gave the opportunity to question.

Digital Transformation presentation was really engaging and inspiring

Meeting new people in different roles and seeing things from others point of view

8. Next steps

The feedback we received will inform our plans as they develop. We will use our Quarterly Bulletin and future engagement events as an opportunity to update you on the progress we make.

Appendix A - List of organisations represented at the event

Around 28 people attended the event, with representatives attending from the following organisations:

- Creative Scene
- Elim Pentecostal Church
- Kirklees Active Leisure
- Kirklees Council
- PCAN
- Patient Reference Group reps from across Kirklees
- South West Yorkshire Partnership Foundation Trust
- West Yorkshire Research and Development
- VAC

Appendix B – Presentation – Accessible version

SLIDE 1

Public Engagement Event

WELCOME!

SLIDE 2

Event programme

- Welcome and updates
- Hospital services in Halifax and Huddersfield next steps
- Future configuration of the CCGs in Kirklees
- Digital Strategy – Calderdale and Huddersfield NHS Foundation Trust

SLIDE 3

- New Chair of NHS North Kirklees CCG
- Dr Khalid Naeem is the new Clinical Chair for the CCG, from 1 May 2020
- Dr Naeem is a partner at Mount Pleasant Medical Centre.
- He has been a member of the CCG's governing body since 2013
- Dr Kelly will continue to work as a GP at Brookroyd Surgery, Heckwmondwike.

SLIDE 4

Young people's survey on GP practice

- Engaging with young people (under 25) to seek views about their GP practice
- As part of this, looking at the support that LGBTQ young people receive
- Working with partners, voluntary sector and Community Voices
- Survey closes on 9 March

SLIDE 5

Urgent community response service

- Kirklees is one of seven 'accelerator' sites that will develop a new urgent community response service
- Part of £14 million national investment
- Local NHS, council and community providers will work together to develop the service

- Will ensure urgent health and social care support is available within two hours to help the elderly and those with complex needs remain well at home and avoid hospital admissions.
- Will also ensure people receive tailored packages of care designed to restore independence and confidence after a hospital stay, within two days.

SLIDE 6

Local people are the stars of health films

SLIDE 7

Hospital services in Halifax and Huddersfield – next steps
Nicola Bailey
Transformation Programme Manager

SLIDE 8

Background

- 2013 - National Clinical Advisory Team recommended changes in service configuration to ensure future safety and sustainability of health services.
- 2014 - Public engagement undertaken and Calderdale Council People's Commission.
- 2015 - Proposed future model of care was endorsed by Yorkshire and Humber Clinical Senate.
- 2016 - Public Consultation on the proposed service changes.
- 2017 - Joint Scrutiny Committee referral to the Secretary of State.
- 2018 - Revised proposal developed responding to the issues raised by the Independent Reconfiguration Panel, the Secretary of State and stakeholders. £196.5m capital funding announced.

SLIDE 9

Background

- In December 2018 DHSC announced £196.5m for reconfiguration of services.
- Approval of a Strategic Outline Case (SOC), Outline Business Case (OBC) and Full Business Case (FBC) by NHSI, DHSC, Ministers and HM Treasury is required.
- The indicative timescale is:
  - Strategic Outline Case – submitted 2019
  - Outline Business Case – December 2020

- Full Business Case – December 2022
- Completion of the new build expansion and service reconfiguration - 2025

SLIDE 10

The Service Model

Calderdale Royal Hospital

- 24/7 A&E and Clinical Decision Unit
- Paediatric Emergency Centre
- 24/7 Urgent Care Centre
- 24/7 Anaesthetic Cover
- Diagnostics
- Critical Care Unit
- Inpatient paediatrics
- Outpatient services and therapies
- Obstetrics and Midwifery Led Maternity Care
- Acute Emergency & Complex Surgery Services
- Acute inpatient medical admissions and care

Huddersfield Royal Infirmary

- 24/7 A&E and Clinical Decision Unit
- 24/7 Urgent Care Centre
- 24/7 Anaesthetic Cover
- Diagnostics
- Planned medical and surgical procedures
- Outpatient services and therapies
- Midwifery Led Maternity Unit
- Physician led step down inpatient care

SLIDE 11

We are investing at HRI and CRH to:

- Improve clinical outcomes and safety;
- Improve service delivery and patient experience
- Improve compliance with statutory, regulatory and accepted best practice;
- Improve the recruitment and retention of staff;

- Optimise use of the available hospital estate;
- Create a therapeutic healing patient environment and a high quality working environment.

SLIDE 12

OBC Next Steps - Design Brief

- We have been working with specialist advisors - IBI Group (Architects) and Mott MacDonald.
- They are supporting us to develop a Design Brief that will capture the physical requirements and aspirations and any overarching principles that need to be incorporated into the planned improvements to existing estate and into the design of new accommodation.
- Colleagues involvement and public engagement undertaken in October and November 2019 informed the design brief principles which will support the detailed design stage during 2020.
- These requirements and principles will form the basis for developing the detailed estate investment plans at both hospitals.

SLIDE 13

OBC Next Steps – Detailed Design Stage

- Live procurement underway to identify a design partner
- Design partner will support development of the plan for detailed design stage
- Detailed design stage will commence in Spring 2020 and run through to the end of Summer to inform the OBC and will detail plans for development of estate and operational models on both sites.
- Colleague involvement and public engagement will continue throughout the above phase to support the detailed design stage during 2020.
- Schedule of “go-see” visits underway and will continue during this stage to learn from experience of others and bring the learning back

SLIDE 14

Future configuration of the CCGs in Kirklees

Rachel Carter, Turnaround Director

SLIDE 15

Current arrangements

- At the moment, there are two NHS clinical commissioning organisations in Kirklees:
- NHS Greater Huddersfield CCG serves a population of approximately 243,000 registered patients in Huddersfield and the Valleys. It has a membership of 37 GP practices.
- NHS North Kirklees CCG serves a population of approximately 194,000 registered patients across the towns and villages of Dewsbury, Batley, Mirfield, Heckmondwike, Cleckheaton and Birstall. It has a membership of 27 GP practices.
- The two CCGs are separate organisations. Each has their own legal duties and responsibilities and receives a budget which is used to commission services for their respective populations.

