healthwatch Solihull

healthwatch Birmingham

An Independent Review of the current Patient and Public Involvement Practice of the merging Birmingham South Central, Birmingham CrossCity and Solihull CCGs

February 2018

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Executive Summary

Working in partnership with Birmingham CrossCity Clinical Commissioning Group (CCG), Healthwatch Birmingham and Healthwatch Solihull came together to carry out a review of current Patient and Public Involvement (PPI) practice within the three, soon to merge, CCGs (Birmingham CrossCity, Birmingham South Central and Solihull CCGs).

Information gathered from this review will be used to develop PPI policies and procedures for the new single NHS Birmingham and Solihull CCG going forward. We have used Healthwatch Birmingham's Quality Standards to benchmark current PPI practice and circulated PPI evaluation questionnaires to staff and people supporting CCGs with current engagement activities. This approach has provided an understanding of internal CCG PPI processes as well as evaluating the effectiveness of current engagement routes.

Staff within all CCGs' Communication and Engagement teams provided a great deal of support and should be commended for their hard work and commitment to the PPI review process. These teams have assisted us by producing evidence documents to support their PPI activities and distributing evaluation questionnaires to CCG staff and people on their current patient engagement registers.

As part of the review surveys were distributed to 20 members of CCG staff and over 300 members of the public who currently support CCGs with their engagement activities. This comprises those engaged through:

- **Birmingham CrossCity CCG:** 'Primary Care Engagement Forum'; 'Expert by Experience'; 'Strategic Patient Partner'; 'People's Health Panel'
- **Birmingham South Central CCG:** 'Ideas Café'; 'PPG Forum'; 'Long Term Conditions Forum supported by Gatway'
- **Solihull CCG:** 'Patient Voice Panel'; 'PPG Forum'; Patient Member.

A total of 10 responses were received from CCG staff and 91 from people supporting the CCGs in the engagement activities listed above. All the data collected across the three CCGs, has been consolidated to inform this report.

An overview of our findings has been provided below and presented under two headings - Areas of Good Practice and Areas Requiring Action.

Areas of Good Practice

Many areas of good practice have been identified and provided below:

- CCG websites provided good information with regard to PPI opportunities, links to patient participation sign up pages, current consultations and were easy to navigate.
- Social media (e.g. Twitter, Facebook) is used effectively by the CCG to promote patient and public involvement activities
- Registers for recording patient engagement activity are of a good standard. These provided details of events/venues attended, number of patients and members of the public providing feedback and record responses given to patient comments
- Public consultation planning and communication with patients and members of the public were found to be of a high standard.

- CCG staff have a good understanding of their organisations PPI objectives and their roles and responsibilities around PPI activity
- Good partnership working with third sector organisations was evident

Areas Requiring Action

We have provided several recommendations within the main body of this report outlining areas for improvement. It is important to note that many of our findings are based on the evidence presented to us by the CCG during our review period.

- CCG websites need to contain up to date information, be written in plain English and consistently publish outcomes to consultations/surveys and feedback to patient comments
- CCGs do not currently have consistent processes in place to record demographic data of people currently supporting them with engagement activities. This suggests that no robust engagement strategy is in place for ensuring engagement activities are equitable and fully representative of localities serviced
- Two thirds of the people participating in the review have highlighted that they do not receive regular policy updates
- The numbers of people supporting CCG the engagement activities outlined previously are low with many individuals sitting on multiple groups limiting diverse perspectives from being heard
- Almost 50% of PPG representatives attending meetings could not demonstrate robust mechanisms for collecting and providing feedback to practice patients thus reducing effectiveness and impact of meetings attended
- Approximately 30% of people participating in our review stated that they did not feel able to effectively influence topics for discussion
- 80% of people participating did not feel able to influence decisions around commissioning decisions or service developments. This perception was supported by CCG staff with only 5 of those participating in our questionnaire stating that patient feedback was consistently used to influence CCG decisions
- Complaints teams do not routinely share valuable information with Communications and Engagement teams
- Governing Body meetings do not consistently receive updates relating to PPI activity

Background

Section 142 of the Health and Social Care Act 2012 places a statutory duty on CCGs to consult with patients and members of the public. This duty was designed to ensure that the patient voice was actively sought and that these views were consistently used to shape all commissioning and service delivery decisions.

In November 2017 NHS England approved the merger of three Clinical Commissioning Groups (CCGs) in Birmingham (Birmingham CrossCity, Birmingham South Central and Solihull CCGs). As with all mergers one of the first priorities is to standardise governance arrangements and working processes. With this in mind both Healthwatch Birmingham and Healthwatch Solihull were approached by Birmingham Cross City CCG to carry out an independent review of current external facing Patient and Public Involvement (PPI) processes across all three merging CCGs. This review had three main aims:

1. Evaluate current PPI processes across all three CCG organisations
2. Identify areas of good PPI practice
3. Provide recommendations of how PPI practice can be implemented more effectively

Introduction

It is an extremely important review for the newly formed NHS Birmingham and Solihull CCG as findings will be used to shape the CCG's Communication and Engagement Strategy and build on current best practice going forward. The review has been broken down into 2 distinct stages:

1. Benchmarking

As a champion for Patient and Public Involvement, Healthwatch Birmingham has developed Quality Standards for PPI excellence. These Standards have formed the basis of the PPI review and all three CCGs have benchmarked their current PPI activity against these Standards (Appendix 1). This approach has facilitated the gathering of information around patient engagement mechanisms and internal processes for using patient data to influence commissioning and service development decisions.

Evidence documents have been submitted by each of the three CCGs that demonstrate current PPI practice (for example, consultation plans, consultation reports, meeting notes, minutes from CCG meetings, newsletters and reviews of websites). All evidence submitted has been reviewed by Healthwatch Birmingham and Healthwatch Solihull. Observations recorded within this report are based on the evidence provided during the review.

2. Process Evaluation

In order to meet the aims of the review, we have evaluated the effectiveness of current PPI processes. We have done this in two ways:

- Produced three online PPI questionnaires which were circulated to people currently involved in supporting CCG PPI engagement activity:
    - **Birmingham CrossCity CCG:** Primary Care Engagement Forum; 'Expert by Experience'; 'Strategic Patient Partner'; People's Health Panel
    - **Birmingham South Central CCG:** 'Ideas Café'; PPG Forum; Long Term Conditions Forum supported by Gateway
    - **Solihull CCG:** 'Patient Voice Panel; PPG Forum; Patient Member. (questionnaires were tailored to reflect individual CCG patient engagement structures). (See Appendix 2).
- Produced an online PPI questionnaire aimed specifically at CCG staff (see Appendix 2). These questionnaires were circulated to all key staff and evaluates internal PPI processes

Due to Data Protection regulations the CCGs have circulated links to our questionnaires to all staff and those currently engaged in patient engagement as outlined above. A total of 20 links have been circulated to staff and over 300 questionnaires have been circulated to patients and members of the public. Together Healthwatch Birmingham and Solihull received a total of 10 responses from CCG staff and 91 responses from people supporting CCG engagement activity during the two week consultation process. Healthwatch Solihull's consultation period was extended by one week to provide patients more time to participate.

1. Promoting Engagement Opportunities and PPI Activities

a. CCG Websites

All websites were reviewed and provide good information with regard to patient and public involvement opportunities. These sites are easy to navigate and provide detailed information of engagement activities available. Membership role descriptions are available on two of the sites reviewed and offer patients and members of the public the opportunity to register to become involved in supporting CCGs engagement activities. Links were provided to Healthwatch Feedback Centres, empowering people to leave independent feedback relating to provider performance.

Several pieces of information found on sites was out of date and no consistent reporting on consultation/survey outcomes were available. We have identified that "You Said We Did" is not being used consistently despite being an excellent way of keeping patients and members of the public informed about how their feedback is used and acted on.

We would recommend that systems be put in place to ensure information on websites is up to date, outcomes of consultations are published and responses to patient queries are available. Information must be written in plain English and meet Web Accessibility Initiative Guidelines.

b. Social Media

There is strong evidence within some CCGs that social media (e.g. Twitter, Facebook) is being used effectively to promote patient and public involvement activities.

We **recommend that future Communication and Engagement plans build on this successful practice.**

2. Inclusion and Equality

a. Community Representation

All CCGs have developed membership lists of patients and members of the public who have signed up to participate in engagement activities. The numbers of people registered who are currently active members varies greatly across the CCGs and representation in comparison to population is low. (Appendix 3, Table 34)

Whilst some CCGs collect demographic information of people involved in specific engagement activities this is not a consistent approach. Two of the CCGs do not record demographic details of people registered on their membership list. Whilst we found some evidence that CCGs have carried out work on reviewing user engagement representation, no robust plans have been provided outlining how this vital area of work is to be taken forward.

It is important to note that evidence of good partnership working with third sector organisations has been provided. Working in partnership with independent voluntary sector organisations has proved a successful way of gaining feedback from marginalised groups. Whilst this work is extremely positive it appears however, to be reactive and not part of an overall strategic approach.

Using demographic data received from our patient engagement evaluation process (Appendix 3, Table 34), it indicates that participants completing our questionnaire do not fully represent the ethnic or age background of the communities as identified in the last census carried out in 2011.

We would recommend that the CCG completes a detailed demographic analysis of the new NHS Birmingham and Solihull CCG localities and uses information gained to develop a robust communication and engagement strategy. This strategy must ensure that all communities within the Birmingham and Solihull localities have equal opportunity to participate in engagement activities. It is of particular importance that seldom heard groups are identified and targeted engagement plans developed.

3. Patient Engagement Processes

a. Consultations

Good examples of consultation documentation were provided across all three CCGs. These documents clearly outline key messages, methodology for the consultation, options for consideration and mechanisms for submitting feedback. Consultation documentation are also supported by comprehensive Equality Impact Assessments and detailed consultation plans.

b. CCG Policy Updates

Documentation provided by the CCGs has evidenced that people attending engagement events/meetings are provided with regular policy updates. In relation to the ways in which the CCGs communicate information, mixed responses were received to this question, with almost two thirds of the respondents rating the CCG communication updates as average to poor. (Appendix 3, Tables 28 - 30).

We recommend that the CCG reviews their communication processes with members of the public.

c. Effectiveness of Engagement Systems

(i) CCG Patient Engagement Community

In evaluating the effectiveness of current PPI processes we have collected information from people currently supporting the CCGs with their engagement activity. Just under 50% of those participating in the review confirmed that they have supported CCG engagement activities between 1 – 5 times in last 12 months and 10% have not participated at all in the last 12 months (Appendix 3, Table 13). Over 80% (Appendix 3, Table 12) of participants have supported the CCG for between two to four years and the majority are involved in more than one engagement route (Appendix 3, Tables 1 – 11).

One of the positives of this trend is that people are committed to sharing their experiences and have developed an in-depth awareness and understanding of their local CCGs structures and processes. However, a negative impact of this is that the CCG are continually hearing the views of a small pool of people limiting diverse perspectives from being heard.

