

Sheffield 'Moving together'



Musculoskeletal (MSK) services Engagement report

November 2014



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Executive Summary

Overview

This report is a comprehensive look at the steps taken, the mechanisms employed and the information gained from Musculoskeletal (MSK) Moving Together service redesign where the engagement of stakeholders has been crucial to the success of this initiative.

Throughout the process we have found that successful engagement with stakeholders requires a concerted focused effort. We also discovered that engagement is not a formulaic process, but a real human endeavour that is built on experience, empathy and understanding. Every meeting and contact will lead to further engagement opportunities. You need to seize every chance of a discussion in whatever environment to reach your population. This process needs to be managed and recorded in detail. Individuals and groups who are involved in the conversation need to be kept engaged; feedback to them what is happening and what are the next steps in the plan. Engagement needs to be embedded into and an integral part of the whole commissioning process.

We are confident that what we have learnt and continue to learn will shape services across Sheffield for years to come.

Why did we do this?

Since its inception in April 2013, NHS Sheffield Clinical Commissioning Group (CCG) has been focused on delivering the most positive health outcomes via the best possible services for its population.

Clinical and commissioning leaders within the CCG identified the need to move away from the traditional activity based approach of commissioning to a method that was personalised for patients focusing on holistic care and outcomes. In future service redesign will be built around patients' needs and values to maximise quality of care.

What did we choose to redesign Sheffield's Musculoskeletal services?

Sheffield already has well established high quality services and so the CCG undertook to look at these services. At the heart of this programme was the recognition we would engage with and listen to the public. Hearing what matters most to them, whether that is their outcomes, experiences or how their care is provided. Future services will be based on this dialogue, changing the way services are provided and paid for.

This innovative strategy has redefined how we communicate with our public. The organisation has moved from being one that 'consults' with its population to one that designs services that are patient and service-user driven and clinically led.

What did we do?

Having outlined our engagement objectives, a fundamental requirement to the project's success was the substantial involvement and influence from patients, carers, clinicians and the public.

Key objectives within the CCG's programme included:

- Providing a Mandate for change through the meaningful engagement of the public and other partners by way of discussion and debate.
- Develop stronger engagement to lay foundations for future projects, and to monitor progress of other key priorities that emerged from the involvement.

This was made possible by:

- Starting well – the involvement of stakeholders was pivotal in the design and delivery of the engagement.
- A shared purpose – the key stakeholders were involved in an open and transparent dialogue targeting the important questions such as 'why are we doing this' and 'what are we trying to achieve'.
- Constantly evaluating - what became apparent early on was that engagement must be a continual and ongoing process, and our approach was continuously evaluated and redefined.
- Tactics – a wide range of engagement tools were used throughout to capture as much data, opinion and feedback from the stakeholder spectrum. This was particularly useful when communicating with harder to access groups.
- Effective engagement -came about from those who were committed to delivering a change and were driven by enhancing the patient experience.
- Being inclusive – this was absolutely imperative.
- Valuing the individual voice - in particular patient and carer stories.

In addition to these stakeholders, the involvement of 'external critical friends', people who had extensive knowledge or experience of such services and how they were commissioned, was invaluable and added an extra dimension to the whole process. The CCG was extremely fortunate to have the participation and contribution of 'expert patient', Neil Betteridge. In addition to being an 'expert patient', Neil has served as a Chief Executive Officer (CEO) for a MSK related charity and understands the mechanics of commissioning services, and patient focused strategic redesign. Healthwatch, the local consumer watchdog for health and social care services, also supported and worked in partnership with us ensuring the proposals were absolutely right for the people of Sheffield.

What did we find out?

Over the course of the engagement period, it was clear that local people were very keen to get involved. There was a significant amount of patient commitment to contributing to the debate, and many were very well informed and committed to make change happen. This was driven by their real desire to make visible improvements to services and the overall patient experience.

Next steps for Sheffield

The quality of, depth and output from the engagement process has empowered commissioners to work in a new and innovative way. We will work with our patients and partner organisations in a manner that recognises and reflects the patient perspective. This has not always been possible before. The CCG will use the stakeholders' mandate for change to improve MSK services across Sheffield.

The voice of the patient, carer and clinician will be heard in all of our contract discussions. This will fundamentally influence the contractual arrangements between the CCG and service providers. The contract will reflect a renewed focus on patient outcomes. The next five years will see a better outcome focused service, built by partners and stakeholders, based on the strong foundations we already have.

Forewords

“The traditional divide between primary care, community services, and hospitals... is increasingly a barrier to the personalised and coordinated health services patients need.” (*Forward View*, NHS England, Oct. 2014)

As someone who has been privileged to spend the last 25 years or so working on behalf of people with MSK conditions, and having grown up with juvenile arthritis myself, I'm probably guilty of over-using the word 'frustration'. Frustration at how monolithic health service structures have often prevented motivated and wonderful NHS staff from being able to fully support their patients; at the neglect this painful and often disabling family of conditions suffers from the general public; and most unforgivably, at the refusal of policymakers not only to recognise the scale of the burden but also the opportunity for positive change.

So I was thrilled when invited to offer a patient view on 'Move Together' from a national perspective, in support of Healthwatch Sheffield and the many local patients already fully engaged in the process. I could see immediately that here was a local movement inclusive in its approach, with patient interests at its heart

The evidence of this is partly found in the sort of issues I have since seen being addressed – some of which have often been deemed trivial by providers elsewhere, but which matter so much to individuals. Who do I talk to if I have a flare up? Where can I get information about equipment or benefits? Can I see my own health records?

It's a real world initiative. There is an emphasis is on practical advice for patients: write down your questions for the doctor or nurse in advance; go with a loved one or friend to your appointment, to help you remember what's said; and be aware it's your right to ask questions and express views about your treatment options.

There is so much talk these days about patient empowerment that it usually outweighs actions actually taken to deliver it. I commend all those driving forward these changes in Sheffield for letting their actions speak louder than words.

This is long term change and inevitably with ambition on this scale there will be mistakes and oversights. Imperfection is certainly forgivable. Not trying to improve services and quality of life for thousands of people in Sheffield certainly is not.

Neil Betteridge



Director, Neil Betteridge Associates; International Liaison Officer, EULAR; Patient Adviser, NHS England; formerly CEO of Arthritis Care, Chair of ARMA and Vice President of EULAR

Healthwatch Sheffield, the voice of the people of Sheffield, was closely involved from the beginning with this innovative, evidence-based process, and intends to be influential throughout its development and implementation by providing intelligence and informed comment from those affected – especially the patients themselves. The principles of Healthwatch Sheffield which will guide our association include:

- the right to access safe and high quality services providing prevention, treatment and care on an equal basis with others
- the right to be actively involved in decisions affecting their life by being listened to
- clear and accurate information which help the individual make decisions about their health, treatment and care and assist individuals to make the right choice for themselves regarding services products and providers

Healthcare professionals acknowledge, by this different approach to commissioning services in Sheffield, that patients are experts in their own condition and that they want help to learn methods of prevention, to access appropriate treatment and to cope with the symptoms. In simple terms, there is an increasing recognition of providing services that patients need and value.

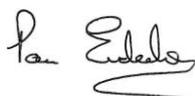
There are at least 62,000 persons from all of Sheffield's communities who suffer MSK conditions. Generally, they do not want to take unnecessary resource from the NHS but just want a better life. It is significant that the major themes emerging from the initial engagement activities focused on:

- good care from skilled, caring staff;
- information, advice and education;
- accessing a system that works well; and
- understanding their condition and how to self-manage it.

This outcome focused process of commissioning, involving all parties, has the potential to improve the lives of many and improve relationships between healthcare professionals, clinicians and patients. By co-developing / co-commissioning it also has the potential to provide a significant contribution to cost savings by focusing valuable resources (time, expertise, equipment and budgets etc.) where it will have greatest impact and so result in people calling-on or being referred to services only when appropriate.

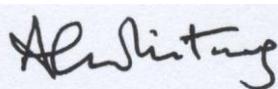
In conclusion, we welcome engaging with all partners in a collaborative manner to map future direction and the commissioning of medical, surgical and social services which markedly impact on the lives of many people! We hope this real engagement with the people of Sheffield continues.

Pam Enderby



Emeritus Prof. Community Rehabilitation.
University of Sheffield
Chairman, Healthwatch Sheffield

Tony Whiting



Vice Chairman, Healthwatch Sheffield

Acknowledgments

Alastair Mew and Dr Ollie Hart as the managerial and clinical leads for Sheffield CCG and the Project Board from Sheffield Teaching Hospitals Foundation Trust would like to acknowledge the work of Lynda Liddament (Sheffield CCG) in leading the project, Richard Kennedy (SYBCSU) in preparing and producing this report and the patients who gave us their time and energy to support the project, especially the Patient Group whose contribution has been invaluable.