SLIDE 16

Why change?

- The NHS Long Term Plan and guidance says that CCGs need to become leaner, more strategic organisations.
- All CCGs must reduce their administration costs by 20% by March 2020 and were instructed to consider merger as part of this process.
- As a single Kirklees CCG, we would have a stronger voice when working with partners at a regional and national level.
- If the CCG had the same boundary as the council it would be easier to integrate health and social care services
- Better use of our resources and more opportunity to bring investment to improve services.
- Many CCGs have already taken a decision to merge e.g. in Leeds, Bradford, and North Yorkshire.

We have not yet taken a decision on whether to merge or not. Both CCGs are in discussion with their GP membership. A decision to merge would require the approval of our GP membership and the support of both Governing Bodies.

SLIDE 17

What are the next steps?

- If the CCGs and their membership decide to merge, we would then need to make a formal application to NHS England to do so.

- We will also seek public views via a 6-week public engagement activity.
- The feedback we receive today and via our engagement activity will be used to inform and support the formation of any new commissioning organisation.
- This discussion is an opportunity to give your views.

SLIDE 18

Discussion

1. What benefits could you see from a single CCG for Kirklees? As a patient or member of the public? As a service provider or partner organisation?
2. Do you have any concerns about a single CCG for Kirklees and how would you like us to address them?
3. Is there anything else you'd like to tell us?

SLIDE 19

Digital Strategy

Luke Stockdale, Director of Digital Transformation and Innovation

SLIDE 20

Objectives

The objectives of the session are

1. Provide the members of the public and colleagues from other organisations information on the approach to the digital strategy
- Stakeholder Analysis
- High Level Timeline
2. Provide members of the public/colleagues from other organisations to contribute with an emphasis on patients so we can capture feedback

SLIDE 21

Current Position

- The initial draft strategy has had input from a core cross disciplined team which has given a good starting position.
- The Digital Strategy is at a point where feedback is needed from a wider range of stakeholders to validate our thoughts

SLIDE 22

Stakeholders

Diagram showing the wide range of stakeholders that have been involved in the development of the strategy – including patient groups, colleagues, partners and other providers

SLIDE 23

High Level Timeline

Image of a timeline showing the stages of the project, from prep in January through to launch in May

SLIDE 24

Activity

In your groups you will have 10 minutes to discuss the question on your table.

Be prepared to feedback

SLIDE 25

Pictures of images – including a smiley face, fence, mobile phone, an award, and a warning sign

SLIDE 26

Group 1

What is the most frustrating thing you see for patients and their families every day?

How do we think digital can help?

SLIDE 27

Group 2

What's the barrier to using digital?

- What's the 'yes, but…' that is holding digital back

Describe the problem in detail not necessarily the solution

SLIDE 28

Group 3

What 'digital thing' has transformed a part of your day, or your family's life?

Maybe it’s something you didn’t even know you needed, like Alexa or the easy access to the internet an iPad gives you.

SLIDE 29

Group 4

Stand in the digital future – how will we know we’ve been successful? What will things look and feel like?

SLIDE 30

Group 5

Describe great service that you received that involved ‘digital’.

SLIDE 31

Summary Slide

- Group 1 - What is the most frustrating thing you see for patients and their families every day? How do we think digital can help?
- Group 2 - What’s the barrier to using digital? What’s the ‘yes, but…’ that is holding digital back. Describe the problem in detail not necessarily the solution
- Group 3 - What ‘digital thing’ has transformed a part of your day, or your family’s life?
- Maybe it’s something you didn’t even know you needed, like Alexa or the easy access to the internet an iPad gives you.
- Group 4 - Stand in the digital future – how will we know we’ve been successful? What will things look and feel like?
- Group 5 - Describe great service that you received that involved ‘digital’.

SLIDE 32

Digital Strategy – Patients

- Comment 1 - To create straightforward Digital access to NHS services and help patients and their carers manage their health but also continue to support those that don’t have digital access
- Comment 2 - We recognise that our digital journey involves patients/voluntary organisations not just our staff and therefore we aim to improve the digital maturity and knowledge of our local population.
- Comment 3 - Supporting remote home monitoring to enable patients and their carers to self-manage their condition out of hospital.

- Comment 4 - Developing digital health solutions such as telecare, telehealth, tele-monitoring and direct booking of appointments.
- Comment 5 - We will embark in partnerships within our community to create digital hubs to improve the digital skills of our patients and carer
- Comment 6 - Enabling transformation of out-patient services and the provision of virtual clinics so patients do not have to make unnecessary visits to hospital.

SLIDE 33

Recap Objectives

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SLIDE 34

Thank you for attending today

Appendix C – Presentation – PowerPoint version

NHS
Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Public Engagement Event

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Local people are the stars of health films

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NHS Calderdale and Huddersfield NHS Foundation Trust

Nicola Bailey
Transformation Programme Manager

compassionate care

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Calderdale and Huddersfield NHS Foundation Trust

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Future configuration of the CCGs in Kirklees

Rachel Carter, Turnaround Director

NHS
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North Kirklees Clinical Commissioning Group

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Digital Strategy

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Calderdale and Huddersfield NHS
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Objectives

The objectives of the session are

1. Provide the members of the public and colleagues from other organisations information on the approach to the digital strategy
   - ❑ Stakeholder Analysis
   - ❑ High Level Timeline
2. Provide members of the public/colleagues from other organisations to contribute with an emphasis on patients so we can capture feedback

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Current Position

- The initial draft strategy has had input from a core cross disciplined team which has given a good starting position.
- The Digital Strategy is at a point where feedback is needed from a wider range of stakeholders to validate our thoughts

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Stakeholders

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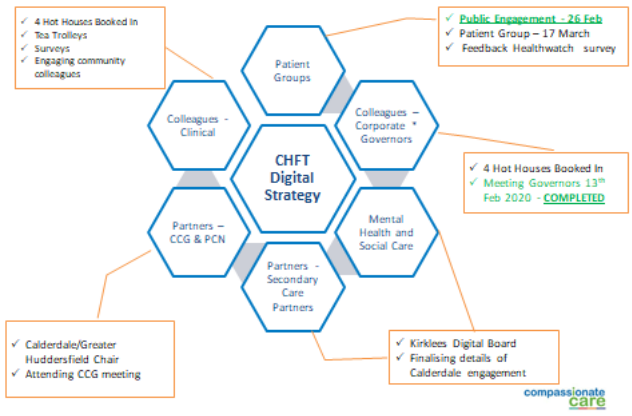