We would recommend that the CCG reviews engagement processes to ensure fresh members/opinions are sought and greater representation from seldom heard populations is gained.

(ii) Effectiveness of Engagement Routes

Approximately 40% (Appendix 3, Tables 17 to 19) of those participating in our evaluation attended local PPG Forum/Network meetings. However almost half of those attending have not provided robust explanations of how they effectively collect and provide feedback to practice patients (Appendix 3, Table 20). We understand that the CCG has no statutory duty to support PPGs to carry out their functions nevertheless current members are unable to participate fully and therefore cannot offer essential local perspectives. This reduces the effectiveness and impact these meetings may have.

We recommend that the new CCG considers working in partnership with GPs to address this issue, whether that be via the provider contract review process or patient experience systems.

Almost 30% of people participating in our review heard about engagement opportunities via CCG promotion/invitation (Appendix 3, Table 15). A wide variety of engagement routes have been made available to patients and members of the public (Appendix 3, Tables 1 – 11). However, only 30% of people attending PPG Forum/Network meetings have stated that they are able to effectively influence topics for discussion (Appendix 3, Tables 21 - 22).

We would recommend that the CCG reviews current meeting structures to ensure that patients and members of the public are able to effectively influence the topics for discussions.

It is important to recognise that whilst some engagement processes allow the opportunity to influence topics for discussion, over 80% of people supporting the CCG with engagement activities stated that they did not feel able to effectively influence decisions (Appendix 3, Tables 23 to 25).

These findings are further supported in our benchmarking exercise with much of the evidence submitted by the CCGs having a focus on obtaining feedback for consultation studies and information sharing and less evidence of patient involvement and engagement in decision making. This perception was supported by CCG staff with only 5 of those participating in our questionnaire stating that patient feedback was consistently used to influence CCG decisions.

We would recommend that the CCG works with patients to develop a Communications and Engagement Strategy which is supported by policy and procedure documents. This approach will greatly assist in embedding PPI consistently within the culture of the new organisation and empower patients and members of the public to effectively influence decision making within the new CCG and at locality level.

4. CCG Internal Processes

a. Team Working

There appears to be some positive inter team working within all CCGs. We have however noted that joint working between complaints and Communication and Engagement Team is variable across all three CCGs. Examples of good practice have been identified where complaints data is regularly fed into patient experience projects and poor examples identified where no regular communication takes place. The latter practice prevents vital patient information from being considered during consultations and is not fed into the development of Communication and Engagement Team work programmes.

We would recommend that the CCG develops PPI policy and procedure documents clarifying internal communication channels and processes to support PPI activity.

b. Decision Making

All three CCGs' Governing Body meetings provide an opportunity for public questions and this is included as a standing agenda item. Consultation reports submitted to decision makers clearly outline patient feedback and provide recommendations for service improvement. Governing Body meeting minutes record some discussions around patient feedback however there doesn't appear to be a consistent approach throughout all three CCGs. In addition we identified that updates from Patient Engagement Groups/activities are not consistently reported at Governing Body meetings.

Almost 90% of staff participating in our review confirmed that they had a clear understanding of the organisation's PPI objectives (Appendix 3, Table 39). Over 70% (Appendix 3, Table 41), confirmed that they were aware of their personal responsibilities for delivering these. It is concerning however that only half of staff participating in the review felt that patient feedback was consistently used to influence decisions (Appendix 3, Table 44 to 45)

We would recommend that the CCG leadership team work to embed PPI within the organisation and create a culture where patient views, experiences and feedback are used consistently by decision makers to inform every decision made.

c. Data Collection

Some areas of good practice were identified around the recording of patient engagement activity. Central registers have been developed to record events/venues attended, number of patients and members of the public providing feedback, questions raised and responses given. Evidence has been made available to confirm that PPI engagement is evaluated and improvement plans drafted where necessary.

We would recommend that the CCG continues to build on this good practice going forward.

5. Conclusion

The CCG should be commended for instigating this independent review of PPI practices across the three CCGs. This approach has demonstrated the CCG's commitment to ensuring that patient views are important to them and the desire to carry out high quality PPI.

Healthwatch Birmingham and Healthwatch Solihull look forward to working with the new organisation to utilise tools developed to support the continual improvement of PPI. In addition we will be happy to continually work in partnership with the CCG to support the implementation of the recommendations within this report.

Going forward, it will be essential for the CCG to regularly evaluate PPI systems to ensure that patient engagement structures are being effective in collecting the views of the whole community and data received is being used to inform CCG decisions at every level of the organisation.

Appendices

Appendix 1 Healthwatch Birmingham Quality Standards Document

Appendix 2 CCG Questionnaires

- a Birmingham Cross City CCG – 23 questions
- b Birmingham South Central CCG – 23 questions
- c Solihull CCG – 22 questions

Reported in Tables 1 to Table 36

- d Staff Questionnaire – 12 questions

Reported in Tables 37 to Table 50.

Appendix 3 All survey data tables from the 4 questionnaires.

Tables 1 to 50

Appendix 1

STAFF OF NHS COMMISSIONING ORGANISATIONS	
Objective	"You" Statements
1. The organisation has agreed a strategic approach to using patient and public insight, experience and involvement (PPIEI) to reduce health inequality and drive improvements in health outcomes	• You have a sound knowledge of your organisation's strategic approach to PPIEI and understand your role and responsibilities for implementing and promoting this strategic approach both within the CCG and to provider organisations
Suggested Evidence Sources	
a. Minutes of Strategy Development meetings (recording staff input) b. PPIEI Strategy document c. Induction Training records confirm that PPIEI sessions attended d. PPIEI Policy/Procedure documents e. Records confirming that relevant policy and procedure documents have been read (reading log) f. Minutes of staff meetings outlining PPIEI updates and briefings delivered g. Role description outlining PPIEI responsibilities h. Documents confirming individual PPIEI objectives set i. Minutes from support and supervision meetings with Managers outlining performance management against PPIEI objective j. Commissioning contracts outline provider PPIEI responsibilities and performance managed against agreed PPIEI objectives k. Minutes of Commissioning Review meetings outlining PPIEI performance	

Objective	“You” Statements
2. PPIEI is continually sought and gathered in order to identify health inequalities and barriers to improved health outcomes	• You are aware of the sources of PPIEI in your area of commissioning and understand the importance of gathering, recording and sharing this data and any learning from it with other commissioners and providers • You inform the public of how their insight and experience is used within the CCG

Suggested Evidence Sources

a. Directory of third sector/NHS organisations working in partnership to collect user feedback
b. Up to date PALS, customer service, complaints and consultation reports available
c. Healthwatch Birmingham (HWB) widget or link to the (HWB) feedback centre on Trust website
d. PPIEI Policy/Procedure documents
e. Records confirming that relevant policy and procedure documents have been read (reading log)
f. PPIEI Activity Register
g. Communications outlining involvement in PPIEI initiatives (patient focus group minutes, consultation surveys, evaluation study reports) all Accessible Information Standards compliant
h. Findings reports from PPIEI consultation initiatives
i. Minutes from team meetings detailing discussions around PPIEI consultation findings reports
j. Content on Patient Involvement page of Trust website provides details of how patient and the public can participate in shared decision making
k. Patient and public consultation feedback activities (e.g. letters, emails, follow up focus groups) all Accessible Information Standards compliant
l. Patient engagement promotional literature which complies with Accessible Information Standards
m. Correspondence with partner organisations supporting patient and public consultation activities
n. Minutes from Networking meetings/events highlighting PPI activity

Objective	“You” Statement
3. PPIEI is used to fully understand health inequalities and barriers to improved health outcomes	• You are aware of your PPIEI responsibilities and the internal mechanisms and processes for engaging patients and members of the public to gathering data relevant to identifying health inequalities and barriers to improve health outcomes • You document and share information and learning around identified health inequalities, consequent inequities other commissioners, providers and members of the public

Suggested Evidence Sources

a. Role descriptions
b. PPIEI Strategy document
c. PPIEI Policy/Procedure document
d. Up to date health determinants indices data reports
e. Patient demographic data collection reports
f. Equality Impact Assessment documents
g. Equality Delivery System documentation
h. Engagement plan targeting seldom heard groups
i. Patient and public consultation materials aimed specifically at collecting data relating to barriers to accessing health (patient focus group minutes, consultation surveys, evaluation study reports) all Accessible Information Standards compliant
j. PPIEI consultation findings report outlining barriers to accessing health services and participant demographic data
k. Minutes from Networking meetings/events recording the sharing of PPIEI learning
l. Patient and public involvement page on CCG website providing feedback of action taken by the Trust as result of PPI feedback
m. Patient consultation feedback activities (e.g. letters, emails, follow up focus groups) all Accessible Information Standards compliant
n. Correspondence with partner organisations supporting patients and public consultation activities

Objective	“You” Statements
4. PPIEI informs the development of possible solutions, decisions made and actions taken in order to address health inequality and drive improvements in health outcomes	• You ensure that PPIEI data is used to inform decision making at every level of the organisation and actions are taken and implemented as a result of these • You document and share with patients and members of the public learning from their involvement and decisions made as a result of their input

Suggested Evidence Sources
a. PPIEI Strategy documents b. PPIEI policy/procedure documents c. PPIEI Consultation Findings Reports d. Minutes from project meeting outlining how user feedback has been used to shape service contract e. Minutes from CCG Board meetings outlining discussions relating to consultation data and agreed actions f. Invitation to tender questions document g. CCG PPIEI webpage clearly outlines ➢ how patient and members of the public can influence decisions and become involved ➢ examples of how information received from patients and members of the public has been used to influence decisions h. Patient consultation feedback activities (e.g. letters, emails, follow up focus groups) all Accessible Information Standards compliant i. Correspondences with partner organisations supporting patient and public consultation activities j. Minutes of Commissioning Planning Meetings (recording discussions around patient and public involvement consultation data) membership including patient and public representatives k. Up to date health determinants indices data

Objective	“You” Statements
5. The organisation regularly evaluates the effectiveness of using PPIEI to identify, understand and address health inequality and barriers to improvements in health outcomes	• You contribute to regular evaluation of your organisation’s PPIEI strategic approach, focusing on how effectively the CCG: • Identifies, understands and addresses health inequality and barriers to improvements in health outcomes • Assesses the impact of decisions made and actions taken on health inequality and health outcomes • Shares PPIEI learning with CCG and with patients and members of the public

Suggested Evidence Sources

a. PPIEI Policy/Procedure documents outlining how evaluation data will be collected in an unbiased way
b. Metrics to measure reductions in health inequality and improved health outcomes
c. Local health inequalities indices data
d. Comparison report from community and Trust patient profiles
e. Minutes from evaluation planning meetings. Membership including staff, external partners, patients and members of the public
f. Copies of evaluation literature (e.g. questionnaires and focus group agenda/minutes – communications in formats which comply with Accessible Information Standards) involving CCG staff, external partners and patient and members of the public
g. Minutes of team meetings outlining requirement to participate in evaluation
h. Evaluation outcome report

Objective	“You” Statements
6. The results of all evaluation and learning are used to improve how PPIEI is used to reduce health inequality and to drive improvements in health outcomes	- You ensure that your organisation uses the results of all evaluation to improve how PPIEI data is used and shared to reduce health inequalities and drive improvement in health outcomes

Suggested Evidence Sources
a. Evaluation outcome reports b. PPIEI Improvement Plans (where necessary) c. Health determents indices data d. Updated communication/engagement plans (where necessary) e. Updated PPIEI policy and procedure documents (where necessary) f. Minutes from team meetings outlining evaluation feedback and changes to PPIEI (where necessary) g. Updated training materials

Bibliography of Supporting Policy/Legislation

1. **Department of Health (2012)** ***The Health and Social Care Act 2012*****,** **http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted**

“ The Act strengthens the collective voice of patients, It is important that this is reflected at all levels of the system; service providers and commissioners should welcome all sources of feedback as a means through which to assess the quality of their services.”