Introduction

NHS Sheffield CCG Governing Body made the decision to engage with local people regarding the option of moving to a 'commissioning for outcomes' approach for the commissioning of MSK services. This means that instead of MSK providers being paid for every appointment, treatment or surgery they do, a significant proportion of their payment will be dependent on delivering outcomes that are satisfactory to their patients.

Musculoskeletal services support adults with over 200 different conditions affecting joints, bones, muscles and soft tissues and cover individual services like Orthopaedics, Rheumatology, Chronic Pain and Physiotherapy. It is estimated that there are over 62,000 people with a chronic MSK condition living in Sheffield.

What is 'Moving together'?

This is about a new way of planning and buying MSK care. We are looking to build services around what patients need and value to make sure that the best care is offered. At the heart of Moving Together is recognising what matters most to patients, what their chosen outcomes would be and how their care is provided.

This is a big change and will need patients and clinicians to work together to achieve outcomes that are appropriate for both partners.

Our engagement approach

It was recognised from the outset that this project could result in significant change to current service delivery and therefore, the Gunning Principles were used to provide a framework for the development of a comprehensive plan for patient, carer and public engagement activity.

The Gunning Principles state that consultation must:

- *be undertaken before a decision has been made;*
- *include enough information to allow any person to consider the proposal and potentially offer an alternative option;*
- *allow adequate time for responses;*
- *ensure that any consultation findings are reflected within the final proposals.*

In line with a 'commissioning for outcomes' approach, it was essential to include patients and healthcare professionals in a partnership to co-develop the outcomes that the provider would be measured against. To make sure that these outcomes were jointly developed, a process of continuous feedback was adhered to. At regular points throughout the six month engagement activity, a reflection of the feedback that had been received took place with patients, the public and providers. The aim was to check and discuss the feedback in a process of refining the outcomes and shaping a new service.

An Equality Impact Assessment was produced that systematically analysed this proposal to identify what effect, or likely effect it could have had on 'protected groups'. The assessment highlighted certain communities that may have been more affected by this change which would require extra efforts to include them and allow them to have their say on the proposals. The communities more likely to be affected by the change, identified in the Equality Impact Assessment, were:

- People from Black, Asian and minority ethnic (BAME) groups
- Older people (particularly those over 75)
- Women over the age of 40

To capture these groups, along with as many other people living in Sheffield as possible, a variety of different methods for engagement and feedback were adopted.

Pre-engagement phase April – May 2014

We asked a wide range of local and national organisations to provide us with any feedback they had received about musculoskeletal services or what it was like to live with a musculoskeletal condition. The organisations included:

- NHS Sheffield CCG Complaints and Compliments
- Sheffield Teaching Hospital Patient Services
- Health Trainer Pain Management Programme
- Health Trainer Programme
- Pharmacies
- Expert Patients Programme (EPP) volunteer tutors
- Healthwatch Sheffield
- Arthritis Care UK + Sheffield branch
- National Rheumatoid Arthritis Association UK + Sheffield branch
- British Orthopaedic Association
- British Rheumatology Society
- Primary Care Rheumatology
- British Pain Society
- The Arthritis and Musculoskeletal Alliance
- Arthritic Association
- Arthritis Research UK + Sheffield branch
- Age UK Sheffield branch

- Disability Sheffield
- Disability Action Alliance UK
- U3A
- Oddfellows
- Live Well Support Group for People With Chronic Pain & Illness

The feedback and themes from the pre-engagement phase are detailed in Appendix A.

Musculoskeletal engagement event - 19th June 2014

NHS Sheffield CCG held a MSK engagement event on Thursday 19th June 2014. The event brought together over 100 stakeholders consisting of patients, support organisations, Healthwatch Sheffield, MSK clinicians and GPs to discuss how MSK services could be provided in the future.

What did we talk about?

The event started with two patients sharing their experiences of living with a musculoskeletal condition, how it had affected them and what had made the biggest difference to their lives. This provided a very powerful foundation to the day's discussions.

This was followed by presentations from NHS Sheffield CCG and Sheffield Teaching Hospitals to explain how the service is expected to improve the lives of people in Sheffield living with MSK including:

- Ensuring MSK services are set up to provide the outcomes that patients want and can help to measure.
- Joining up services where patients are seen by professionals that are best able to provide their care.
- Changing the way that these services are paid for by the NHS, moving away from paying for the amount of patients seen towards paying for when outcomes have been delivered.

In line with the Kings Funds' Experience Based Co-design toolkit and the 'commissioning for outcomes approach, attendees were given an opportunity to reflect upon and discuss issues which had been identified as important to people with MSK through the pre-engagement phase.

These discussions were themed into the ten areas below:

1. Personalised goals
2. Getting back to normal
3. Don't assume you know how a patient feels or thinks
4. How to support self-management
5. Building self confidence
6. Getting what you need from a health professional
7. Reducing repetition and duplication
8. A range of options to access trustworthy advice

- 9. Better communications across services and organisations
- 10. Follow up care

The feedback received from the engagement event was analysed along with all other information from the engagement phase detailed below.





Engagement phase June – August 2014

In order to develop this service it was imperative that we found out what was important to the people of Sheffield regarding their health care. From June to September 2014 we talked with the public and patients using a number of different engagement methods.

Survey

An online and paper survey was produced (Appendices B and C) asking people for their thoughts on the proposals for MSK services in Sheffield. The questions were designed based on the feedback received from the pre-engagement phase and first engagement event and gave a wider selection of patients and the public an opportunity to influence the final service and specification. The survey was distributed widely through community channels and current musculoskeletal clinics. 216 surveys were received in total.

Experience Based Design patient stories

Patient stories were captured using a template based on Experience Based Design tools created by NHS Institute for Innovation and Improvement. This template encouraged participants to explore their emotions and experiences as a patient and suggest improvements that could be made. 23 patient stories were received in total.

Kings Fund Experience Based Co-design toolkit

Using the principles of the Kings Funds' Experience Based Co-design toolkit, we used the detailed feedback to provoke discussion and test out thoughts and ideas with the general public. We used the two main engagement events, as well as meetings with community groups to take stock and discuss the feedback we were receiving. We asked people to discuss and comment further on what other people were saying in order to refine the messages we felt were becoming major themes and co-produce ideas about what the outcomes and major pillars of the service should be.

Web and social media

A dedicated section of the NHS Sheffield CCG website was developed for Moving Together: www.sheffieldccg.nhs.uk/movingtogether. This hosted all the information about the project and engagement.

A presence on social media platforms was maintained with ongoing tweets and Facebook posts linking to the MSK web area, and to the online survey link, encouraging people to take the survey and have their say on MSK plans in Sheffield.

Primary Care

Over 6,000 surveys, posters and credit card promotional materials were printed and distributed to every primary care provider throughout the city consisting of 88 GP practices, 124 pharmacies, 65 opticians and 77 dental practices.

Community engagement

A large number of community groups were contacted to let them know about Moving Together and how they could be a part of shaping a new MSK service. Groups were targeted specifically relating to audiences highlighted in the Equality Impact Assessment undertaken at the very start of our engagement process. Every group was provided with copies of the survey and online survey link along with an open invitation to attend the group's meetings to discuss the project in more detail.

We also asked if the groups could help us to distribute the survey to as many people and groups as possible to ensure the greatest reach and uptake.