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High Level Timeline

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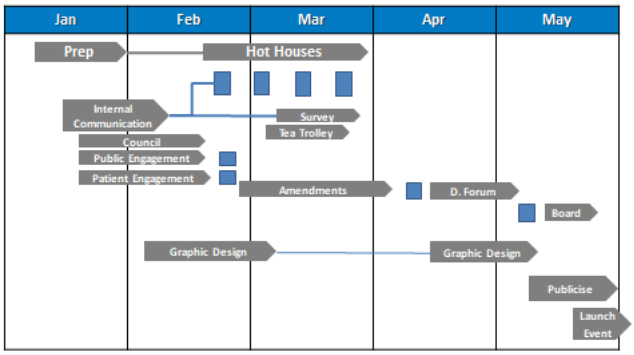

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Activity

In your groups you will have 10 minutes to discuss the question on your table.

Be prepared to feedback

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Activity

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Group 1

What is the most **frustrating thing** you see for patients and their families every day?

How do we think **digital** can help?

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Group 2

What's the **barrier** to using digital?

- What's the 'yes, but…' that is holding digital back

Describe the problem in detail not necessarily the solution

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Group 3

What 'digital thing' has **transformed a part of your day,** or your family's life? Maybe it's something you didn't even know you needed, like Alexa or the easy access to the internet an iPad gives you.

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Group 4

Stand in the digital future – how will we know we've been successful? What will things look and feel like?

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Group 5

Describe great service that you received that involved 'digital'.

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Summary Slide

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Group 1	Group 2	Group 3
What is the most **frustrating thing** you see for patients and their families every day? How do we think **digital** can help?	What's the **barrier** to using digital? • What's the 'yes, but…' that is holding digital back Describe the problem in detail not necessarily the solution	What 'digital thing' has **transformed a part of your day**, or your family's life? Maybe it's something you didn't even know you needed, like Alexa or the easy access to the internet an iPad gives you.
Group 4	**Group 5**	
Stand in the digital future – how will we know we've been successful? What will things look and feel like?	Describe great service that you received that involved 'digital'.	

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Digital Strategy - Patients

Calderdale and Huddersfield NHS
NHS Foundation Trust

Comment 1
To create straightforward Digital access to NHS services and help patients and their carers manage their health but also continue to support those that don't have digital access

Comment 2
We recognise that our digital journey involves patients/voluntary organisations not just our staff and therefore we aim to improve the digital maturity and knowledge of our local population.

Comment 3
Supporting remote home monitoring to enable patients and their carers to self-manage their condition out of hospital.

Comment 4
Developing digital health solutions such as telecare, telehealth, tele-monitoring and direct booking of appointments.

Comment 5
We will embark in partnerships within our community to create digital hubs to improve the digital skills of our patients and carer

Comment 6
Enabling transformation of out-patient services and the provision of virtual clinics so patients do not have to make unnecessary visits to hospital.

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Recap Objectives

The objectives of the session were

1. Provide the members of the public and colleagues from other organisations information on the approach to the digital strategy
   - ❑ Stakeholder Analysis
   - ❑ High Level Timeline
2. Provide members of the public/colleagues from other organisations to contribute with an emphasis on patients so we can capture feedback

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Appendix D - Future configuration of CCGs discussion

Facilitator – Dr Khalid Naeem
Scribe – Aimee Haggas

Benefits

- Save NK £13m historical debt that doesn't have to be paid back. It will reduce debt to £3m
- If CCGs don't merge they will have to find the savings elsewhere
- It will streamline CCG staff time
- Uses resources better
- Makes things equal across Kirklees
- Avoids silos- people will know everything that's going on in Kirklees
- Greater opportunities for public to get involved in research. Can get involved on a wider footprint
- Recruit more clinical trainees, bigger training footprint
- Fewer GP reps on a single Governing Body, can spend time in practice, not round a board table

Concerns

- How does it tackle inequalities in NK
- Will any of the savings be put into services on the ground
- Worry less access to staff, diluted over a wider footprint
- Loss of local voice
- Will there continue to be opportunities to ask questions
- Who will be accountable

Anything else

- Why not West Yorkshire and Harrogate CCG
- Staff already cover WY&H in their roles and not paid extra for it, so already working as a WYH CCG
- It feels all about finance, not people – where is the public service benefit
- Should work on hospital footprint level
- How will contractors be scrutinised. Will a merge stop private contracts for NHS services?
- Rep from every PCN rep on the Gov Body if merge
- Gov Body meetings now bi-monthly losing access to ask a question (David did explain there were other ways to talk to the CCG and it doesn't always have to be at Governing Body)

Facilitator – Dr Razwan Ali
Scribe – Siobhan Jones

Benefits:

- Co-terminus with the council
- Reduction in costs
- Linking of skills and expertise across 2 organisations
- Seems like a straightforward process/next step

- Puts CCGs in a place where they are more able to work in an integrated way with the council
- From a provider perspective, example given of a merger that had happened in another location and the positive impact this had had in terms of consistency of approach
- This is an opportunity for the CCG to re-brand and communicate what it does, and reassure people of the good things that are already being achieved by working together
- Would allow a more consistent approach, particularly for local organisations that have contracts with both CCGs – example given where a service was well developed in GH but not in NK
- Provider said that it can be difficult to deal with 2 CCGs who currently have a different approach. Also means that local people experience that difference

Concerns/other issues:
- Some patients may be concerned about services as they don't understand the role of the CCG in this respect and that it won't have a direct impact on the care they receive.
- Need to be clear it's about how resources (time/money) can be used more effectively in the future
- Question about health inequalities and how merger would impact
- How will the CCG manage across a larger area – does it have sufficient management resource/expertise
- Does merger mean fewer people to work across a wider area? Does 20% admin reduction mean 20% fewer people?
- Potential perception that everything is managed from Huddersfield and that the town will benefit from this while other areas will suffer
- Already a perception that investment (not just NHS funding) is not going into local communities so may be a need to reassure communities that this isn't the case

Facilitator – Beth Hewitt
Scribe – Kirsty Wayman

Benefits
- Improve links between health and social care
- Sharing of resources, knowledge, skills and good practice
- Freeing up capacity in the CCG to focus on other tasks
- Reduce duplications
- More negotiating / buying power – stronger voice
- Streamline organisation
- Easier for other providers as also only have to do it once rather than twice, such as negotiating / bidding for contracts, performance monitoring etc
- It will be easier to achieve the 20% cut.
- Would hope it would lead to a greater consistency in what and how services are provided.