2. **Care Quality Commission (updated 27th September, 2017)** ***Equally outstanding Equality and human rights - good practice resource*****,** ***http://www.cqc.org.uk/publications/equally-outstanding-equality-human-rights-good-practice-resource***

“Care Quality Commission regulations focus on care provided to individual people. So, removing barriers for groups of people is implicit rather than explicit in regulations. However, the need to look at equality and human rights at a service level is included in the assessment frameworks for health services and for adult social care services. Supporting staff to understand the needs of particular groups is also included. So, issues of equality and inequalities contribute to Care Quality Commission ratings.”

3. **Department of Health (2015)** ***The NHS Constitution*****,** ***https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england***

“ Staff responsibilities: to contribute towards providing fair and equitable services for all and play your part, wherever possible, in helping to reduce inequalities in experience, access or outcomes between differing groups or sections of society requiring health care”

4. **National Institute for Health and Care Excellence (2017)** ***Community engagement: improving health and wellbeing and reducing inequalities*****,** **https://www.nice.org.uk/guidance/ng44**

“The Quality standard is expected to contribute to improvement in the following outcomes:

- Health and wellbeing of the community
- Reducing health inequalities locally

- Community involvement in planning designing, developing, delivering and evaluating local initiatives to improve health and wellbeing and reduce health inequalities
- Improve self-confidence, self-esteem social networks and social support among involved communities”

5. **Healthcare Quality Improvement Partnership (2016) *Patient and Public Involvement In Quality* Improvement Healthcare Quality Improvement Partnership, https://www.hqip.org.uk/media/PPI%20in%20QI.pdf**

“Provider Organisations should not suppress quality improvement project results that are negative or critical of care, as these present opportunities for discussion and progress towards improvement”

6. **NHS England (2016) *NHS Standard Contract 2016/17 Service Conditions* NHS England, https://www.england.nhs.uk/nhs-standard-contract/16-17/**

“The healthcare providers must actively engage, liaise and communicate with service users, their carers and guardians, in an open and clear manner, seeking their feedback whenever practicable, and must involve them when considering and implementing development to, and redesign of, services”

“If the Provider believes that a Service User or a group of Service Users may have an unmet health and social care need. It must notify the Responsible Commissioner accordingly”

“The provider must provide appropriate assistance and make reasonable adjustments for Service Users, Carers and Legal Guardians who do not speak read or write English or who have communication difficulties (including hearing, oral or learning impairments). The Provider must carry out an annual audit of its compliance with this obligation and must demonstrate at Review Meetings the extent to which Service improvements have been made as a result.”

“In performing its obligations under this Contract the Provider must comply with the obligations contained in Section 149 of the Equality Act 2010, The Equality Act 2010 (Specific Duties) Regulations and section6 of the HRA”

“The Provider must implement EDS2”

7. **Equality Act (2010) 149 Public Sector Equality Duty, http://www.legislation.gov.uk/ukpga/2010/15/section/149**

" (1)A public authority must, in the exercise of its functions, have due regard to the need to—

- (a)eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- (b)advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c)foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

(2)A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).

(3)Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

- (a)remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- (b)take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- (c)**encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low."**

8. **NHS England (2017)** ***Equality and Health Inequalities Analysis for the NHS England Patient and Public Participation Policy and associated documents*** NHS England

"The duties require that NHS England properly and seriously takes into account inequalities when making decisions or exercising functions, and has evidence of compliance with the duties, whilst also assessing how well Clinical Commissioning Groups (CCGs) have discharged their legal duties on health inequalities"

9. NHS England (2017) *Patient and Public Participation in Commissioning Health and Care* NHS England

"Each CCG should publish at least the following information on its website:

- Involvement opportunities, including formal roles, consultations and public meetings
- Details of how to make complaints and comments
- A summary of key local health needs and how these are being addressed
- Links to Local Healthwatch
- Links to other relevant local organisations"

"CCGs should be able to demonstrate how they have tried to ensure

- Participation activity reaches diverse communities and groups with distinct health needs and those who experience difficulties accessing health services, including inclusion health groups
- People who have characteristics that are protected under the Equality Act 2010 are involved"

Appendix 2(a)

BIRMINGHAM CROSSCITY CCG

Questions for Primary Care Engagement Forum/Experts by Experience/Strategic Patient Partner

1 Please indicate which of the following CCG patient engagement activities you participate in:

- ☐ Primary Care Engagement Forum (Chaired by Lay Advisor Barbara Webster)

  Please identify your role and responsibilities from the list below

  - ☐ Represent views of patient at my practice
  - ☐ Feedback responses CCG provides, to questions raised on behalf of patients at my practice
  - ☐ Contribute to discussions relating to CCG consultations
  - ☐ Receive updates about CCG work, local NHS issues, local authority developments and disseminate information to patients at my practice

- ☐ Expert by Experience

  Please identify your roles and responsibilities from the list below

  - ☐ Attend meetings and support CCG with the design, improvement and review of health services
  - ☐ Ensure that the perspective of local patients are central to all discussions held and decisions made by CCG

- ☐ Strategic Patient Partner

  Please identify your roles and responsibilities from the list below

  - ☐ Attend meetings and support CCG with the design, improvement and review of health services
  - ☐ Contribute to patient engagement activities such as workshops, focus groups and surveys
  - ☐ Contribute to discussions with CCG, drawing upon own experience and expertise of utilising health services
  - ☐ Ensure that the perspective of local patients are central to all discussions held and decisions made by CCG

- ☐ People's health panel

  Please identify your roles and responsibilities from the list below

  - ☐ Respond to CCG consultations
  - Take part in focus groups/workshops/events
  - Sit on project groups as a patient representative

2. How long have you been involved in the work of the CCG (e.g. attend meetings, complete surveys and speaking to CCG staff):

☐ 6 months

☐ 1 Year

☐ 2 years

☐ 3 years

If over 3 years, please state how long ago ……………..…………….

3. How many times have you participated in the work of the CCG within the last 12 months?

☐ More than 24 times

☐ 12 – 24 times

☐ 6 – 11 times

☐ 1 – 5 times

☐ No participation - Please tell us when you last participated and why you have not participated in the last year …………………………………………………………………………………

4. How did you first hear about the role you are involved in?

☐ Information on the CCG website/social media

☐ CCG personal invitation

☐ From other organisations

☐ Responded to Information received at events

☐ Other – please specify ……………………………………………………

If you do not attend the Primary Care Engagement Forum, please go to question 7

5. Part of your role as Primary Care Engagement Forum member is to represent the views of your PPG. Can you please explain how you gather the views from patients at your practice and feedback CCG responses

…….

6. How effective are you at getting topics of interest discussed and explored at Primary Care Engagement Forum meetings

Poor 1 2 3 4 5 Excellent

If you have scored 3 or **<u>below</u>**, what challenges have you encountered when trying to influence topics for discussion?

…………..……

…….

7. How much do you think your views have influenced CCG decision making

Poor 1 2 3 4 5 Excellent

If you have scored 3 or **below**, what challenges have you encountered when trying to influence CCG decision making?

……….

……….

If you have scored **above** 3, please inform us how you know you have successfully influenced CCG decisions and how is this communicated by the CCG:

………

………

8. Please rate how effective the CCG provides updates on new policy developments, upcoming consultations and other relevant NHS and Local Authority news

Poor 1 2 3 4 5 Excellent

If you have scored 3 and **below** please provide an explanation of why the communication process did not meet your expectations:

……….

……….

9. Please rate how effective the CCG communicates their feedback to questions raised by patients and the public

Poor 1 2 3 4 5 Excellent

If you have scored 3 and **below** please suggest how the CCG can improve their patient communication methods:

………

……….

If you have scored **above** 3 please tell us what method of patient communication is particularly effective and why:

……….

………

About you:

In this next section, we are asking question about your personal characteristics.

We understand that not everyone can be comfortable or see the benefit in providing this kind of information.

The reason that we ask for it is to make sure we're being fair and that people from all backgrounds are represented. The details you give are protected by strict laws and are not shared with any third parties.

We are all different, and every walk of life deserves to have their opinions and views represented, especially in regard to public services.

'Equality' and 'diversity' are terms that basically mean we should all get the right services, whoever we are. It's not about special treatment, it's about the right treatment for everyone. And you can help make sure it happens by providing any information you are comfortable too. You can respond with 'prefer not to say' for any question.

What is your age?

16-17
18-24
25-34
35-44
45-54
55-64
65-74
75+
Prefer not to say

What is your sex?

Male

Female

Do you identify as trans*?

**Any part of the process, including your thoughts or actions, to bring your physical sex appearance, and/or gender role, more in line with your gender identity*
Prefer not to say

Please indicate which tern would best describe your sexual orientation?

Asexual
Bisexual
Gay
Heterosexual
Lesbian
None of these
Prefer not to say

How would you describe your ethnic background?

Asian or Asian British: Indian
Asian or Asian British: Pakistani
Asian or Asian Black: Bangladeshi
Asian or Asian British: Chinese
Asian: Other
Black or Black British: African
Black: Other
Mixed: White and Black Caribbean
Mixed: White and Black African
Mixed: White and Asian
Mixed: Other
Other: Arabic
Other: Other ethnic background
White: English/Welsh/Scottish/Northern Irish/British
White: Irish
White: Gypsy or Irish Traveller
White: Other
Prefer not to say

How would you describe your religious belief?

Agnostic
Atheist
Buddhist
Christian
Hindu
Jewish
Jainism
Muslim
Pagan
Sikh
Any other religious belief
None
Prefer not to say

Do you consider yourself to have a disability?