The groups contacted were:

| | | |
|------------------------------|--|---|
| African Womens' Health Group | High Green Development Trust | Sharrow Community Forum / Shipshape |
| Age UK Sheffield | Ingle Gym | Sheffield BME network |
| Arbourthorne Centre | Involve Me network | Sheffield Carers Centre |
| Benenden Health Members | Live Well Support Group for people with chronic pain and illness | Sheffield Centre for Independent Living |
| Carers in Sheffield | Living Well Health Club | Sheffield Fibromyalgia Self Help Group |

| | | |
|--|---|--|
| Caribbean Health and Wellbeing Group | Manor and Castle Development Trust | Sheffield Hallam University Gym |
| Creative pathways | Meadowhead Physiotherapy | |
| Cross Fit | Multicultural Coffee Afternoon | Sheffield International Venues |
| Darnall Wellbeing | Muscle Madness | Sheffield Mencap |
| Disability Action Alliance UK | Muslim Older People Service | Sheffield, Rotherham and District Council of Muslims |
| Disability Sheffield | Nuffield Fitness and Wellbeing | Shelter UK |
| Ecclesall Lady Zone | Nuffield Fitness and Wellbeing Physiotherapy | SOAR |
| Evolution Gym | Odd Fellows Sheffield | Sport Sheffield |
| Expert Patients Programme Volunteer Tutors | Pakistan Advice and Community Association | Stocksbridge Community Forum |
| Fit Space | Pakistan Muslim Centre | The Fitness Club |
| Fit4It Fitness | Patient Champions | The Source Academy |
| Fitness garage | Patient Opinion | The Terminus Initiative |
| Fitness Unlimited | People with a sensory impairment and / or learning / cognitive impairment | Together Women |
| Foxhill Forum | Places for People | University of the Third Age |
| Get Sheffield Fit | Ponds Forge | Virgin Active |
| Gleadless Valley Community Forum | Powers Martial Arts | Voluntary Action Sheffield |
| Gym Plus | Public Health Community Outreach | Westfield Health |
| Gypsy, Roma and Traveller Community | PureGym | Wicker Camp |
| Health and wellbeing café | Quirke's Gym | Within Reach |
| Health Champions | Refugee Council | Woodhouse and District Community Forum |
| Health Trainers | Rhodes Boxing | Woodthorpe Development Trust |
| Healthwatch | Roshni Sheffield | ZEST |

Patient steering group

The patients that attended the engagement event also attended a pre-meeting on 4th June to prepare for the main event. The group were enthusiastic to stay engaged with the project so it was suggested to repeat this initial meeting and to expand on the membership of the group. A follow up meeting was held on 28th August where a snapshot of the findings from the engagement event was presented to the group for them to reflect upon. They also discussed further ideas for ongoing engagement and how the group could operate beyond the engagement phase of the project.

Main themes from this engagement phase are in Appendix D.

Musculoskeletal engagement event – 10th September 2014

A second engagement event was held on 10th September 2014. The event brought together 88 individuals consisting of patients, carers, support organisations, Healthwatch Sheffield, MSK clinicians and GPs. Attendees were updated on the progress of the engagement activity since

the last event, what themes had emerged so far and how the feedback had started to shape ideas about how the service would work in practice.

Attendees were asked to rank how important they felt the themes were:

| Themes | Number of people who ranked theme as important |
|---|--|
| Good care from skilled, caring staff | 28 |
| Information, advice and education | 26 |
| Accessing a system that works well | 25 |
| Understanding their condition and how to self-manage it | 21 |
| Listened to and heard | 19 |
| Getting back to life | 15 |
| Appointments | 13 |
| Recognition of the emotional impact | 9 |
| Pain | 8 |
| Local services | 6 |
| Awareness of diversity | 3 |

In line with the Kings Funds' Experience Based Co-design toolkit and the commissioning for outcomes approach (<http://www.england.nhs.uk/wp-content/uploads/2013/12/ccg-ois-1415-at-a-glance.pdf>), discussions were had regarding the themes allowing the attendees to reflect on the feedback that had been received so far. The additional comments below were made about each theme.

Good care from skilled, caring staff

- It was felt that people currently receive great care from staff in Sheffield and this needs to be maintained.
- There was a call for more time to be a clinician with less time spent on paperwork.

Information, advice and education

- There are already some helplines available, but patients don't always get an immediate answer which makes them call elsewhere "ringing every number possible".
- A more immediate response and being clear what it's for and what they can expect e.g. timescales for response could help.
- Education to call earlier rather than waiting until deterioration.
- Explore the use of technology to communicate better.
- It was felt that there was a need to be more proactive, checking how a patient was more regularly, but briefly, which technology might be able to help with.

Accessing a system that works well

- It was suggested that self-referral and return referrals were essential to make the system work better for patients.

- There should be an expert at the front end of the service.
- There was recognition that community and hospital services were currently out of sync, with community services not being able to access hospital out of hours.

Understanding their condition and how to self-manage it

- Patients often don't know much about their condition and a lot of clinical time could be spent on education.
- The range of conditions is also a challenge. Patients do need information to help make decisions.

Listened to and heard

- Repeating their stories many times is a big issue for patients.

Getting back to life

- It was seen as important to understand what is unique to the patient.

Recognition of the emotional impact

- Knowing what's important to patients.
- Access and signposting to psychological and counselling services to support diagnoses and care.
- There are differences in the level of care received at GP level for mental health services.

Pain

- Pain services were seen as difficult to access in Sheffield.

Local services

- There should be choice earlier in the patient journey. Good information about services is needed.

Awareness of diversity

- It is important that individual's needs are met. This can be achieved by listening to and taking into full account what patients say



Attendees then took part in three sessions, where they were asked to discuss one of three topics. The topics were influenced by the feedback that had been received prior to the event. In total, nine separate discussions were had on the detailed topics below.

- Referral process
- Patient information and communication
- Single point of access
- Clinical Assessment of Referral Information (Triage)
- Where are services delivered
- Shared decision making between patients and professionals
- Opportunities & Challenges of working together in the community
- Long term support and moving more (Activity to meet taste & ability)
- Leaving MSK Care

The discussions have been summarised in Appendix E.

Engagement phase September – October 2014

Following the second engagement event, seven patient stories were received, three community meetings were attended and 106 more surveys were returned. This feedback was analysed using the same thematic analysis approach, with each comment being individually described, coded and themed. The themes from this stage further backed up the previous feedback that had been received. There were no alternative themes that emerged, but extra detail in the explanations has been included for the final themes of the whole engagement process.

The CCG has also undertaken lessons learnt exercise and the outcomes from this process are documented in Appendix F.

Engagement themes summarising all patient, carer and public involvement activity

Information, advice and education

People want clear, good quality and trusted information and advice in a range of formats that they can use to make informed choices. They also want to know where to go to in between appointments if they require more information. They want to be kept updated with information about their care and to have access to any information about them. The information recorded about them should be 'patient friendly' in terms of understanding.

“Information that is relevant to my life, at the time when I need it, in a format that I understand and an open-door to be able to ask questions and give feedback.”

Appointments

A choice over when, where, who with and how they have their appointment. Patients want appointments that fit in with their lives, including outside normal working hours as many people work. Appointments and pathways that are timely, coordinated and efficient were also called for. Waiting times and being asked to move between rooms in some services were raised as particular issues. People also want to have interactions outside of formal appointments that are responsive to their needs when they have a flare up.

“I would like to be able to access the services at the time when I feel I need it and not to be waiting for ages before I get help.”

Understanding their condition and how to self-manage it

Patients want to understand about the conditions/injuries that they have. They want to choose to have an active role in their health with appropriate support, information, tools and motivation to do this. The affordability to access services and the type of activities available to them that could help them self-manage and live active lives is seen as a major barrier.

“I will know I have had great care when I am in charge of ME!”

Listened to and heard

People want to have to be an equal partner and have open and honest discussions about their health. They want an opportunity to talk about what is important to them, to be listened to and their wishes about their care to be taken into account. They want realistic expectations of them, their treatment options and the possible outcomes. They do not want to have to repeat their story many times.

“Really listening to me and making me feel cared for - whilst encouraging me to keep active.”

Being seen as a whole person and getting back to life

Doing the activities that are important to people is seen as central to feeling better and getting back to normal. These may be physical, social, work or sleep, but will be unique to each person. They want their care to be tailored to fit with their lives and to get them back to doing what they want to do. It is important that individuals are seen as a whole person and not just the symptom or condition that they have. Other aspects of their health or life may have more of a significant impact on them. Additionally, their condition may have more of an impact on their life than might be assumed.

“Feeling better means everything! It’s an improved standard of life. Enjoyment of everyday activities, leisure and social activities. Less stress, so better relationships at home, at work and in general. Until you have a condition that affects you like this you cannot understand the impact it has on your life.”

Accessing a system that works well

A system that patients know how to access, is transparent and works efficiently. People want self-referrals and the ability to refer back into the system quickly in case of relapse and for professionals to be able to refer them on directly. They want the system to be able to communicate with them in whatever format is best for them. The people that work with them should have access to information about them so they do not have to repeat their story. Services should be coordinated including other health services, GP and community care, social care, housing and mental health.

“Manage the many appointments I have, ordering of drugs, maintain an accurate and up to date medical record in one place.”

Pain

Pain is seen to have a major impact on peoples' lives. They want to know how to reduce, manage and cope with their pain to be able to function. It is often mentioned as the first step in being able to get back to normal. People want to explore and have access to alternatives to medication that work for them.

“To be able to get up in a morning without any pain, to be able to last the day with no pain, to be able to sleep throughout the night.”