Concerns / other issues
- People are not really interested in what the CCGs are doing their priority is the availability and quality of services that they receive. If the merger improves this then great.
- Would it change what services are provided, such as A&E?

- Will services move to Huddersfield? If so need to take into account the impact this has on people having to travel further to access services and the financial impact on people. Need to provide services across Kirklees not just in Huddersfield.
- Integration between health and social care needs to be put into policies and procedures and not be down to individuals
- Need to ensure that we are designing accessible services from the start rather than putting in 'reasonable adjustments' at a later date. Ideally services should cater for all needs.
- Is there any resistance between the CCGs to work together?
- Do people identify with Greater Huddersfield and North Kirklees footprint or Kirklees?

Facilitator – Hilary Thompson
Scribe – Francesca Pendino

- Where would it meet? Shouldn't always be Huddersfield – an example of the GB meeting was given which meets across Dewsbury and Huddersfield
- Cautious of merging – need more information on what the single organisation will look like and what the benefits would be for patients
- Mergers are usually about saving money, consolidating staff and saving on building costs, there were fears about it being like the Dewsbury & Pinderfields hospital merger
- It was felt that the merger should compliment both hospital services due to GP knowledge
- There was some worry that everything is moving to Huddersfield, and that everyone will feel they are missing out (depending on where the move is to) – the main thing is that the merger benefits patients
- Who cares where the CCG is, it is a foreign concept to patients/public - the main thing is that services continue to run
- Carers Count see the CCGs being a single organisation and a single authority a benefit
- They would like to see examples of the benefits of positive CCG mergers that have taken place across the country – felt this would give them an insight
- Have the CCGs made their 20% savings – they were informed that this is still ongoing
- What are the benefits to staff? – what are the implications for them e.g. staff reduction? Motivation?
- The lay public don't know that a CCG is, they need to understand how it affects them on a day to day basis. Will it save money?
- Have one CCG across West Yorkshire- to save more money
- Patients should see how cost savings are re-invested into local services
- Have transparency around savings – re-invest any savings into local projects and initiatives
- Do more as a CCG to inform people what we do, how we commission
- There is not a diverse audience today

<u>PCNs</u>

- Does the CCG control PCNs?
- Will PCNs be independently funded?

Facilitator – Dr James Morton
Scribe – Zubair Mayet

What benefits could you see from a single CCG for Kirklees?

- Having one single CCG will make it more streamline. It will have a stronger voice nationally and locally
- Both CCG' share one Senior Leadership so merger is a natural progression
- It will lend itself to better engagement with local population & across the Kirklees footprint. This will address 'postcode commissioning' across the area
- With the development of newly formed PCN's, having once CCG will make it easier for two way dialogue
- By having a single CCG there will be greater consistency & will take away barriers. This will also give more PCN's more free rein to engage with their practice population, services will be commissioned according to local needs.
- All commissioning should be standardised across Kirklees, this direction of travel should support this

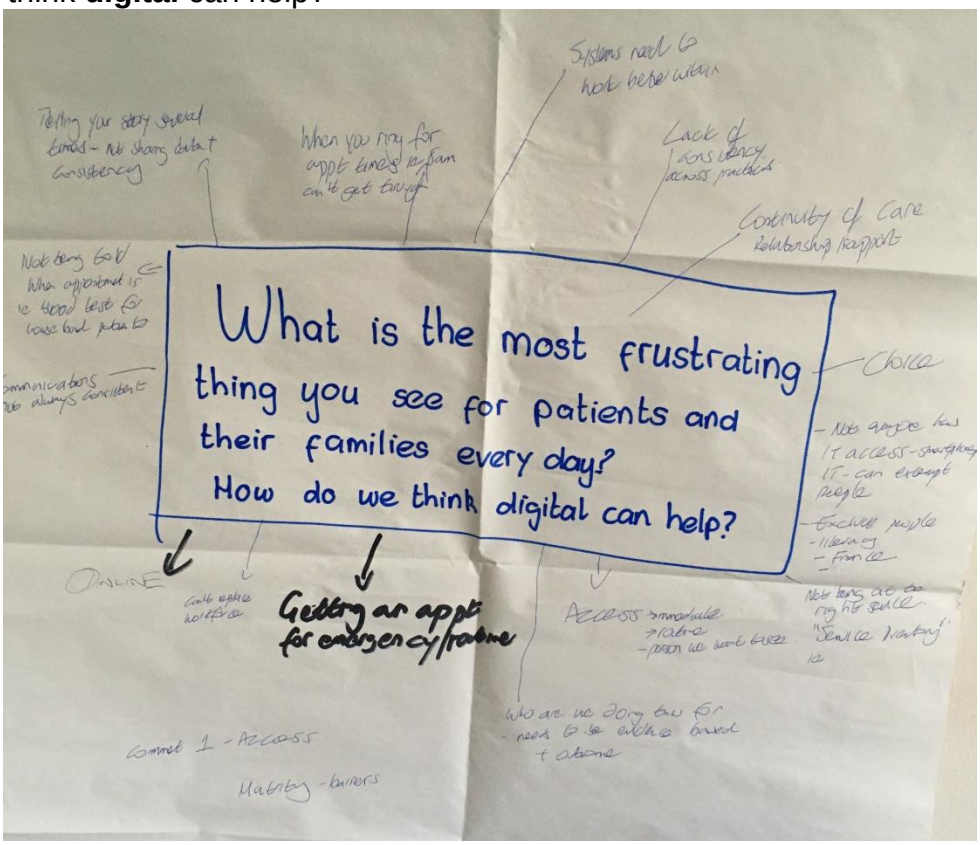
Do you have any concerns about a single CCG for Kirklees and how would you like us to address them?