Hearing
Learning
Physical
Sensory
Visual
None
Other (Please specify)

Appendix 2(b)

BIRMINGHAM SOUTH CENTRAL

Questions for Idea Café, PPG Forum and Long Term Conditions Forum supported by Gateway

1. Please indicate which of the following CCG patient engagement activities you participate in:

☐ Ideas Café

Please identify your role and responsibilities from the list below

- ☐ Share your views and experiences of using local health services
- ☐ Completing health questionnaires
- ☐ Responding to CCG consultations

☐ PPG Forum

Please identify your role and responsibilities from the list below

- ☐ Represent views brought to PPG from local patients
- ☐ Feedback responses from CCG to questions raised on behalf of local patients
- ☐ Contribute to discussions relating to CCG consultations
- ☐ Receive policy updates from CCG and disseminate information to local patients

☐ Long-term Conditions Forum supported by Gatway

Please identify your roles and responsibilities from the list below

- ☐ Attend meetings and support CCG with the design, improvement and review of health services
- ☐ Contribute to patient engagement activities such as workshops, focus groups and surveys
- ☐ Contribute to discussions with CCG, drawing upon own experience and expertise of utilising health services
- ☐ Ensure that the perspective of local patients are central to all discussions held and decisions made by CCG

2. How long have you been involved in the work of the CCG (e.g. attend meetings, complete surveys and speaking to CCG staff):

☐ 6 months

☐ 1 Year

☐ 2 years

☐ 3 years

If over 3 years, please state how long ago ……………..…………….

3. How many times have you participated in the work of the CCG within the last 12 months?

☐ More than 24 times

☐ 12 – 24 times

☐ 6 – 11 times

☐ 1 – 5 times

☐ No participation - Please tell us when you last participated and why you have not participated in the last year
……………………………………………………………………………………

4. How did you first hear about the role you are involved in?

☐ Information on the CCG website/social media

☐ CCG personal invitation

☐ From other organisations

☐ Responded to Information received at events

☐ Other – please specify ……………………………………………………

If you do not attend the PPG Forum, please go to question 7

5. Part of your role as PPG Forum member is to represent the views of your PPG. Can you please explain how you gather the views from patients at your practice and feedback CCG responses

……….

……….

6. How easy is it at getting topics of interest explored at PPG Forum meetings

Poor 1 2 3 4 5 Excellent

If you have scored 3 or **below**, what challenges have you encountered when trying to influence topics for discussion?

……….

……….

7. How much do you think your views have influenced CCG decision making

Poor 1 2 3 4 5 Excellent

If you have scored 3 or **below**, what challenges have you encountered when trying to influence CCG decision making?

……….

……….

If you have scored **above** 3, please inform us how you know you have successfully influenced CCG decisions and how is this communicated by the CCG:

………

……..

8. Please rate how well the CCG provides updates on new policy developments, upcoming consultations and other relevant NHS and Local Authority news

Poor 1 2 3 4 5 Excellent

If you have scored 3 and **below** please provide an explanation of why the communication process did not meet your expectations:

………

……..

9. Please rate how well the CCG communicates their feedback to questions raised by patients and the public

Poor 1 2 3 4 5 Excellent

If you have scored 3 and **below** please suggest how the CCG can improve their patient communication methods:

………

……..

If you have scored **above** 3 please tell us what method of patient communication is particularly effective and why:

………

About you:

In this next section, we are asking question about your personal characteristics.

We understand that not everyone can be comfortable or see the benefit in providing this kind of information.

The reason that we ask for it is to make sure we’re being fair and that people from all backgrounds are represented. The details you give are protected by strict laws and are not shared with any third parties.

We are all different, and every walk of life deserves to have their opinions and views represented, especially in regard to public services.

‘Equality’ and ‘diversity’ are terms that basically mean we should all get the right services, whoever we are. It’s not about special treatment, it’s about the right treatment for everyone. And you can help make sure it happens by providing any information you are comfortable too. You can respond with ‘prefer not to say’ for any question.

What is your age?

16-17
18-24

25-34
35-44
45-54
55-64
65-74
75+
Prefer not to say

What is your sex?

Male
Female
Do you identify as trans*?

**Any part of the process, including your thoughts or actions, to bring your physical sex appearance, and/or gender role, more in line with your gender identity*
Prefer not to say

Please indicate which tern would best describe your sexual orientation?

Asexual
Bisexual
Gay
Heterosexual
Lesbian
None of these
Prefer not to say

How would you describe your ethnic background?

Asian or Asian British: Indian
Asian or Asian British: Pakistani
Asian or Asian Black: Bangladeshi
Asian or Asian British: Chinese
Asian: Other
Black or Black British: African
Black: Other
Mixed: White and Black Caribbean
Mixed: White and Black African
Mixed: White and Asian
Mixed: Other
Other: Arabic
Other: Other ethnic background
White: English/Welsh/Scottish/Northern Irish/British
White: Irish
White: Gypsy or Irish Traveller

White: Other
Prefer not to say

How would you describe your religious belief?

Agnostic
Atheist
Buddhist
Christian
Hindu
Jewish
Jainism
Muslim
Pagan
Sikh
Any other religious belief
None
Prefer not to say

Do you consider yourself to have a disability?

Hearing
Learning
Physical
Sensory
Visual
None
Other (Please specify)

Appendix 2(c)

SOLIHULL CCG

Questions for Patient Voice Panel, PPG Forum,

1. Please indicate which of the following CCG patient engagement activities you participate in:

☐ Patient Voice Panel

Please identify your role and responsibilities from the list below

- ☐ Review patient information, design accessible leaflets ect.
- ☐ Respond to CCG Consultations
- ☐ Sharing your views and experiences of using local health services
- ☐ Attending meetings and support CCG with the design, improvements and review of health services

☐ PPG Forum

Please identify your role and responsibilities from the list below

- ☐ Represent views brought to PPG from local patients
- ☐ Feedback responses from CCG to questions raised on behalf of local patients
- ☐ Contribute to discussions relating to CCG consultations
- ☐ Receive policy updates from CCG and disseminate information to local patients

☐ Patient Member

Please identify your roles and responsibilities from the list below

- ☐ Respond to CCG consultations
- ☐ Receive feedback from consultations
- ☐ Receive updates about CCG work, local NHS issues, local authority updates
- ☐ Receive feedback about specific projects

2. How long have you been involved in the work of the CCG (e.g. attend meetings, complete surveys and speaking to CCG staff):

☐ 6 months

☐ 1 Year

☐ 2 years

☐ 3 years

If over 3 years, please state how long ago ……………..……………..

3. How many times have you participated in the work of the CCG within the last 12 months?

☐ More than 24 times

☐ 12 – 24 times

☐ 6 – 11 times

☐ 1 – 5 times

☐ No participation - Please tell us when you last participated and why you have not participated in the last year
…………………………………………………………………………………………

4. How did you first hear about the role you are involved in?

☐ Information on the CCG website/social media

☐ CCG personal invitation

☐ From other organisations

☐ Responded to Information received at events

☐ Other – please specify …………………………………………………………

If you do not attend the Primary Care Engagement Forum, please go to question 7

5. Part of your role as Primary Care Engagement Forum member is to represent the views of your PPG. Can you please explain how you gather the views from patients at your practice and feedback CCG responses

………..

………..

6. How effective are you at getting topics of interest discussed and explored at Primary Care Engagement Forum meetings

Poor 1 2 3 4 5 Excellent

If you have scored 3 or **below**, what challenges have you encountered when trying to influence topics for discussion?

………

………..

7. How much do you think your views have influenced CCG decision making

Poor 1 2 3 4 5 Excellent

If you have scored 3 or **below**, what challenges have you encountered when trying to influence CCG decision making?

………..

………..

If you have scored **above** 3, please inform us how you know you have successfully influenced CCG decisions and how is this communicated by the CCG:

………

………

8. Please rate how effective the CCG provides updates on new policy developments, upcoming consultations and other relevant NHS and Local Authority news

Poor 1 2 3 4 5 Excellent

If you have scored 3 and **below** please provide an explanation of why the communication process did not meet your expectations:

………

………

9. Please rate how effective the CCG communicates their feedback to questions raised by patients and the public

Poor 1 2 3 4 5 Excellent

If you have scored 3 and **below** please suggest how the CCG can improve their patient communication methods:

………

………

If you have scored **above** 3 please tell us what method of patient communication is particularly effective and why:

………

………

bout you:

What is your age?

16-17
18-24
25-34
35-44
45-54
55-64
65-74
75+
Prefer not to say

What is your sex?

Male

Female

Do you identify as trans*?

**Any part of the process, including your thoughts or actions, to bring your physical sex appearance, and/or gender role, more in line with your gender identity*
Prefer not to say

Please indicate which tern would best describe your sexual orientation?

Gay
Heterosexual
Lesbian
Bisexual
None of these
Prefer not to say

How would you describe your ethnic background?

Asian or Asian British: Indian
Asian or Asian British: Pakistani
Asian or Asian Black: Bangladeshi
Asian or Asian British: Chinese
Asian: Other
Black or Black British: African
Black: Other
Mixed: White and Black Caribbean
Mixed: White and Black African
Mixed: White and Asian
Mixed: Other
Other: Arabic
Other: Other ethnic background
White: English/Welsh/Scottish/Northern Irish/British
White: Irish
White: Gypsy or Irish Traveller
White: Other
Prefer not to say

How would you describe your religious belief?

Agnostic
Atheist
Buddhist
Christian

Hindu
Jewish
Jainism
Muslim
Pagan
Sikh
Any other religious belief
None
Prefer not to say

Do you consider yourself to have a disability?

Hearing
Learning
Physical
Sensory
Visual
None
Other (Please specify)

Appendix 2(d)

CCG STAFF PPIEI QUESTIONNAIRE

1. Please indicate from the list below what role you hold within the CCG:

☐ Executive Team

☐ Contracting, Planning and Performance Team

☐ Complaints Team

☐ Patient Experience Team

☐ Equalities and Diversity Team

2. Please select from the options below which CCG you have been employed

☐ Birmingham CrossCity CCG
☐ Birmingham South Central CCG
☐ Solihull CCG

3. How well do you understand the CCG's strategic objectives for patient and public engagement?

Extremely Poor Poor Not Sure Well Extremely Well

If you have rated "Not Sure, "Poor" or "Extremely Poor" can you please tell us what the CCG can do to improve your understanding around patient engagement

……….

……….

4. Please rate how well you understand your personal role and responsibilities for implementing the CCG's patient engagement processes

Extremely Poor Poor Not Sure Well Extremely Well

If you have rated "Not Sure, "Poor" or "Extremely Poor" 3 can you please tell us what information you require to improve your understanding of your role and responsibilities for implementing patient engagement processes

……….

……….

If you have rated "Well" or "Extremely Well" can you please provide a brief overview of your roles and responsibilities for implementing patient and public involvement within the CCG

……….

……….

5. Please rate how patient engagement feedback is consistently used to influence commissioning decisions within your organisation

Extremely Poor   Poor   Not Sure   Well   Extremely Well

If you have rated “Not Sure”, “Poor” or “Extremely Poor” can you please provide suggestions about how the organisation can improve their performance in the area

………

……….