Good care from skilled, caring staff

Good, evidence-based care with a range of treatment options and therapies available to them. They want to be seen by staff that are skilled, experienced and knowledgeable of their condition, but are also caring and respectful and communicate well with them.

“Caring staff who are not rushed, who have time to explain the problem.”

Recognition of the emotional impact

People want the emotional impact of their conditions to be recognised. People want to feel useful, positive, confident and motivated. They want support to achieve this. They want timely access to psychological and counselling services where it is needed as part of their treatment or management of their condition.

“Living my life as full as possible with a positive mind set. Having a go - going to a party and dancing when I can, and sitting it out when I need a rest - instead of not going in the first place. If I can't walk 6 miles, just going for 3 and enjoying it instead of beating myself up.”

Local services

People want to know about all the services that are available to them with information about what they offer, how they could help them and how to access them. They want local services that are convenient for them. They want information about community services and support groups that may also be able to help them, not just statutory health services.

“More locations that can be accessed, either close to home or work. More flexibility with time of appointments. The standard Mon-Fri office hours appointments are not very helpful for someone who works full time.”

Awareness of diversity

There is a great difference in the care that different groups and communities receive; this should always be taken into account. These groups may be distinct in age, ethnic origin, disability or gender. Factors such as the treatment they receive, their ability to undertake certain tasks, the information provided to them, the health conditions they may be predisposed to or how they access services may require significant differences to the usual approach.

“Not to have assumptions made about me.”

Appendix A – Pre Engagement Phase April – May 2014

Patient Opinion

The site received 66 posts regarding musculoskeletal services or conditions between 1st April 2013 and 31st March 2014. The posts related to various services in secondary, primary and community care. The posts were analysed and coded into the following themes. The themes include both positive and negative sentiments unless stated. This gives an indication as to the importance of the theme rather than the performance of current services.

| Themes from posts | Number |
|-------------------------------|--------|
| Staff attitude | 36 |
| General care | 24 |
| Communication | 20 |
| Waiting and delays | 20 |
| Positive outcome | 16 |
| Quality of life | 16 |
| Information | 16 |
| After care | 16 |
| Treated as a whole | 9 |
| Diagnosis | 8 |
| Referral process and criteria | 7 |
| Privacy and dignity | 5 |
| Self-care | 4 |
| Choice | 4 |

Health Trainers Chronic Pain Programme Evaluation Report (August 2012)

This report asked people who had chronic pain to describe the impact that it had on them:

- Upset. Low Morale. Depressed.
- Loss of activity in life. Loss of function. Couldn't do the things I used to do.
- Takes over people's lives.
- Feel like a burden.
- Isolation.

The report also asked people what helped, or would help, them to manage and live with their pain:

- Need to get out and talk to people in the same position.
- Health services to get treatment, but no support emotionally or how to cope with life. Advice on financial impact needed.
- Want to be listened to. Have the time to talk and understand health more.
- More control and confidence. Take an interest and control of my own health, including medication. Changing life to fit health and ability.
- Look at me as a whole.

- Being able to understand information.
- Realistic goals for me.

Positive outcomes identified:

- Ability to return to a functional level.
- Ability to be proactive.
- Improved energy.
- More stamina.
- Improved mood.
- Improved confidence.
- Increased motivation.
- Social support.
- Learning to ask for help.
- Connecting with people.
- Developing insight.
- Learning to pace oneself.
- Managing the environment.
- Learning alternative ways to manage.
- Learning how to find information on the condition and how to manage it.
- Weight loss.
- Social interaction.
- Reducing isolation.

Feedback from individuals

- Misdiagnosis leading to unnecessary pain and incapacity.
- Financial and benefits advice within clinics for those who cannot work as a result.
- More informed choices.
- Waiting times for NHS treatment unacceptable.
- Monitor A&E readmissions for MSK.
- Positive checking system at 28 days from initial presentation to identify serious untreated injuries.
- Higher chairs with arms that I can get out of without having to ask someone for help.
- Self-opening doors into the passage at the Hallamshire and the unit.
- Service should stay in one place at the hospital.

Sheffield Teaching Hospitals Patient Services Feedback

533 complaints were received about Musculoskeletal services between April 2011 and March 2014. Of these, the highest numbers related to:

| Subject of complaint | Number |
|------------------------------|--------|
| Cancellations | 57 |
| Delays | 56 |
| Outcome of surgery | 45 |
| Appropriateness of treatment | 45 |
| Attitude | 43 |
| General care | 42 |
| Communication | 38 |
| Waiting | 21 |
| Choice of treatment | 20 |

355 pieces of feedback were received via comments cards and website. 259 were positive and 96 were negative.

| Subject of positive feedback | Number |
|------------------------------|--------|
| Staff attitude | 172 |
| General care | 108 |
| Waiting | 39 |
| Communication | 37 |
| Environment | 34 |
| Overall experience | 12 |

| Subject of negative feedback | Number |
|------------------------------|--------|
| Staff attitude | 34 |
| General care | 24 |
| Waiting | 21 |
| Nutrition | 19 |
| Communication | 14 |

Compared to the overall amount of feedback received by the Trust, Musculoskeletal services account for approximately 12% of all complaints, and approximately 8% of all website feedback and comment cards. This is roughly the percentage one would expect based upon the size of the service.

NHS Sheffield CCG complaints

A total of 13 complaints were received about musculoskeletal services between April 2011 and March 2014. These complaints related to:

| Subject of complaint | Number |
|----------------------------------|--------|
| Referral | 7 |
| Appointments – time and location | 2 |
| Delays | 2 |
| General care | 1 |
| Records | 1 |
| Individual Funding Request | 1 |

Themes from pre-engagement phase

Inconvenience - People are most unhappy when they have experienced cancellations, delays and waits during their referral or treatment.

Communication – How people are communicated with is important to them. They value good staff attitude. They want clear information.

Choice and involvement – People want to understand, and have a choice over their own health. They want to be seen as experts of their own health.

Learn to live – People want support to be able to live with their conditions, look after themselves and be able to do the things that they value. They want to be confident to live their lives.

Convenience – How services fit in with people's lives is important to them. Times and locations of appointments are important.

Treat me as a whole - People want to be treated as an individual and their needs recognised, even if they are not clinical needs.

Quality care – People want good quality care from knowledgeable people. They want a diagnosis and want to know what this means for them.

Peer support – People want to be able to talk with others who have had similar experiences of living with musculoskeletal conditions.

Musculoskeletal (MSK) services

NHS Sheffield Clinical Commissioning Group (CCG) plan and buy health services for the people of Sheffield. To make sure that the services we buy are right for the people of Sheffield, it is important that we understand what people want from the services they use, and may use in the future.

We are currently looking at musculoskeletal services which support adults with over 200 different conditions affecting joints, bones, muscles and soft tissues and covers individual services like Orthopaedics, Rheumatology, Chronic Pain and Physiotherapy.

We want to work with you to find out what these services might look like in the future. We believe that this service should be more focused on getting better outcomes for people and to do this we need to know what is important to you. We also know from listening to people in Sheffield that you want to be supported to be in control of your own health, but we need to know how you would like to be supported.

Please answer any questions where you feel you have something to share, but don't worry if you don't want to answer them all. We really value your opinion and this information will help us to understand what patients want from a MSK service.

Got a smartphone? Scan this code to fill out the survey online.

Or go to www.bit.do/SheffieldMovingTogether



You can keep up to date with all the latest news and information on this project through our website [www.sheffieldsocial media.nhs.uk/movingtogether](http://www.sheffieldsocialmedia.nhs.uk/movingtogether)

A bit about you

| | |
|--------------------------|---|
| <input type="checkbox"/> | I have never had an MSK problem |
| <input type="checkbox"/> | I've had an MSK problem, but I've always managed it myself |
| <input type="checkbox"/> | I've had MSK problems in the past that have needed medical help, but I'm ok now |
| <input type="checkbox"/> | I have ongoing MSK problems that I expect to be long term |

Future musculoskeletal services

How could MSK services fit in better with your life?

| |
|--|
| |
|--|

What are the three most important things to you about an MSK service?

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

How will you know when you've had great care?

| |
|--|
| |
|--|

Communication

How would you like to be communicated with about your care?

| |
|--|
| |
|--|

What sort of choices and involvement do you want in your own care?

| |
|--|
| |
|--|

What information do you need about MSK services, conditions and injuries?

| |
|--|
| |
|--|

We will be focusing more on getting better outcomes for people using the service, so it is important that we make sure that your outcomes have been met.