- Although you can understand the national direction for merger. With the development of PCN's, more accountability needs to be identified and made stronger. If the CCG become more strategic & PCN's are at different stages in their development an offset will be it is not a level playing field for all.
- Who is doing the steering of PCN's? This needs to be communicated clearly to patients.
- As both CCG's cover different acute hospitals, (CHFT and Mid Yorkshire) how will this be addressed. Closer working needs to be forged with Wakefield & Calderdale CCG's.
- The health care service is very fragmented for patients and public, will this make it harder for patients to navigate as bigger footprint?
- Public services and staff in Kirklees are very 'Huddersfield centric'. Events and meetings need to be arranged in North Kirklees as well. By merging, the voice of patients in North Kirklees should not be lost. If anything it should be stronger as North Kirklees has comparatively higher deprivation and greater health inequalities.
- With the development of merger, patients should not be affected and taken on the journey of this. Kirklees is a very diverse area and have different needs, services should be tailored accordingly. Also with another change in configuration of health services, priorities of both CCG's should not be lost.

Appendix E - Digital strategy discussion

Each table was given a question to discuss. The notes from these discussions were captured on flipcharts;

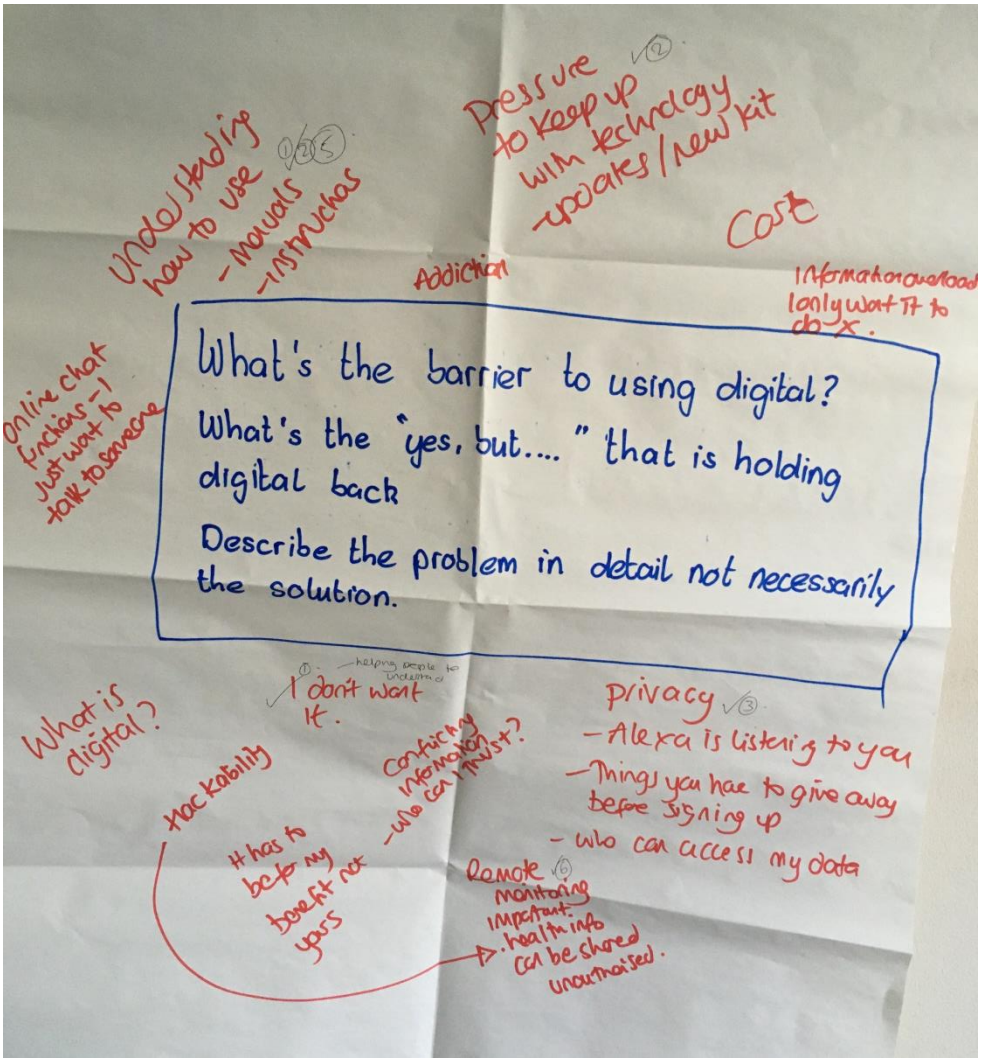
Group 1
What is the most **frustrating thing** you see for patients and their families every day? How do we think **digital** can help?



- Telling your story several times – not sharing data and consistency
- Not being told when appointment is i.e. blood test for house bound patient.
- Communications – not always consistent
- When you ring for appointment times e.g. 8am and can't get through
- Systems need to work better within
- Lack of consistency across practices
- Continuity of care – relationship rapport
- Choice
- Not everyone has IT access / smartphone – IT can exempt people
- Exclude people – finance, illiteracy
- Not being at the right service 'service directory'
- Who are we doing this for – needs to be evidence based and outcome
- Getting an appointment for emergency / routine
- Can't replace workforce
- Online
- Access – immediate, routine, person we want to see.