6. Please rate how effective you feel the CCG engage with minority groups residing in its population

Extremely Poor   Poor   Not Sure   Well   Extremely Well

If you have rated “Not Sure”, “Poor” or Extremely Poor” can you please provide suggestions about how the CCG can improve their engagement activities with these communities

………

………

If you have rated “Well” or “Extremely Well” how do you know the organisation is being effective in engaging with minority groups

……….

……….

7. Please rate how effective you feel the CCG communicates back to patients and the public when their feedback has been used to influence commissioning decisions

Extremely poor   Poor   Not Sure   Well   Extremely Well

If you have rated “Not Sure”, “Poor” or “Extremely Poor” can you please provide suggestions around how the communication processes can be improved

………

………

………

8. Are you aware that the NHS Standard Contract 2016/167 Service Conditions state that providers must demonstrate at Contract Review Meetings how they have utilised feedback from service users to evaluate and improve services

☐ Yes

☐ No

Appendix 3

Roles and responsibilities of specific group members. Questions one to three for Solihull and four for BCC and BSC.

CrossCity Groups

Table 1: Q1 - Primary Care Engagement Forum. Please identify your roles and responsibilities from the list below

Answer Choices	**Responses**
Represent views of patients at my practice	26
Feedback responses CCG provides, to questions raised on behalf of patients at my practice	14
Contribute to discussions relating to CCG consultations	20
Receive updates about CCG work, local NHS issues, local authority developments and disseminate information to patients at my practice	15
N/A	5
Answered please note respondents may have selected more than one answer	**37**
Skipped	**0**

Table 2: Q2 - Expert by Experience. Please identify your roles and responsibilities from the list below

Answer Choices	**Responses**
Attend meetings and support CCG with the design, improvement and review of health services	16
Ensure that the perspective of local patients are central to all discussions held and decisions made by CCG	16
N/A	14
Answered please note respondents may have selected more than one answer	**37**
Skipped	**0**

Table 3: Q3 - Strategic Patient Partner. Please identify your roles and responsibilities from the list below

Answer Choices	**Responses**
Attend meetings and support CCG with the design, improvement and review of health services	15
Contribute to patient engagement activities such as workshops, focus groups and surveys	26
Contribute to discussions with CCG, drawing upon own experience and expertise of utilising health services	20
Ensure that the perspective of local patients are central to all discussions held and decisions made by CCG	16
N/A	7
Answered please note respondents may have selected more than one answer	**37**
Skipped	**0**

Table 4: Q4 - People's health panel. Please identify your roles and responsibilities from the list below

Answer Choices	**Responses**
Respond to CCG consultations	20
Take part in focus groups/workshops/events	22
Sit on project groups as a patient representative	13
N/A	10
Answered please note respondents may have selected more than one answer	**37**

Skipped	**0**

South Central Groups

Table 5: Q1 - Ideas Café. Please identify your roles and responsibilities from the list below

Answer Choices	Responses
Share your views and experiences of using local health services	11
Complete health questionnaires	8
Respond to CCG consultations	8
N/A	21
Answered please note respondents may have selected more than one answer	**35**
Skipped	**0**

Table 6: Q2 - PPG Forum. Please identify your roles and responsibilities from the list below

Answer Choices	Responses
Represent views brought to PPG from local patients	9
Feedback responses from CCG to questions raised on behalf of local patients	7
Contribute to discussions relating to CCG consultations	8
Receive policy updates from CCG and disseminate information to local patients	7
N/A	22
Answered please note respondents may have selected more than one answer	**35**
Skipped	**0**

Table 7: Q3 - Long Term Conditions Forum supported by Gateway. Please identify your roles and responsibilities from the list below

Answer Choices	Responses
Attend meetings and support CCG with the design, improvement and review of health services	8
Contribute to patient engagement activities such as workshops, focus groups and surveys	9
Contribute to discussions with CCG, drawing upon own experience and expertise of utilising health services	8
Ensure that the perspective of local patients are central to all discussions held and decisions made by CCG	6
N/A	23
Answered please note respondents may have selected more than one answer	**35**
Skipped	**0**

Table 8: Q4 - Long Term Conditions Forum supported by Gateway. Please identify your roles and responsibilities from the list below

Answer Choices	Responses
Respond to CCG consultations	4
Take part in focus groups/workshops/events	25
Review patient information, design accessible leaflets etc	4

Share your views and experiences of using local health services	24
Receive updates from the CCG and share this information with other patients	3
N/A	8
Answered please note respondents may have selected more than one answer	**35**
Skipped	**0**

Solihull groups

Table 9: Q1 - Patient Voice Panel. Please identify your roles and responsibilities from the list below

Answer Choices	**Responses**
Review patient information, design accessible leaflets etc.	4
Respond to CCG consultations	11
Share your views and experiences of using local health services	8
Receive updates about CCG work, local NHS issues, local authority updates	7
Attend meetings and support CCG with the design, improvement and review of health services	9
N/A	5
Answered please note respondents may have selected more than one answer	**19**
Skipped	**0**

Table 10: Q1 - PPG Forum. Please identify your roles and responsibilities from the list below

Answer Choices	**Responses**
Represent views brought to the PPG from local patients	17
Feedback responses from CCG to questions raised on behalf of local patients	7
Contribute to discussions relating to CCG consultations	11
Receive policy updates from the CCG and disseminate information to local patients	6
N/A	1
Answered please note respondents may have selected more than one answer	**19**
Skipped	0

Table 11: Q1 - PPG Forum. Please identify your roles and responsibilities from the list below

Answer Choices	**Responses**
Respond to CCG consultations	13
Receive feedback from consultations	8
Receive updates about CCG work, local NHS issues, local authority updates	13
Receive feedback about specific projects	8
N/A	4
Answered please note respondents may have selected more than one answer	**19**
Skipped	0

Question four for Solihull and five for BCC and BSC.

Combined data from all CCG's

Table 12: Q5 - How long have you been involved in the work of the CCG (e.g. attending meetings, completing surveys and speaking to CCG staff)?

Answer choices	**Responses**	**Percentages**
6 months	2	2.20%
1 year	10	10.99%
2 years	23	25.27%
3 years	20	21.98%
4 years plus	31	34.07%
Answered	**86**	
Skipped	**5**	5.49%
Grand total	**91**	

*Length of involvement with the CCG ranges from six months to 15 years.

Question five for Solihull and six for BCC and BSC.

Table 13: Q6 - How many times have you participated in the work of the CCG within the last 12 months?

Answer choices	**Responses**	**Percentages**
More than 24 times	2	2.20%
12 - 24 times	6	6.59%
6 - 11 times	21	23.08%
1 - 5 times	48	52.75%
No participation.	9	9.89%
Answered	**86**	
Skipped	**5**	5.49%
Grand total	**91**	

Table 14: Q6 - Feedback reasons for non-participation in the work of the CCG within the last 12 months?

Can't remember
Haven’t been invited to participate
I have attended one meeting on CCG merger and usually find I'm not always informed of meetings or they are not convenient. I don't always find them useful and rarely get feedback, there isn't always appropriate patient representation and find that divisions are sometimes made based on under representation of views
Ill health of partner
Not actively participating in this way
PPG Disbanded pending joint PPG
Not been able to attend PPG Forum/Network meetings
Don't think I have been involved in real participation at all.

Question six for Solihull and seven for BCC and BSC.

Table 15: Q7 - How did you first hear about the role you are involved in?

Answer choices	**Responses**	**Percentages**
Information on the CCG website/social media	5	5.49%
CCG personal invitation	24	26.37%
From other organisations	7	7.69%
Responded to Information received at events	15	16.48%
Other (please specify)	35	38.46%
Answered	**86**	
Skipped	**5**	5.49%
Grand total	**91**	

Table 16: Q7 - Feedback on how did you first hear about the role you are involved in

Don’t have a role
Friend
Friend who used to attend group
From colleague at my PPG
From information displayed about PPG's at Health Centre
From my GP
From our PPG
Gateway
General mail out
GP
GP's and Health workers
Health professional
Healthwatch Birmingham
Info at practice
Info passed on by our GP practice
Invitation by practice
INVITE FROM GROUP MEMBER
Joined local PPG to give back to NHS
Local surgery
Member of other group
NHS website
Not actively participating in this way
Poster
PPG
Retired from NHS
The then chair of my PPG
Through my GP
Through surgery PPG
Via the PPG
Was new deputy chair of my PPG. So went to the PPG Forum/Network meetings, then when it became a patient-led network I chaired it

Question seven for Solihull and eight for BCC and BSC.

Q8: BIRMINGHAM CROSSCITY CCG Questions for Primary Care Engagement Forum/Experts by Experience/Strategic Patient Partner

Table 17: Q8 - Do you attend the Primary Care Engagement Forum?

Answer choices	**Responses**	**Percentages**
I attend	17	45.95%
I do not attend	18	48.65%
Answered	**35**	
Skipped	**2**	5.41%
Grand total	37	

Q8: BIRMINGHAM SOUTH CENTRAL CCG Questions for Idea Cafe, PPG Forum, Citizen Group and Long Term Conditions Forum supported by Gateway

Table 18: Q8 - Do you attend the PPG Forum?

Answer choices	**Responses**	**Percentages**
I attend	11	31.43%
I do not attend	23	65.71%
Answered	**34**	
Skipped	**1**	2.86%
Grand total	35	

Q7: Solihull Locality Questions for Voice Panel, PPG Forum/Network and Patient Members

Table 19: Q7 (Solihull) - Do you attend the PPG Network?

Answer choices	Responses	Percentages
I attend	12	63.16%
I do not attend	5	26.32%
Answered	17	
Skipped	2	10.53%
Grand total	19	

Question eight for Solihull and nine for BCC and BSC.

Q9: Part of your role…is to represent the views of your PPG. Can you please explain how you gather the views from patients at your practice and feedback CCG responses?

	BCC	BSC	Sol
Answered	17	11	12
Skipped	20	24	7

Table 20: Q 9 – Comments on how the views from patients at your practice are gathered and feedback CCG responses?