How would you like to be asked about this?

| | | | | | | | |
|--------------------------|--------------------------|------------------|--------------------------|----------------------|--------------------------|-------------|--------------------------|
| In my appointment | <input type="checkbox"/> | Telephone | <input type="checkbox"/> | E-mail/online | <input type="checkbox"/> | Text | <input type="checkbox"/> |
| Other | <i>Please specify</i> | | | | | | |

Managing your health

How can MSK services support you to manage your own health?

| |
|--|
| |
|--|

What is the patient's role in improving their own health?

| |
|--|
| |
|--|

What does 'feeling better' mean to you?

| |
|--|
| |
|--|

Equality Monitoring - OPTIONAL

In order to ensure that we provide the best services for **all** of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

Please tell us the first part of your postcode (e.g. S9, S35)

Please enter here

Prefer not to say

What sex are you?

Female

Male

Prefer not to say

Transgender

Is your gender identity different to the sex you were assumed to be at birth?

Yes

No

Prefer not to say

What is your age?

years

Prefer not to say

What is your sexual orientation?

Bisexual (both sexes)

Lesbian (same sex)

Gay man (same sex)

Heterosexual/
Straight (opposite sex)

Other: Please specify

Prefer not to say

What is your ethnic background?

Asian, or Asian British

Black, or Black British

Mixed / multiple ethnic group

White

Other

Chinese

African

Asian & White

British

Arab

Indian

Caribbean

Black African & White

Gypsy/Traveller

Pakistani

Black Caribbean & White

Irish

Other Asian background

Other Black background

Other Mixed / multiple ethnic background

Other White background

Prefer not to say

Other: Please specify any other ethnic group here

| | | | |
|--|--------------------------|-------------------|--------------------------|
| Do you consider yourself to belong to any religion? | | | |
| Buddhism | <input type="checkbox"/> | Christianity | <input type="checkbox"/> |
| Islam | <input type="checkbox"/> | Judaism | <input type="checkbox"/> |
| No religion | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| | | Other: | Please specify |

| | | |
|---|--------------------------|-------------------|
| Do you consider yourself to be disabled? | | |
| The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities' | | |
| Yes | <input type="checkbox"/> | No |
| | | Prefer not to say |

| | | | |
|---|--------------------------|---|--------------------------|
| If yes above, what type of disability do you have? (Tick all that apply) | | | |
| Learning disability/difficulty | <input type="checkbox"/> | Long-standing illness or health condition | <input type="checkbox"/> |
| Physical or mobility | <input type="checkbox"/> | Hearing | <input type="checkbox"/> |
| | | Other: | Please specify |

| | | |
|---|--------------------------|-------------------|
| Do you provide care for someone? | | |
| Such as family, friends, neighbours or others who are ill, disabled or who need support because they are older. | | |
| Yes | <input type="checkbox"/> | No |
| | | Prefer not to say |

Thank you for taking the time to complete this form.

Please return to: (No stamp is required)

**FREEPOST RTHL-CLKA-BXU
MSK
NHS Sheffield CCG
722 Prince of Wales Road
Sheffield
S9 4EU**

Please return this form by 30th September 2014.

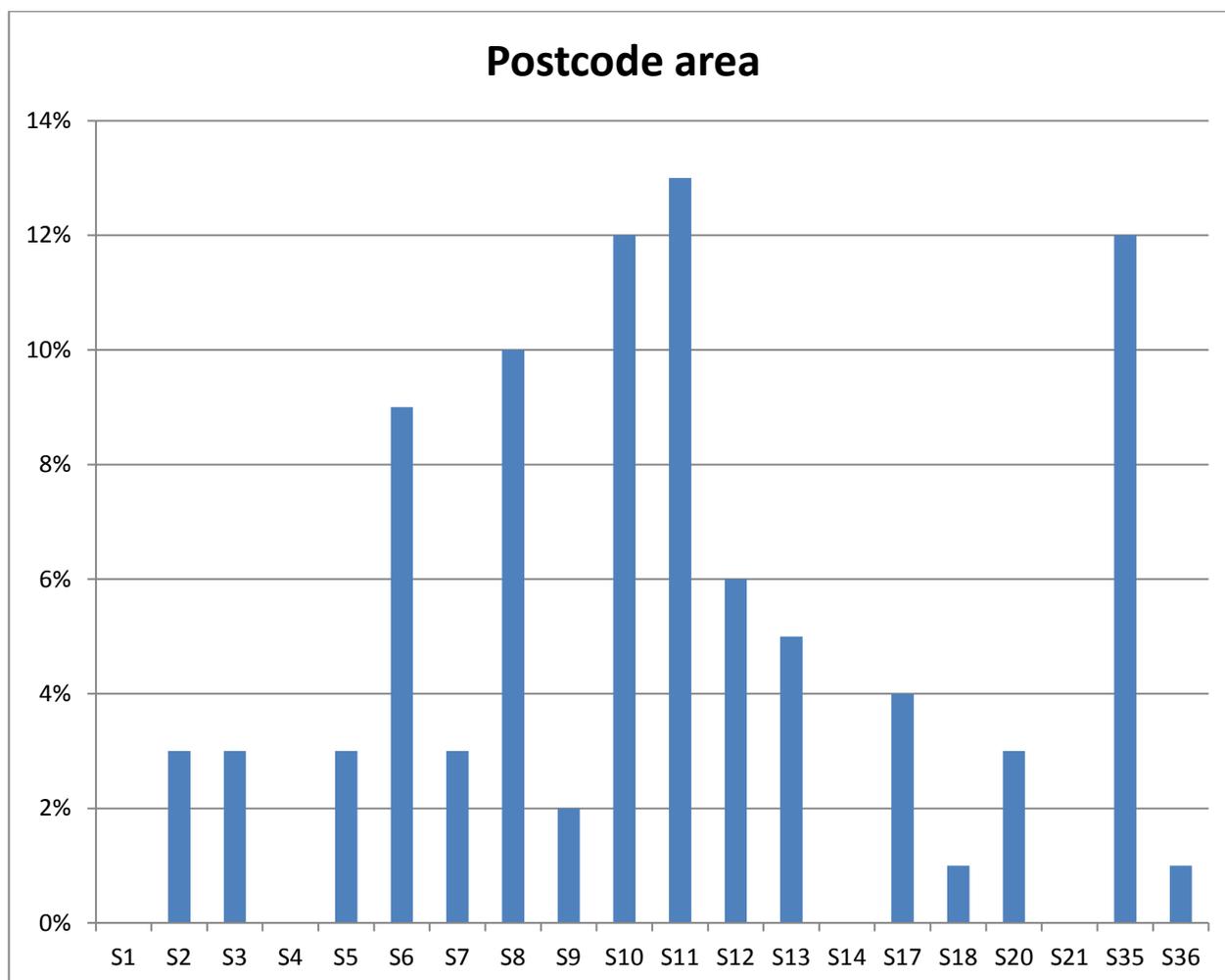
Unfortunately, we cannot accept any responses after this date.