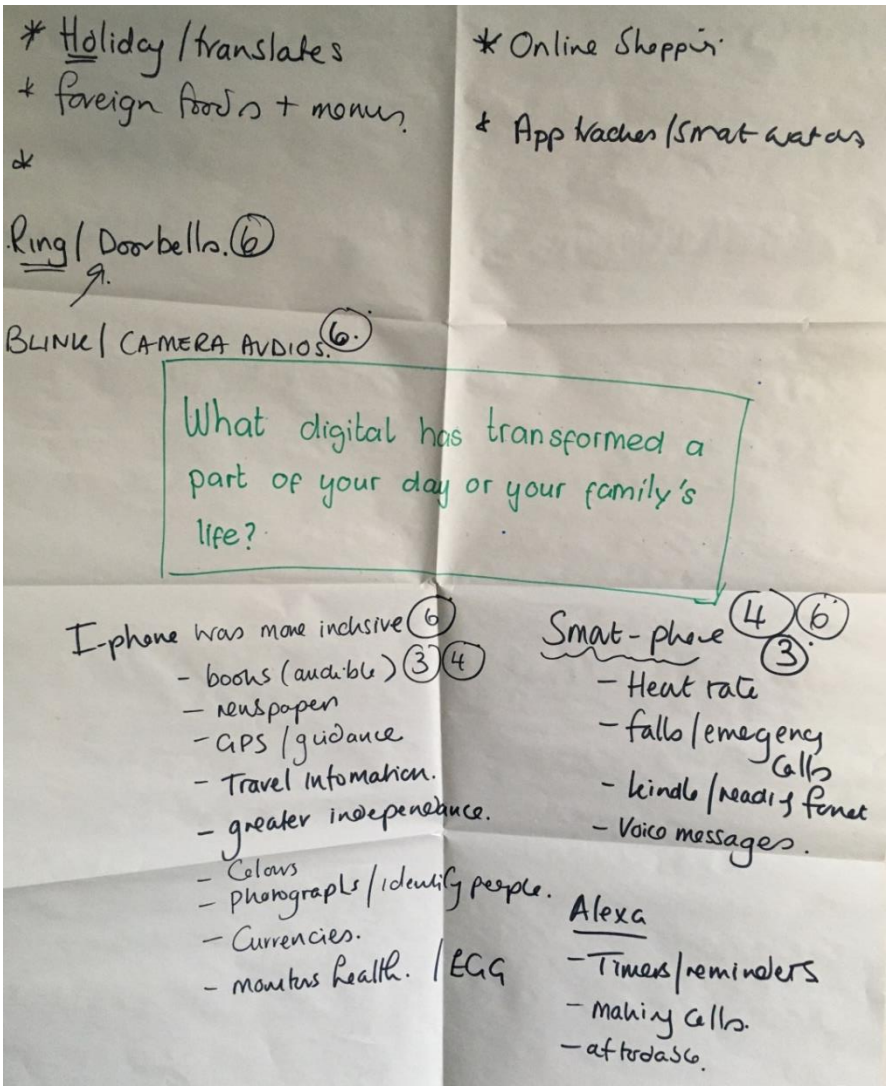
Group 2
What's the **barrier** to using digital? What's the 'yes, but…' that is holding digital back.

Describe the problem in detail not necessarily the solution



- Understanding how to use – manuals and instructions
- Pressure to keep up with technology updates / new IT
- Cost
- Addiction
- Online chat functions – I just want to talk to someone
- What is digital?
- I don't want it
- Hackability – remote monitoring important . Health info can be shared unauthorised
- Conflicting information – who can I trust?
- Privacy – Alexa is listening to you; things you have to give away before signing up; who can access my data.
- Information overload I only want it do X

Group 3
What ‘digital thing’ has **transformed a part of your day,** or your family’s life?
Maybe it’s something you didn’t even know you needed, like Alexa or the easy access to the internet an iPad gives you.

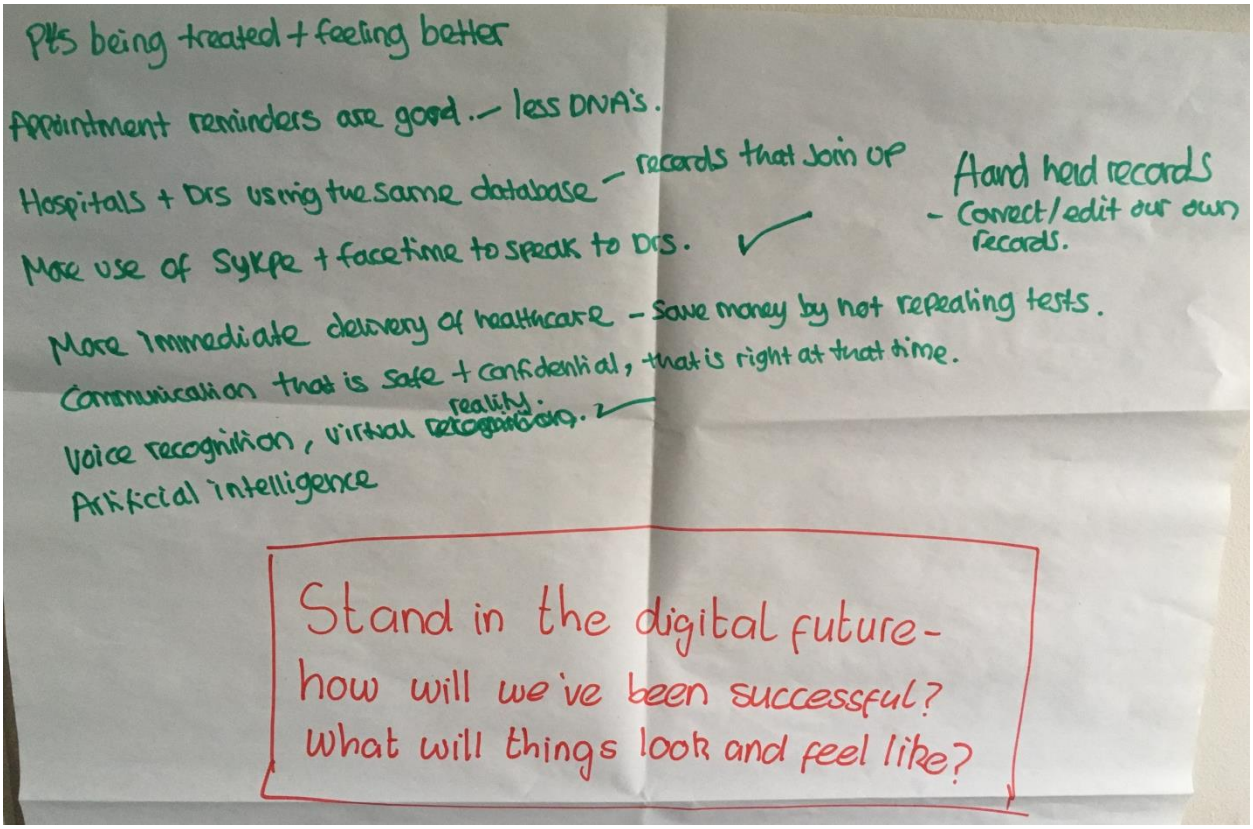


People within the group talked specifically about the benefits digital had brought to them as people with visual impairments, hearing impairments, wheelchair user, problems with short-term memory, dyslexia and allergies. These are captured in the notes above but some examples were given;

- App for people with autism – school has paid for the licence so young people can access the app. The app provides advice, guidance and support of what to do in situations, such as the bus doesn’t turn up.
- IPhone – benefits for person with visual impairment has enabled them to access books, newspapers, GPs, can take a photograph of a person and phone will identify who it is, travel information
- Apple watch – has ability to detect if you fall over and can make an emergency call. Can monitor heart rate.
- Google translate – have allergies but can use this when on holiday to be able to communicate in restaurants to tell them about allergies and also read the menu.