At Practice Group Meetings
At the meeting
Attend PPG
Attend Surgery PPG meetings and report back any items of interest
By speaking to any patients that want to share their views
By talking to patients in reception, being involved in complaints procedure, as a group through PPG members.
Chair of PPG meets every 8 weeks to discuss current issues and relay information from forums
Details from patients are gathered via updates on PPG involvement using on screen advertising, posters and one to one conversations. Feedback has enabled new patients to join the PPG.
Discussion at PPG meetings and use of our newsletter
Face to face
From information from local surgery and individual members of PP
Gathering views from patients is from other members of the PPG at meetings and via email; feedback from other patients is via occasional surveys and from responses to the occasional PPG Newsletters. Feedback from the PPG Forum/Network and CCG is through PPG meetings and emails.
Group discussion at meetings
I am Involved with PPG and a hospital governor
I circulate emails to members and raise issues at meetings
I do not represent any ppg
I have only attended one meeting, as I was aware before. Last week.
If something comes up at a PPG meeting I will ask at the PPG Forum/Network and if I think that something at the PPG Forum/Network will be of interest to the PPG I tell them about it.
I'm [part of] of the PPG that has the largest attendance of all the PPGs in [the CCG] so I share with the 20 to 60 who attend all that isn't confidential, and also get that sent to our comms list of 125 patients.
It is more informing patients about the service
Meetings and Surveys
Patients have been given questionnaires. Also have reports from the practice manager. These are discussed at PPG committee meeting

PPG meetings, feedback from requests
PPG meetings, practice staff and surveys
PPG members have a 'presence in the GP waiting room 'days', usually during PPG awareness week. We plan to do this more often
Regular meetings I am the Chairman of my Practice PPG
Report back to our PPG and bring issues to forum raised by PPG
Requests via Virtual patient’s reference group for views are made, but response is minimal. More is obtained by word of mouth
Send out survey, not active at present.
Surveys in practice and direct contact with patients who have an opinion or a problem. Patients are referred by the practice and we hold regular PPG meetings
This is fairly new to us but any issues raised at meetings will be aired at the CCG forum/network or raised [through face-to face discussion] we also benefit from meeting other PPG's members and learning from each other’s experiences and ideas
Through meetings and feedback from practice staff
Through patient feedback, other PPG reps and the Practice Manager.
Through regular meetings, emails from members and concerns from local people
TO PEOPLE AT MEETINGS
Via local surgery regular PPG meetings.
Via regular meetings of the ppg
We collect information via patient survey
We have a PPG of about 15 people. We meet every 6 weeks at the GP practice, CCG matters are fed to the PPG. Patients raise issues of concern to them and these are discussed at the PPG. These issues are then forwarded to CCG staff.
We hold PPG meetings where we gather and share views, opinions and questions. These provide us with local information that we respond to. We have a monthly newsletter where we share local, national and surgery information on services and activities. We try to focus on accurate information that the Partners support us with as well as preventative activities. I also circulate news from CCG Forum/Network through my PPG. We are trying to extend our influence and consultation base through emails but GPs are reluctant!!! We have also started a new approach to inclusion and education - we coordinated a Mental Health day where services attended to share what was available in terms of help and support, locally.

Question nine for Solihull and ten for BCC and BSC.

Table 21: Q10 - How effective are you at getting topics of interest explored at Forum/Network Meetings – rated 1 (poor) to 5 (excellent)

	1 Poor		2		3		4		5 Excellent		Total
BCC	11.76%	2	17.65%	3	35.29%	6	11.76%	2	23.53%	4	**17**
BSC	9.09%	1	9.09%	1	27.27%	3	36.36%	4	18.18%	2	**11**
Sol	16.67%	2	8.33%	1	41.67%	5	16.67%	2	16.67%	2	**12**

Answered	**40**
Skipped	**51**

BCC		BSC		Sol		
Answered	17	Answered	11	Answered	12	
Skipped	20	Skipped	24	Skipped	7	Scored 3 or below

Table 22: Q10 - If you have scored 3 or below, what challenges have you encountered when trying to influence topics for discussion?
Agenda is usually set and I think Lip Service is paid to PPG's
At present too many topics for time available. Not enough meetings. At last three meetings AOB there has not been enough time to discuss relevant topics that those present wished to bring up. Being asked to send in an email, I believe is not good enough.
Having attended only one meeting I am not able to realistically give a fair view
I am no longer an officer of the PPG
I have not had to raise any issues yet, so don't know
I prefer more discussions / presentations on how PPGs can support their own GP Practices and support patients rather than presentations on specific medical conditions
Lack of interest by CCG hierarchy
Leadership of the forum/network may have pre-set agendas but there can be discussion
Our reps attending have fed back the topics are of little real relevance and they have questioned the focus and influence of the group.
Perhaps the biggest drawback is the fact that everyone who is a patient on the PPG is not an employee of the NHS. This effectively prevents successful participation in some schemes raised by PPG's.
PPG Forum/Network meetings have been discontinued along with virtually all other vehicles for consulting with patients
Some months ago I asked why 75% of Continuing Healthcare applications were rejected by BSC CCG however I have not yet had a relevant answer. I have been told about the process and how hard they are endeavouring to do the right thing but not why so many applications are rejected.
Staff, I found to be very rude, talking under their breath to make you feel uncomfortable I felt they just wanted me to shut up so I didn't say very much after that
The agenda is full of topics (e.g. the ambulance service) which are indeed important but a bit remote from our General Practice
The time factor
There is a continued reluctance by the CCG to involve patients in its committees - a patient needs to sit on the Primary Care Committee. The PCEF meetings mainly consist of an agenda that deals with matters that are 'top down' where they should be 'bottom up'
Think we could always do better but I think our newsletter carries a good level of interesting and appropriate topics

Question ten for Solihull and eleven for BCC and BSC.

Table 23: Q 11 - How much do you think your views have influenced CCG decision making

	1 Poor		2		3		4		5 Excellent		Total
BCC	25.71%	9	25.71%	9	34.29%	12	14.29%	5	0.00%	0	35
BSC	11.76%	4	8.82%	3	52.94%	18	23.53%	8	2.94%	1	34
Sol	58.82%	10	17.65%	3	5.88%	1	17.65%	3	0.00%	0	17
										Answered	**86**
										Skipped	**5**

Question eleven for Solihull and twelve for BCC and BSC.

BCC		BSC		Sol		
Answered	28	Answered	25	Answered	14	
Skipped	9	Skipped	10	Skipped	5	Scored 3 or below

Table 24: Q 11 and Q12 - Feedback from respondents who scored 3 or below - what challenges have you encountered when trying to influence CCG decision making
A lonely voice in a bureaucratic system
Answers from relevant CCG staff to written questions submitted through the PPG Forum/Network have usually been an effective form of engagement. However, in one case a response to a question regarding the CCG's progress in dealing with critical comments in a strategy document is still awaited after more than 12 months.
Attending meetings
Budget constraints
CCG are very good at appearing to be interested and listening to the patients view but even better off not implementing any of them, result there is no real added patient value within the CCG
Difficult to contact GP's for appointments
Do not know where the comments go to or who discusses them
Don't know they listen or take heed
Early days I am unable to give an honest opinion - hence middle score
From my observations, it seems pretty clear that decisions have already been made in influences associated with any change in the CCG environment. PPG's seem more of an implementation tool than an actual game changer.
Getting enough information to challenge
Having a very small voice in a very large complicated system
I am not sure that the CCG want to introduce change.
I am rarely consulted. Or issues are fait accompli.
I believe that there is little real engagement
I don't think we change decisions, they are noted in the minutes but nothing really gets done.
I find when the manager is at meeting, she wants them to be rushed. As staff are allow to talk but when anyone disagree, staff become upset and move on to next question. Which I find to be very rude.
I have recently qualified as a GP and not had much participation in these matters. I have always felt that I needed to be part of the CCG to participate. Being a salaried and locum GP I didn't feel my involvement was welcome
I think it is because there are serious resource issues in the NHS and it is therefore difficult to get some issues on the agenda if there are no resources to change the offer.
I think the "corporate" view has most influence
I think the question should be about how the CCG has responded rather than the above
I was asked to join the CCG patient group but declined
It's not very clear that my views, knowledge and experience are very relevant to these bigger issues. (This is not necessarily a criticism.)
Keep getting told it's someone else's remit
Lack of feedback on how views have been used.
Lack of interest by CCG hierarchy
Limited feedback / limited funding
Little or no communication
Little support for discussion.
Many areas are not fully explored

MORE TIME TO LISTEN
My experience has been that ... CCG forms a view and consultation is from that point and worded in a way to promote that particular view. When CCG members attended consultation re merger for instance it was clear the direction was set and the ' consultation' mere window dressing.
My own health condition
No direct form(s) of communication between patient/PPG level and the CCG Board. Broadly most GPs do not want to discuss strategic planning / decision making or most other topics with patients. Generally if you have a PhD or equivalent you will be listened to whether you have influence is something else. Basically it is professional elitisms and the generality of the public or patients have no say whatsoever , although NHS England continue to preach how much they want and encourage CCGs to increase and improve public engagement . It is absolutely apparent that CCGs, have no intention of following NHS England guidelines.
No feedback or influence. A bit of a dead end?
No opportunity given for participants/member to express their views/opinions on above
NONE
Not always clear what the end result was
Not always sure patient view is taken in to consideration and don’t always get feedback on outcomes
Not being able to attend meetings, smaller group meetings might have made attendance easier
Not receiving feedback. Not always being included as a lay voice... too many silos!!!
Not sure
Only through PPG Forum/Network
Poor feedback on suggestions made. Attitudes need to change to understand and accept patient’s views (equally patients must apply good logical comment, not just a moaning/complaints shop).
Poor patient representation at events due to the number of attendees
Possibly too much on the agenda and too much time spent on some points
Problems with appointments especially GP
Rarely any proper engagement - being consulted on largely already agreed proposals is meaningless
Refusal to listen to accept criticism or proposed improvements. Consultations are "deaf" to inputs.
Some feedback but limited impact
Some group members seem to have very entrenched views but I feel that I did give alternative points of view which were appreciated
Sometimes no feedback, sometimes difficult to contact the correct person. "in house" language hard to understand
Speaker chosen ref mental health provision was far from reality, chosen from a minority group where funds seem to be channelled leaving the rest of us to sink
Still work on the plan that all is well don't want to hear when things go wrong
The CCG appears that it does not want to truly engage with patients. No 'patients' on any CCG committees - closure of all engagement vehicles (except PCEF which has no teeth). E.g. Council, LPNs etc. The population at large has never heard of the CCG and ideas to improve this situation have been ignored. Patient’s attendance at public CCG meetings is lamentable. The merger of CCGs will only make public and patient engagement more remote unless there is a change of attitude at the top.
The CCG shows no interest in letting patients participate in decision making processes
The consultation is not serious
The professionals on the group do listen and put forward the point made but it’s up to a much bigger entity to act on them, which means only act on what they like to see
There is no evidence that anything that is said at the PPG Forum/Network changes anything the PPG does.
Time
Time problem
Too many changes and issues too complex
Unknown
Unsure as only just joined group

Question twelve for Solihull and thirteen for BCC and BSC.

Q13 (and 11): Feedback from respondents who scored above 3, please inform us how you know you have successfully influenced CCG decisions and how is this communicated by the CCG:

BCC		BSC		Sol		
Answered	4	Answered	9	Answered	3	
Skipped	33	Skipped	26	Skipped	16	Score above 3

Table 25: Q 11 and 13 – Feedback from respondents who scored above 3, please inform us how you know you have successfully influenced CCG decisions and how is this communicated by the CCG:
CCG commissioned services
Collective views are taken on board and where possible acted upon. Feedback is given for all meetings
Discussion on Falls, taken up by other PPGs.
Feedback to our suggestions in the group
Gateway very good at passing information on
Good forum for managers within the NHS to explain the need for reforms whilst understanding the needs and requirements of the customers i.e. patients
I had email contact with the CCG, serve on the group and sometimes have senior CCG guest speakers at Forum/Network meetings….Several of my suggestions influenced the way [in which a consultation] was implemented. The CCG uploads minutes from groups onto its website and also the dates of the Forum/Network meetings.
MECS Specification Input
Some views taken up in final outcomes
The work that we have been asked to give opinions on, I've said to them to make it easy-read and each time they have.
We have always felt to be an inclusive part of the PPG Forum/Network team

Question thirteen for Solihull and fourteen for BCC and BSC.