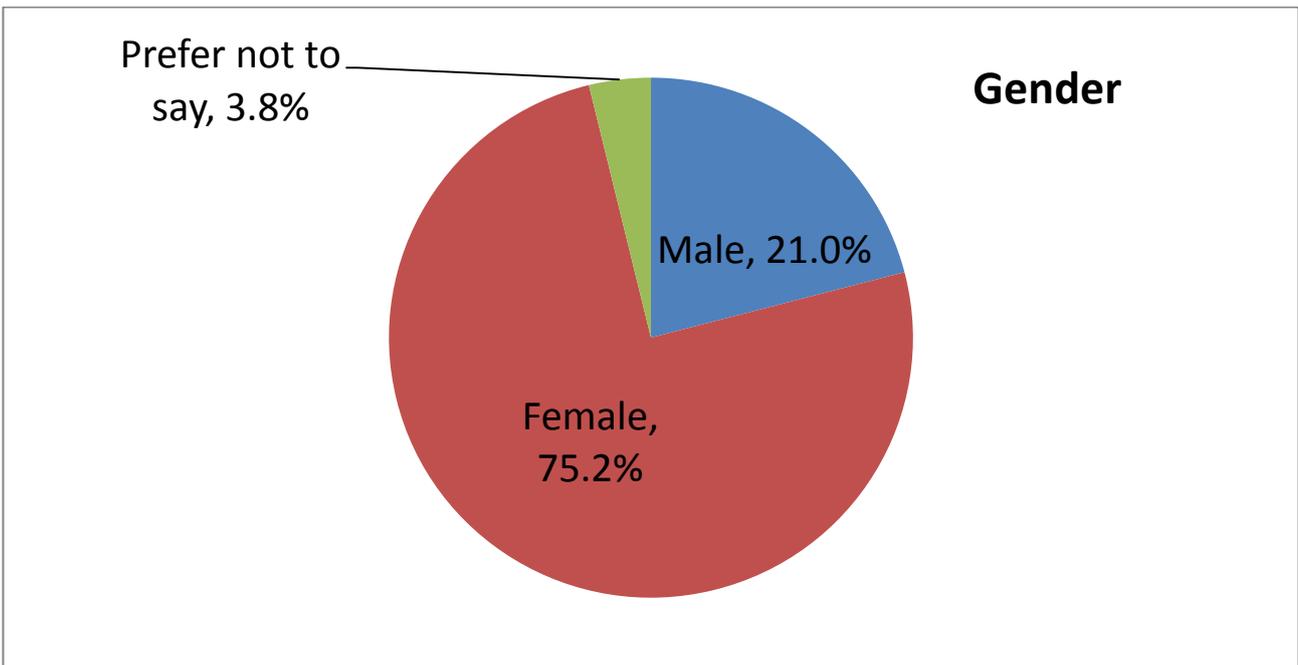
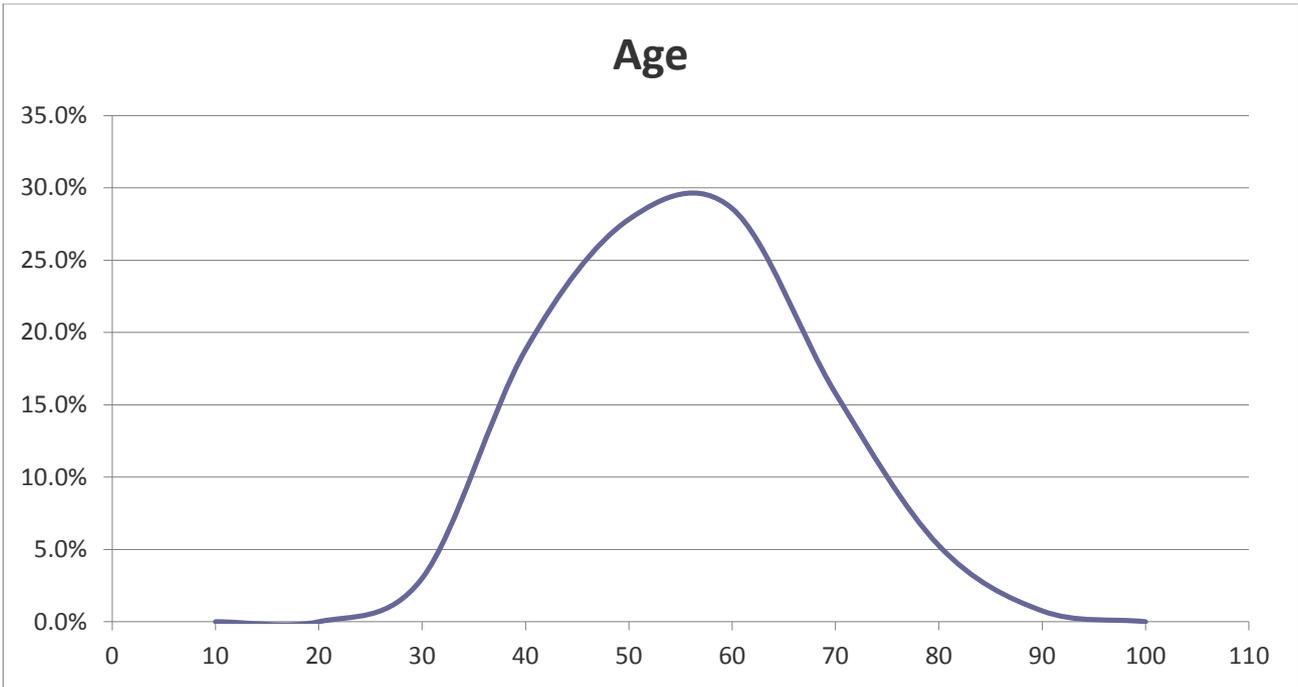


Appendix C – Equality monitoring data

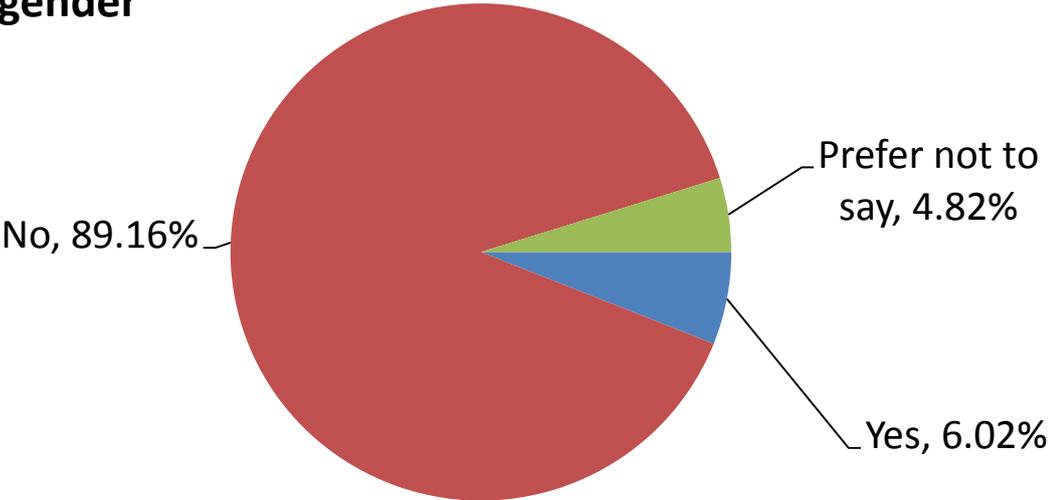
All surveys, both online and paper based, included an equality monitoring form. This allows us to monitor the responses by protected characteristic groups as detailed in the Equality Act (2010). This was an optional form, respondents did not have to complete or could state that they preferred not to say. The data is represented below.

Our other engagement activities did not include equality monitoring forms due to the more detailed and personal nature of their feedback. We do know however that the majority of patient stories were completed by members of non-white ethnic groups as this activity was particularly targeted at community groups with this demographic.