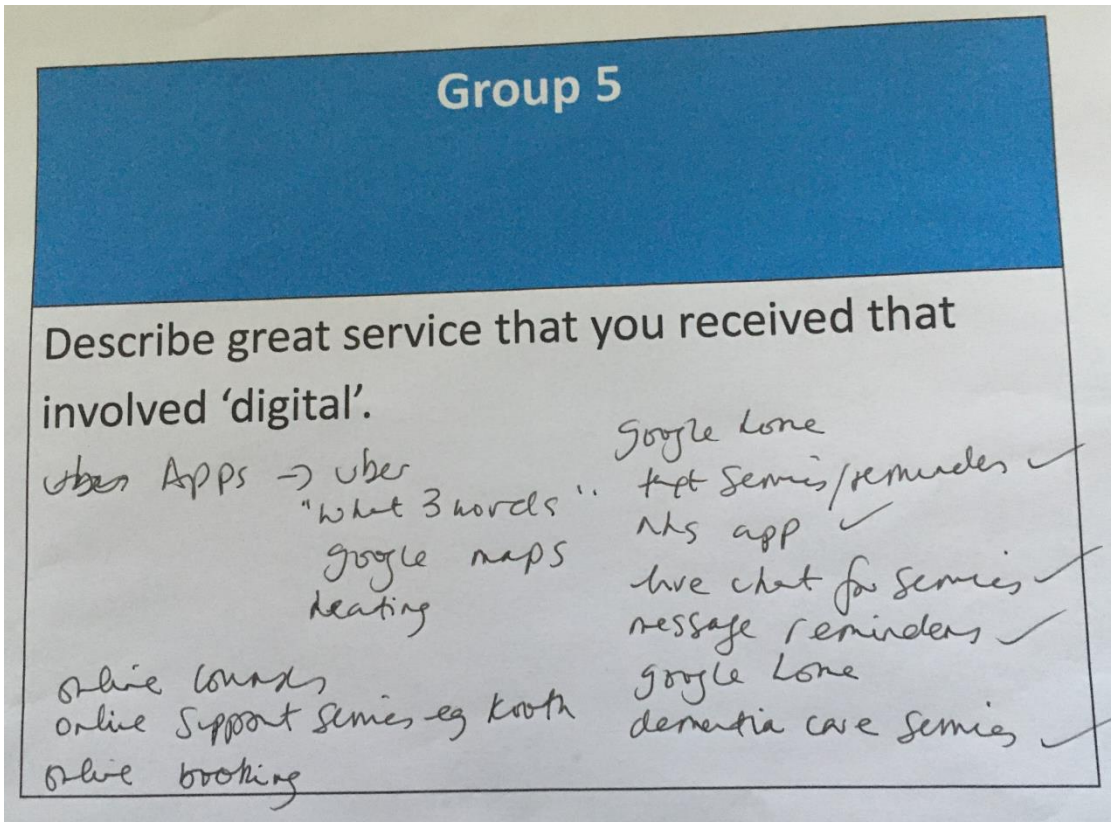
- Doorbell – has facility to flash in another room so person with hearing impairment is aware that someone is at the door.
- The group also discussed virtual appointments and how they could be of benefit for some people, especially those that are unable to leave the house due to physical and / or mental health reasons. It was felt that virtual appointments should be patient choice and shouldn't be used for all appointments. It could be that the first and last appointment is face to face but other appointments could be done virtually.
- Need to be mindful that not everyone uses / can use technology.

Group 4
Stand in the digital future – how will we know we've been successful? What will things look and feel like?



- Patients being treated and feeling better
- Appointment reminders are good – less DNAs
- Hospitals and Drs using the same database – records that join up
- More use of Skype and Facetime to speak to Drs
- More immediate delivery of healthcare – save money by no repeating tests
- Communication that is safe and confidential, this right at that time
- Voice recognition, virtual reality
- Artificial intelligence
- Hand held records – correct / edit our own

Group 5
Describe great service that you received that involved ‘digital’.



Uber, text message reminders, online booking, google maps, ‘what 3 words’, people liked being able to turn their heating on before getting home, complete online courses, spoke about NHS online counselling services that were available; Kooth service highlighted; live chat services; google home, discussion about dementia care and how digital support eg where people could be monitored remotely for falls etc was really positive.

Acknowledged that some people did not want to/could not engage with digital resources and that NHS needed to be mindful of that, particularly legal/equality consequences. Also acknowledged that some services were only being made available digitally – so pushing/expecting people to engage in this way was becoming the norm.

Appendix F - Evaluation of the event

Public Event
26th February 2020 at 10am – 12pm, Textile Centre of Excellence, Huddersfield
Event Evaluation

Thank you for taking the time to attend the event today, we hope you found it useful. We would appreciate if you could take the time to complete the questions below to let us know your views.