Table 26: Q14 - Please rate how effectively the CCG provides updates on new policy developments, upcoming consultations and other relevant NHS and Local Authority news

	1 Poor		2		3		4		5 Excellent		Total
BCC	15.63%	5	28.13%	9	12.50%	4	37.50%	12	6.25%	2	32
BSC	11.76%	4	0.00%	0	29.41%	10	44.12%	15	14.71%	5	34
Sol	5.88%	1	5.88%	1	47.06%	8	41.18%	7	0.00%	0	17
										Answered	**83**
										Skipped	**8**

Table 27: Q 14 - Feedback from respondents who scored 3 or below - please explain why the communication process did not meet your expectations
As I do not receive any updates I have to score poor - maybe this is my fault for not subscribing to the newsletter however.
At times we never really hear of any developments unless members of the public tell us.
CCGs require an independent patient voice to act as Non-executive directors to provide compliance in all fields . I rarely get asked opinions on important decisions.
Clinicians have a most important task in securing the best possible outcome for the patient population but this will only be achieved by listening to patients. At present it appears that amalgamations of CCGs surgeries etc. is making patients more remote from the decision takers
Consultations appear to only happen when decisions have already been taken, more like notice of change
I have not received any updates
I mostly receive this through group attendance
I personally think they pick who they like, or talk about all the things they like to hear, and if you disagree with what they are saying they make sure to only invite you to events to which they will be attending. I think if you're going to be working with members of the public and you have the title of Engagement Officer or Engagement Manager then I think you should be rated by the public or people who attended meetings because I personally think the CCG's should be rated
Info at doctors very poor - gateway better and BCHC quite good
It seems there are no national standards - though they should be standard across the UK and not politically motivated.
It would be great if the CCG pro-actively emailed PPG Forum/Network members with EVERYTHING that is going on and TIMELY requests for assistance. I am typically given only a few days to comment on quite complex issues.
Staff member keeps me updated
Lots of info sent but not always in the most digestible format for a lay audience
Many consultations are flawed in collecting and analysing data. Often they appear to be simply 'box ticking'.
Never get any direct communications as a PPG Chair
New ideas are published but there is no updated information about topics such as Care Navigators where funding has been discontinued even though it is still promoted on the website
No meaningful feedback on internal policy decisions
Not able to say
Nothing in writing or phone calls
Only see as I follow on Twitter
Group newsletter in 2017 were March and December! Plenty of change occurring which should be re-laid at least to the group. information is found by detective work
Seem to have reduced the amount of information received lately
Sometimes, they leave invitations to meetings to the last minute and because of that, a lot of people have other engagements planned.
Staff member keeps me updated
They are excellent at holding consultations but totally inadequate at communicating or implementing the outcomes
The CCG appear to have their own agenda for going forward and this is not transparent.
The changes due to come into practice on 1st April have been well publicised and all concerned appear to be aware of the changes.
There is not a single 'patient' on any of the CCG committees.
They are excellent at holding consultations but totally inadequate at communicating or implementing the outcomes

Unless you go onto the CCG website (should one have the time or inclination) finding out anything is minimal.
Website is informative. Consultations etc often have very short time scales for meaningful response

Question fourteen for Solihull and fifteen for BCC and BSC.

Table 28: Q15 - Please rate how effectively the CCG communicates their feedback to questions raised by patients and the public

	1 Poor		2		3		4		5 Excellent		Total
BCC	25.00%	8	12.50%	4	37.50%	12	21.88%	7	3.31%	1	32
BSC	8.82%	3	14.71%	5	20.59%	7	41.18%	14	14.71%	5	34
Sol	0.00%	0	35.29%	6	41.18%	7	23.53%	4	0.00%	0	17
										Answered	**83**
										Skipped	**8**

Question fifteen for Solihull and sixteen for BCC and BSC.

Q16: As you have scored 3 or below please suggest how the CCG can improve their patient communication methods:

BCC		BSC		Sol		
Answered	24	Answered	15	Answered	13	
Skipped	13	Skipped	20	Skipped	6	Scored below 3

Table 29: Q16 - Feedback from respondents who scored 3 or below - please suggest how the CCG can improve their patient communication methods
Better interpretation and filtering
By monthly summary bulletins
By simpler wording and more widely reported outcomes
Complete overhaul
Concise, honest answer rather than 20 minutes of warm words and fuzzy aspirations which tell me nothing but allow the subject to be changed.
Consider different forms of communication not everyone sees posters at their GP or is IT literate for emails etc. Consider more local radio and press coverage
Could be much better such as with the merger with Birmingham where survey was held in the summer, was over a reduced timescale, and did not answer concerns giving the impression that the decision had been taken before the consultation
Cut out of the meetings unrelated items which are referred to time and time again through pages of minutes which are just boring and unrelated to actually running a PPG
Employ staff who are skilled in investigating facts, analysing data and designing new processes. Far too many staff lack the skills to do the jobs they are being asked to do.
Ensure the consultations give a clear understanding of the impact on local services and make more effort to 'inclusion ' of a wider range of views
Establish vehicles whereby patients have some involvement in decision making - investment in decision making processes and are not just invited to communication processes that give just lip service to patient views and needs. This survey should have had a section at the end where patient views could be expressed on matters of importance to the respondee
Feed back to PPG Forum/Network meetings
Have no real evidence of this
I am not aware of enough communication to give an higher rating
I am not aware of the feedback
I think they try but sometimes miss the mark by not being clear enough plain English. Also it depends on what their agenda is. Some topics have easier messages than others.
I'm currently unaware of methods other than twitter for communication
Increase the use of available technology
Insufficient experience to comment fairly

Involve patient representatives in decision making process. Reintroduce processes and procedures whereby patients can voice their opinions. CCG has just one vehicle left that meets at intervals with patients but this is a one sided activity and patients have no real opportunity to influence CCG thinking in any meaningful way. Clinicians and the CCG seem to lack any experience of effective communication with a wide audience. The uses of the local press could be used to raise an understanding of the role of the CCG. Very few individuals have even heard of the CCG. It is more of a 'club' for clinicians.
Involve patients and public as co-producers of services and initiatives. No tick box stuff please
Make it more concise plain speaking
More documentation regarding all advantages and disadvantages of the range of policy options should be provided in advance of open meetings and other fora. (NB - that is not a criticism of the regular PPG Forum/Network meetings, which under the leadership of (name removed) were usually very good.)
More non-professionals at Board Level and every other committee of the CCG, enhanced training of individuals who may wish to take on such roles.
More positive feedback, including minutes of meetings at group to gain confidence that the involvement is valued.
More Social Media use perhaps
More use of technology creating a greater profile
Not heard back from the last meeting
Only want to hear about when things go right because CCG think all surgeries are the same and work like large surgeries
Produce a Database of PPG's their membership /Chair and establish a clear line of communication and have directly elected members on a discussion group
Proper minutes should be issued
Questions raised at the group are usually followed through but general queries and questions raised at workshops etc. are not always answered. Would be very helpful to ensure feedback from all patient engagement events
Send minutes within 7 days
Should produce regular reports as other CCGs do
The CCG should make sure that they understand their patient groups and their needs and target with appropriate methods of communicating. The CCG should be clear about why you are communicating which would guide the methods you use. A patient engagement and communication strategy as part of a wider PPI strategy would be useful.
The issue is complex. Thought needs to be given as to what issues are purely technical and what would benefit from patient response and, if so, in precisely what way. Patients for example may have a view about what sort of out of hour's provision they would like but then not be competent to judge the details of the various options. This topic is very important and I would be willing to have a conversation at length about it with anyone interested.
There should be accessible website for general public and once we login to the NHS website there should be option to access the location and offer to take to the local CCG website to find out what's happening in the local area.
They cannot or will not until the patient's opinion becomes more than an NHS tick box requirement
They have their favourites who say all things what they want to say but if they have anybody either don't like then I want invite them to meetings but they will include everybody else and then it becomes embarrassing when you hear about it and you don't receive any dictation to it but others to do
They need to have clear definitions of what they mean by word consultation. They also need to actively offer engagement opportunities through face to face sessions open to all patients and disseminated invitation through PPG. This needs to be timely.
They need to get out into the community and look at how PPG's work
Use PPG Forum/Network more
Website or email with explanation of CCG structures
Wider scope / involvement in planning
Would it be possible to use the video screens in Patient waiting areas, both in Primary and secondary care areas to convey this information?

Question sixteen for Solihull and seventeen for BCC and BSC.

Q17: As you have scored above 3 please tell us what method of patient communication is particularly effective and why:

BCC		BSC		Sol	
Answered	8	Answered	20	Answered	4

Skipped three	29	Skipped	15	Skipped	15		Scored above

Table 30: Q17 – Feedback from respondents who scored above 3 please tell us what method of patient communication is particularly effective and why
As soon as someone says they have a problem, it gets noted down and dealt with asap.
Email
Email and action logs used
Email as you can read messages when you have time to
Emailing information and disseminating by poster and word to those not on the net
Emails, meetings
Emails that I or others can summarise to our own comms links - in my case the PPGs Forum/Network, the PPG, and Healthwatch. 2nd is leaflets distributed to GP waiting rooms and pharmacies.
Face to face conversations
Feedback events
Feedback is given at meetings and by email
Good speakers at Forum/Network meetings and Newsletter
It is best to use a range of methods. Web site including patients own GP website. Social media is important too. Annual meetings and other consultation exercises. Group does a very good job.
Knowing and helping them
Not had any response since September 2017
Not heard back from the last meeting
Organise a meeting to raise concerns with practice.
Postal
Regular, well-advertised meetings through various web sites
Speakers from CCG have updated us from time to time
The majority of information is passed via electronic method which today is the norm. Those not using this method are informed via our PPG sessions.
Through emails to PPG members/meetings and through GP Practice
TIME WITH SERVICE USERS
We have had speakers to follow up the questions, where possible.
Willing and honest communication.