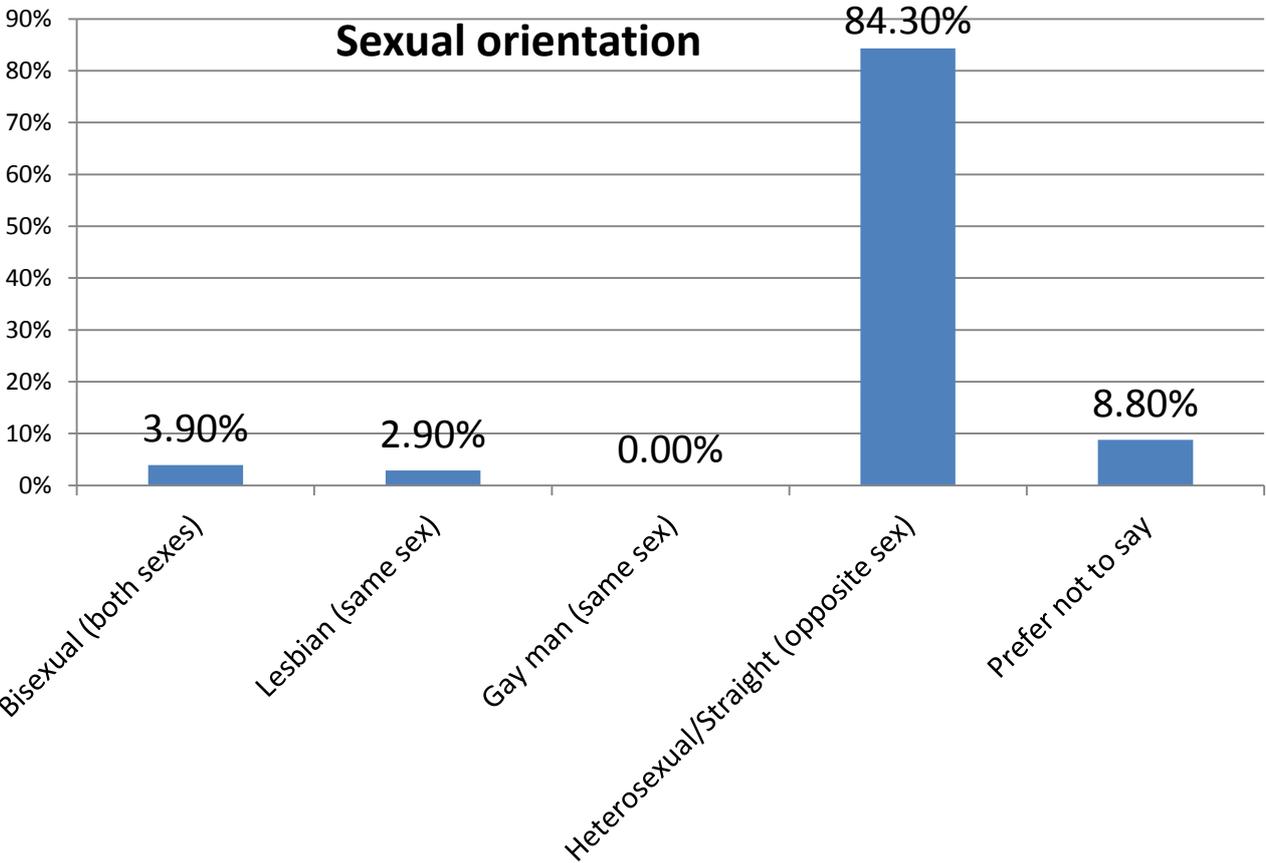


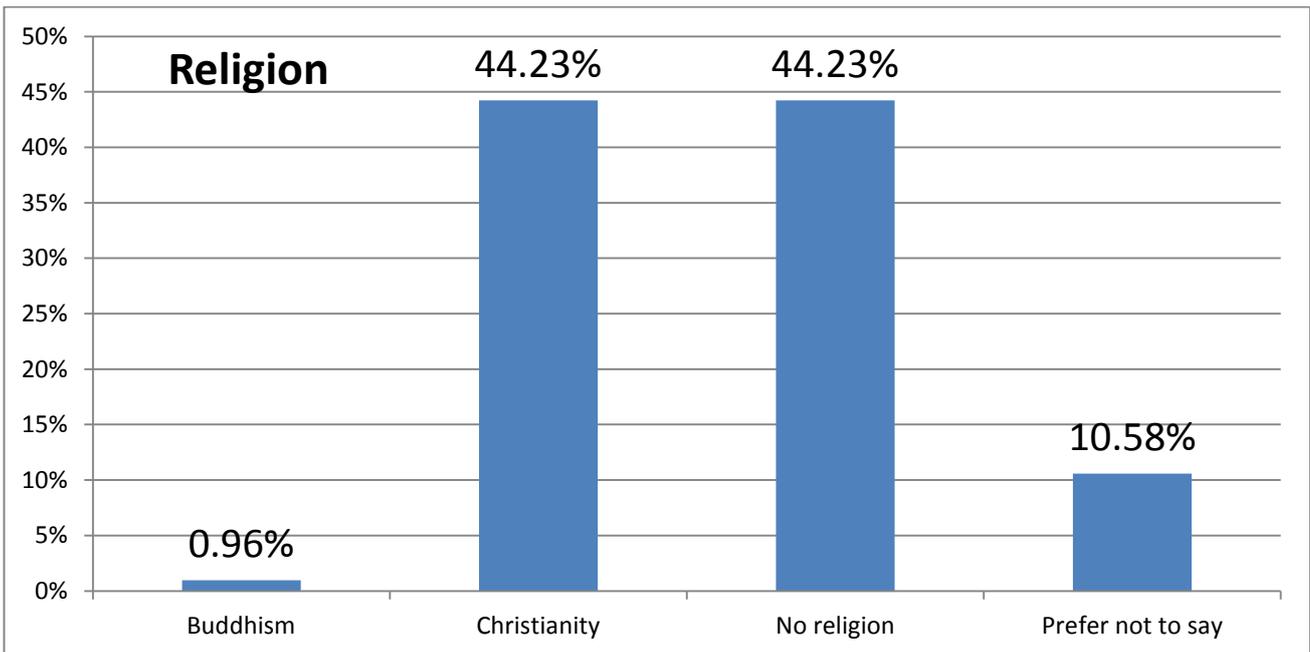
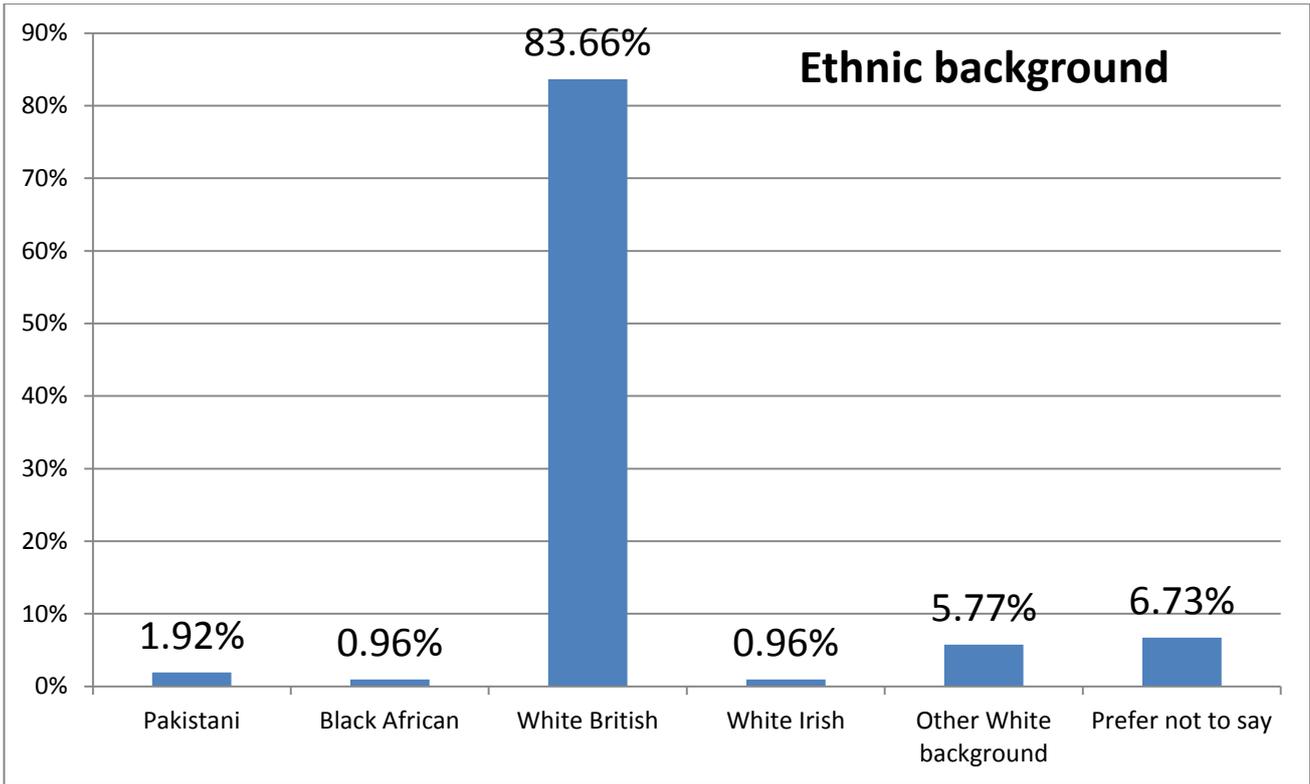