1. What was your overall impression of the event?

Excellent	Good	Adequate	Poor
4	15	2	

Additional comments:
- Missed the start as misread email but seemed good.
- Interesting discussion and viewpoints
- Very relevant agenda
- Really liked the ongoing inclusion of references to carers
- Slides were too small
- Informative yet friendly
- Interesting people and topics

2. How would you rate the venue and facilities?

Excellent	Good	Adequate	Poor
8	13		

Additional comments:
- Apologies for being late
- Get a microphone and use it
- Sound could be better
- Good parking and refreshments
- Very little natural light is a negative for me – can be a migraine trigger

3. Do you feel you had your say today?

Yes	No
18	2

Additional comments:
- The time I was here
- Not enough time
- It was clear that 2 people on our table were designated as ‘leaders’ and took control. They were not challenged in this role and to be fair they did allow all to have say.
- Lots of opportunity for discussion
- I had lots of things to say about digital but there wasn’t the time or opportunity

- Good table facilitator
- The individual tables approach with facilitator and scribe helped to make it happen

4. What was your favourite thing about the event?

- Digital Transformation presentation was really engaging and inspiring.
- The fact it happened
- Discussions
- The chance to have a say and learn things
- Discussions
- The opportunity to discuss and debate
- Meeting new people in different roles and seeing things from others point of view.
- Hearing different people's view
- Variety of people and opinions. Respect shown to each other in table discussions
- Discussion and relevance
- Table discussions and sharing ideas and concerns
- Table exercise and feeding back, hearing others views
- Good atmosphere of openness and interest
- Lots of opportunities for involvement. Not too long and varied topics
- Interaction
- Discussions and feedback

5. What was your least favourite thing about the event?

- The CCG discussion wasn't clear about what feedback was actually wanted or needed – and very little explanation of what terms meant.
- Not being able to hear especially in groups when others are talking. Event clearly stage managed.
- Powerpoint
- Quite cramped and not always able to hear the speakers.
- Listening to things that you already know about, not having time to talk to different people
- Nothing
- Need for a microphone
- Slides too small and volume not always adequate. No mention was made about this evaluation form

6. Please use this space for any additional comments you may have about the event.

- Couldn't hear very well. A microphone for the speaker's would have been helpful.
- Please send presentations out prior to event. Very paper heavy (could we improve environmental impact?)
- The font size of the printed material was too small for comfortable reading on my part (aged 66 years – eyesight not as good as it once was!). Refreshment cups 'too small' – spill easily during transportation from one room to another. Not everyone can eat 'yummy cakes' offer fruit too!
- Great event. It gave an insight to what's on the future agenda. Also gave the opportunity to question.

Equality Monitoring Form

In order to make sure we provide the right services and avoid discriminating against any groups, it is important to collect and analyse the following information. When we write reports no personal information will be shared. Your information will be protected and stored securely in line with data protection rules. If you would like to know how we use this data please visit our fair processing and privacy notice https://www.northkirkleesccg.nhs.uk/wp-content/uploads/2015/02/NK-CCG-Fair-Processing-Notice_FINAL_v1.4_30June-2016.pdf

1. Who is this form about?

☐ Me
☐ Someone else – using their information

2. What is the first part of your postcode?

Example	W	F	1	1
Yours				

☐ Prefe not to sa

BD19, HD1, HD1, HD1, HD2, HD7, HD9, HD9, LS12, WF13, WF15, WF15, WF17,WF17, WF17,

3. What is your gender?

☐ Male **x 9** ☐ Female **x 10**
I describe my gender in another way (please write in)

4. How old are you?

Example	42
Yours	

☐ Prefer not to say

26, 30, 40, 46, 49, 50, 59, 60, 66, 68, 68, 68, 71, 71, 74, 74, 75

5. Which country were you born in?

☐ United Kingdom **x 17** ☐ Prefer not to say

Other (please write in):
Grenada

6. Do you belong to any religion?

☐ Buddhism
☐ Hinduism
☐ Judaism
☐ Sikhism
☐ Islam **x 1**
☐ Christianity **x 13** (all denominations)
☐ No religion **x 5**
☐ Prefer not to say

Other (Please write in)

7. What is your ethnic group?

☐ Prefer not to say

Asian or Asian British

☐ Indian **x1**
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Other Asian background (please write in)

Black or Black British

☐ African
☐ Caribbean **x1**
☐ Other Black background (please write in)

Mixed or multiple ethnic groups

☐ White and Black Caribbean **x1**
☐ White and Black African
☐ White and Asian
☐ Other Mixed background (please write in)

White

☐ English/Welsh/Scottish/Northern Irish/ British **x 14**
☐ Gypsy or Irish Traveller
☐ Irish
☐ Other White background (please write in)

Other ethnic groups

☐ Arab
☐ Any other ethnic background (please write in)

8. Are you disabled?

☐ Yes **x 4** ☐ No **x 14** ☐ Prefer not to say

9. Do you have any long term conditions, impairments or illness? (please tick any that apply)

- ☐ **Physical or mobility impairment x 1** (such as using a wheelchair to get around and / or difficulty using your arms)
- ☐ **Sensory impairment** (such as being blind / partially sighted or deaf / hard of hearing)
- ☐ **Mental health condition x 1** (such as having depression or schizophrenia)
- ☐ **Learning disability x 1** (such as having Downs Syndrome or dyslexia) or a cognitive or developmental issue (such as autism or a head-injury)
- ☐ **Long term condition x 4** (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- ☐ **Other** (please write in) **x 2**
- ☐ **Prefer not to say**

10. Are you a carer?

(Do you provide unpaid care/support to someone who is older, disabled or has a long term condition)

☐ Yes **x5** ☐ No **x 13** ☐ Prefer not to say

11. Please select the option that best describes your sexual orientation

- ☐ Bi/Bisexual **x 1**
- ☐ Gay
- ☐ Lesbian **x1**
- ☐ Heterosexual/Straight **x 16**
- ☐ Prefer not to say
- ☐ I prefer to use another term (please write

12. Do you consider yourself to be a Trans* person?

☐ Yes ☐ No **x 17** ☐ Prefer not to say

*Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.

13. Do you/or anyone you live with get any of these types of benefits? **

Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Cred Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit

☐ Yes **x2** ☐ No **x 14** ☐ Prefer not to say

****We are asking this question to help us understand if being on a lower income affects experiences of services or health.

14. Are you pregnant or have you given birth in the last 6 months?

☐ Yes ☐ No **x 18** ☐ Prefer not to say

15. Are you a parent/primary carer of a child or children, if yes, how old are they?

☐ 0-4 ☐ 5-9 **x 1** ☐ 10-14 **x2** ☐ 15–19 **x1**

☐ Prefer not to say

Thank you for taking the time to complete this form.