Demographics

Questions 17 to 22 for Solihull and 18 to 23 for BCC and BSC

Table 31: Q18 - Combined data - age of CCG members who responded

Answer Choices	Answered	Percentage
16 - 17	0	0.00%
18 - 24	1	1.22%
25 - 34	1	1.22%
35 - 44	4	4.88%
45 - 54	5	6.10%
55 - 64	16	19.51%
65 - 75	41	50.00%
75 +	12	14.63%
Prefer not to say	2	12.44%
Answered	**82**	
Skipped	9	

Table 32: Q19 - What is your sex? CCG members who responded

Answer Choices	Answered	Percentage
Male	37	45.12%
Female	42	51.22%
Do you identify as trans*? *Any part of the process, including your thoughts or actions, to bring your physical sex appearance, and/or gender role, more in line with your gender identity	0	0.00%
Prefer not to say	3	3.66%
Answered	**82**	
Skipped	9	

Table 33Table 32: Q20 - Sexual orientation of CCG members who responded

Answer Choices	Answered	Percentage
Asexual	0	0.00%
Bisexual	2	2.44%
Gay	1	1.22%
Heterosexual	69	84.15%
Lesbian	0	0.00%
None of these	2	2.44%
Prefer not to say	8	9.76%
Answered	**82**	
Skipped	9	

Table 34: Q21 - Ethnic background compared to 2018 CCG survey and 2011 Census	2018 CCG survey BCC and BSC		2011 Census		2018 CCG survey Solihull		2011 Census	
Response	No	Percentage	No	Percentage	No	Percentage	No	Percentage
Asian or Asian British: Indian	4	6.15%	64,621	6.02%	0	0.00%	7098	3.4%
Asian or Asian British: Pakistani	4	6.15%	144,627	13.48%	0	0.00%	3413	1.7%
Asian or Asian Black: Bangladeshi	0	0.00%	32,532	3.03%	0	0.00%	633	0.3%
Asian or Asian British: Chinese	1	1.54%	12,712	1.18%	0	0.00%	906	0.4%
Asian: Other	0	0.00%	31,148	2.90%	0	0.00%	1511	0.7%
Black or Black British: African	2	3.08%	29,991	2.79%	0	0.00%	852	0.4%
Black: Other	0	0.00%	18,728	1.75%	0	0.00%	Black/African/Caribbean/Black British: Caribbean- 1930 Black/African/Caribbean/Black British: Other - 457	Black/African/Caribbean/Black British: Caribbean - 0.9% Black/African/Caribbean/Black British: Other -0.2%
Mixed: White and Black Caribbean	0	0.00%	24,720	2.30%	0	0.00%	2395	1.2%
Mixed: White and Black African	0	0.00%	3,223	0.30%	0	0.00%	247	0.1%
Mixed: White and Asian	0	0.00%	11,186	1.04%	0	0.00%	1156	0.6%
Mixed: Other	0	0.00%	8,476	0.79%	0	0.00%	606	0.3%
Other: Arabic	0	0.00%	10,910	1.02%	0	0.00%	358	0.2%
Other: Other ethnic background	0	0.00%	10,894	1.02%	0	0.00%	868	0.4%
White: English/Welsh/Scottish/Northern Irish/British	42	64.61%	570,217	53.14%	15	88.24%	177,248	85.8%
White: Irish	2	3.08%	22,021	2.05%	0	0.00%	3935	1.9%
White: Gypsy or Irish Traveller	0	0.00%	408	0.04%	0	0.00%	70	0%
White: Other	5	7.69%	28,990	2.70%	0	0.00%	2991	1.4%
Prefer not to say	5	7.69%	-	-	2	17.76%	-	-
Answered	**65**		1,025,404	95.55%	**17**			

Skipped	**5**				**2**			

Table 35: Q22 - How would you describe your religious belief?

Answer Choices	Answered	Percentage
Agnostic	5	6.10%
Atheist	2	2.44%
Buddhist	0	0.00%
Christian	48	58.54%
Hindu	0	0.00%
Jewish	1	1.22%
Jainism	0	0.00%
Muslim	7	8.54%
Pagan	0	0.00%
Sikh	0	0.00%
Any other religious belief	2	2.44%
None	10	12.20%
Prefer not to say	7	8.54%
Answered	**82**	
Skipped	9	

Table 36: Q23 - Do you consider yourself to have a disability?

Answer Choices	Answered	Percentage
Hearing	7	8.54%
Learning	2	2.44%
Physical	17	20.73%
Sensory	1	1.22%
Visual	2	2.44%
None	37	45.12%
Other (please specify)	16	19.51%
Answered	**82**	
Skipped	9	

Staff Questionnaires – Questions 1 to 12

CCG STAFF PPIEI ENGAGEMENT QUESTIONNAIRE

Table 37: Q1- Please indicate from the list below what role you hold within the CCG (Some respondents hold more than one role)

Answer Choices	Responses
Executive Team	4
Contracting, Planning and Performance Team	4
Complaints Team	0
Patient Experience Team	2
Equalities and Diversity Team	1
Answered	**10**
Skipped	**0**

Table 38: Q2 - Please select from the options below which CCG you have been employed by

Answer Choices	Responses
Birmingham Cross-City CCG	8
Birmingham South Central CCG	1
Solihull CCG	1
Answered	**10**
Skipped	**0**

Table 39: Q3 - How well do you understand the CCG's strategic objectives for patient and public engagement?

1 Extremely Poor		2 Poor		3 Not Sure		4 Well		5 Extremely Well		Total	
11.11%	1	0.00%	0	0.00%	0	66.67%	6	22.22%	2	**Answered**	9
										Skipped	1

Table 40: Q3 - Feedback from those who rated 'Extremely Poor', 'Poor' or 'Not Sure' - what can the CCG do to improve your understanding around patient engagement?

1	I have not been made aware of the strategic objectives for the new CCG. Please note that I am employed by the CSU within the (name removed).

Eight of the nine respondents felt they knew their CCGs objectives for patient and public engagement.

Table 41: Q4 to Q6 - Please rate how well you understand your personal role and responsibilities for implementing the CCG's patient engagement processes

1 Extremely Poor		2 Poor		3 Not Sure		4 Well		5 Extremely Well		Total	
0.00%	0	0.00%	0	22.22%	2	77.78%	7	0.00%	0	**Answered**	9
										Skipped	1

Table 42: Q5 – Feedback from those who rated ‘Extremely Poor’, ‘Poor’ or ‘Not Sure’. Please tell us what information you require to improve your understanding of your role and responsibilities for implementing patient engagement processes

1	I am employed within the (name removed) and my role is around patient experience, working mainly with providers to gain assurance on behalf of the CCG that providers are engaging with their service users, acting on feedback and complaints. Previously, I worked closely with the (name removed), supporting engagement activities, whilst gaining access to patients for bespoke projects I was working on.
2	Patient Engagement is not part of my role

Table 43: Q6 – Feedback from those who rated ‘Well’ and ‘Extremely Well’. Please provide a brief overview of your roles and responsibilities for implementing patient and public involvement within the CCG.

1	Executive lead. GB responsibility for delivery and effectiveness
2	Primarily related to the development/implementation of clinical treatment policies and public/professional engagement
3	I am aware of our plans for implementing patient and public involvement and these have been undertaken.
4	Engagement and involvement in the development and delivery of strategic plans; engagement and consultation in service change proposals/policy development; engagement in the development of commissioning intentions; sharing of information about our services and improving communication and self-help support for patients.
5	Through work on equality analyses, (for example when looking at service design) we will identify the key groups or communities who are most likely to be affected by the change or new service. This informs the engagement team so that they can design any consultation events which are targeted at the most appropriate community groups.

Table 44: Q7 - Please rate how patient engagement feedback is consistently used to influence commissioning decisions within your organisation

1 Extremely Poor		2 Poor		3 Not Sure		4 Well		5 Extremely Well		Total	
0.00%	0	0.00%	0	28.57%	2	71.43%	5	0.00%	0	7 2	
										Answered	**7**
										Skipped	**3**

Table 45: Q7 – Feedback from respondents who rated ‘Not Sure’, ‘Poor’ or ‘Extremely Poor’ can you please provide suggestions about how the organisation can improve their performance in the area?

1	I cannot speak for the new CCG, my comments relate to working with BSC CCG. In terms of the patient experience model, the organisation is not so good at evaluation this completing the cycle. I.e. we are so busy that we have moved on to different pieces of work before we have evaluated to see if changes arising from patient feedback have worked.
2	I have selected not sure as I think there are areas what are doing this really well and areas where this can be improved. I also think as we come together as one organisation we have an opportunity to learn from the best practice in any of the 3 organisations and how we strengthen this in the new approaches in the new organisation.

Table 46: Q8 to Q10 - Please rate how effectively the CCG engage with minority groups residing in its population

1 Extremely Poor		2 Poor		3 Not Sure		4 Well		5 Extremely Well		Total
0.00%	0	0.00%	0	57.14%	4	28.57%	2	14.29%	1	7

Answered	**7**
Skipped	**3**

Table 47: Q9 - Feedback from respondents who rated 'Not Sure', 'Poor' or 'Extremely Poor' can you please provide suggestions about how the CCG can improve their engagement activities with these communities	
1	Minority communities are no more homogeneous than majority communities. The use of the word 'community' is misleading and patronising
2	My comments relate to BSC CCG, not the new organisation. This is good in parts but I feel there are insufficient resources in place to do this properly. Often, timescales are so short, there isn't time to deliver bespoke activities and means to be all inclusive. Birmingham Women's and Children's Hospital has done some great work in this area.
3	Unsure on our minorities engagement
4	I think we can work much closer with organisations who do this well and are already engaging these communities such as the voluntary, education and faith sector

Table 48: Q10 - Feedback from those who rated 'Well' and 'Extremely Well'. How do you know the organisation is being effective in engaging with minority groups	
1	People health panel is excellent. Active efforts are made to target hard to reach and seldom heard groups. The CCG has been keen to work with (Name removed) across BSol
2	Feedback from E&D team
3	The (name removed) have assisted us in arranging for consultation on the organisational equality objectives. They have ensured that local communities have had an opportunity to be involved - for example this has included people of different races, people with a range of disabilities/long term conditions etc. as well as voluntary sector. This has resulted in us being able to better understand issues around access and patient experience, and so ensure that the equality actions are better informed.

Q11: Please rate how effectively you feel the CCG communicates back to patients and public when their feedback has been used to influence commissioning decisions

Table 49: Q11 - Feedback from those who rated "Not Sure", "Poor" or "Extremely Poor" can you please provide suggestions about how the communication process can be improved.	
1	This is very hit and miss. This should be mandatory and built into a monitoring process that has to be completed for all engagement. Engagement is sometimes seen as a tick box exercise that has to be done but is not then seen through properly. Maybe something around patient engagement and experience should be built into mandatory training for all staff and monitored through performance reviews.
2	Our (name removed) team is responsible here

Q12: Are you aware that the NHS Standard Contract 2016/2017 Service Conditions state that providers must demonstrate at 'Contract Review Meetings' how they have utilised feedback from service users to evaluate and improve services.

Table 50: Q12 - Feedback from those who responded to Q12
Seven respondents indicated they were aware that the NHS Standard Contract 2016/17 Service Conditions stated that providers must demonstrate at 'Contract Review Meetings' how they have utilised feedback from service users to evaluate and improve services