Transgender



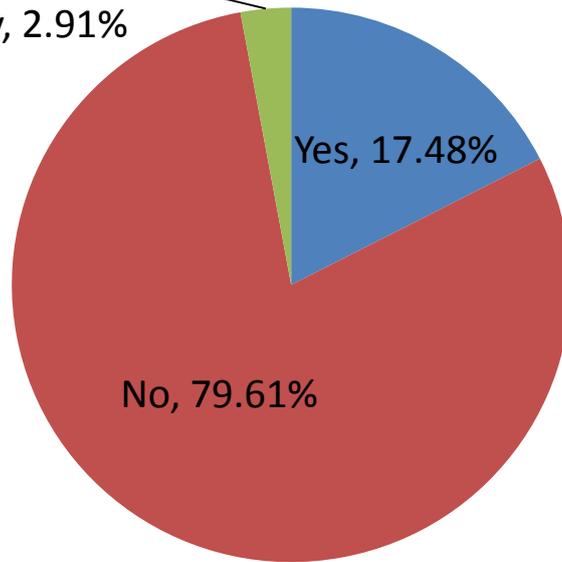
Sexual orientation





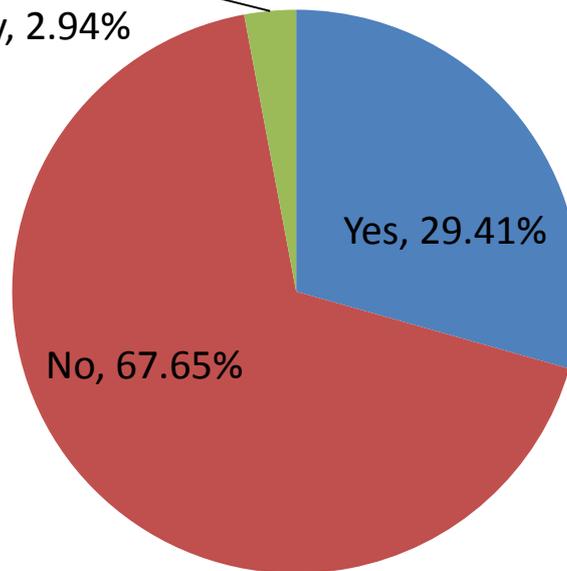
Prefer not to say, 2.91%

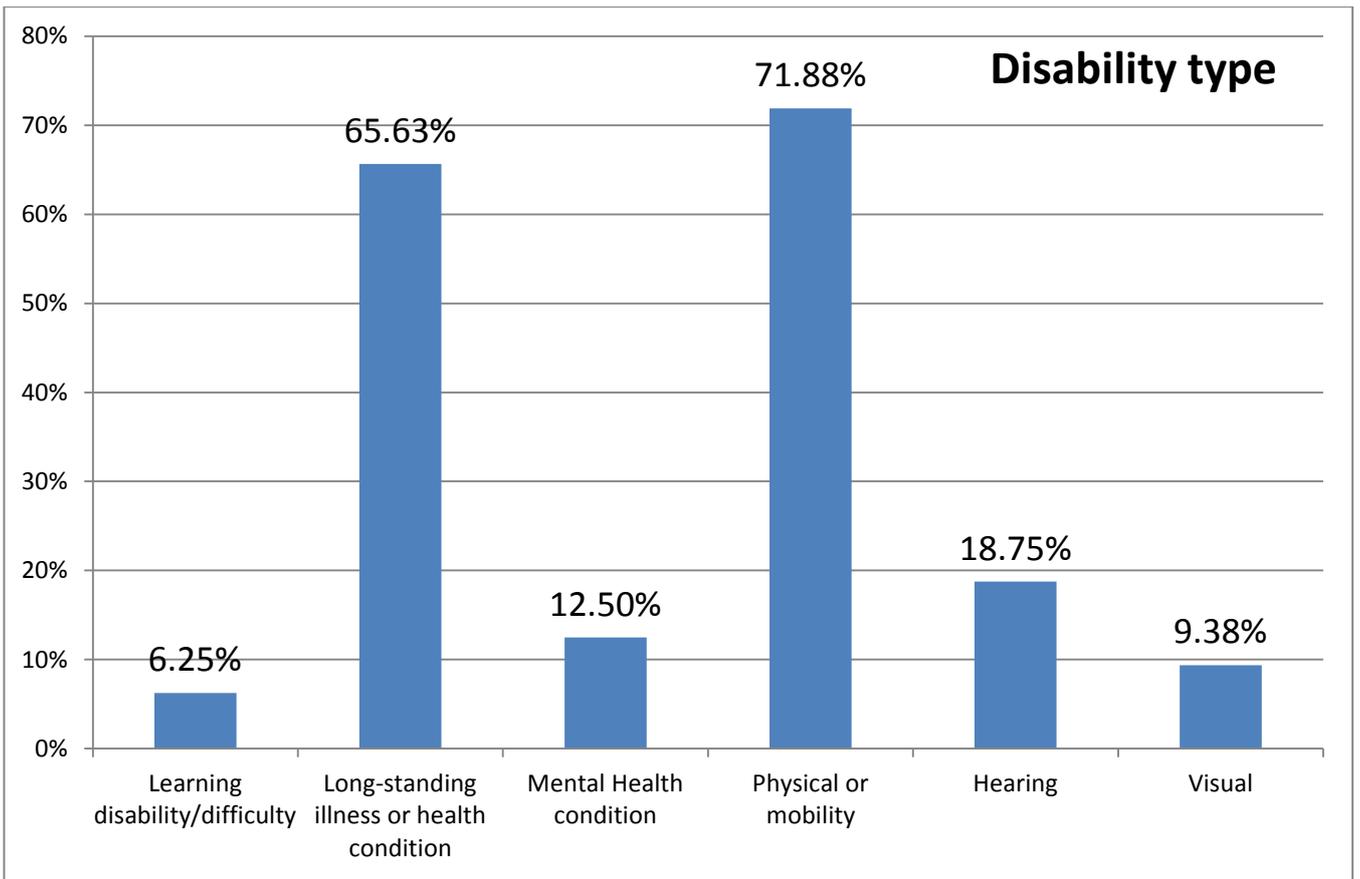
Carer



Prefer not to say, 2.94%

Disability





Appendix D – Engagement phase June –August 2014 Main Themes

To inform the second engagement event held on 10th September, and as part of the continuous reflection model, we took stock of the feedback we had received so far. All of the information gathered prior to 30th August 2014 went through a process of thematic analysis, with each comment being individually described, coded and themed. The following themes emerged.

Information, advice and education - People want clear, good quality and trusted information and advice in a range of formats that they can use to make informed choices. They also want to know where to go to in between appointments if they have a flare up or require more information.

Appointments - A choice over when, where and who they have their appointment with. A clear call to have appointments that suit people's lives, including slots outside normal working hours due to people's work commitments. Appointments and pathways that are timely, coordinated and efficient were also called for. Waiting times and being asked to move between rooms in some services were raised as particular issues.

Understanding their condition and how to self-manage it - Patients want to understand about the conditions/injuries that they have. They want to choose to have an active role in their health with appropriate support, information, tools and motivation to do this. The affordability to access services that could help them self-manage is seen as a major barrier.

Listened to and heard - People want to have to be an equal partner and have open and honest discussions about their health. They want an opportunity to talk about what is important to them and for that to be listened to and taken into account with their care. They want realistic expectations of them, their treatment options and the possible outcomes. They do not want to have to repeat their story many times.

Getting back to life - Doing the activities that are important to people is seen as central to feeling better and getting back to normal. These may be physical, social, work or sleep, but will be unique to each person. They want their care to be tailored to fit with their lives and to get them back to doing what they want to do.

Accessing a system that works well - A system that patients know how to access, is transparent and works efficiently. Referrals were often raised with people wanting self-referrals, the ability to refer back into the system quickly in case of relapse and for professionals to be able refer them on directly. They want the system to be able to communicate with them in whatever format is best for them. They want the people that work with them to have access to information about them and to be kept updated with information about their care.

Pain - Pain is seen as a major impact on peoples' lives. They want to know how to reduce, manage and cope with their pain to be able to function. It is often mentioned as the first step in being able to get back to normal. People want to explore and have access to alternatives to medication that work for them.

Good care from skilled, caring staff - Good, evidence-based care with a range of treatment options and therapies available to them. They want to be seen by staff that are skilled, experienced and knowledgeable of their condition, but are also caring and respectful and communicate with them well.

Recognition of the emotional impact - People want the emotional impact of their conditions to be recognised. People want to feel useful, positive, confident and motivated. They want support to achieve this.

Local services - People want to know about all the services that are available to them with information about what they offer, how they could help them and how to access them. They want local services that are convenient for them. They want information about community services and support groups that may also be able to help them, not just statutory health services.

Awareness of diversity - There is a great difference in the care that different groups and communities receive; this should always be taken into account. These groups may be distinct in age, ethnic origin, disability or gender. Factors such as the treatment they receive, their ability to undertake certain tasks, the information provided to them, the health conditions they may be predisposed to or how they access services may require significant differences to the usual approach.

Appendix E – MSK Engagement Event 10th September 2014 Referral Process

Information that is needed in the referral:

- Clinical information.
- Patient expectations and outcomes should be logged at this stage.
- History of condition and how it has been managed.
- Up to date contact details.
- Demographics
- Lifestyle status – e.g. working
- Social factors e.g. carer
- Requirements for transport or communication format
- Communication preferences.
- Activity and fitness levels.
- Holistic assessment – other comorbidities detailed.
- Referral should be completed with patient.

Additional information:

- Self-referrals and return-referrals should be available.
- The referral process should give an opportunity to fit services to the patient, rather than putting a patient into a service.
- Choice should be factored into the process of referral with consideration of how it fits in with choose and book.
- More transparent process with clear communication with patient, GP and service at all times.

Patient information and communication

- The time that is available to communicate with patients is an issue.
- A central health information team is needed in the single point of access. This could provide information and sign-posting post diagnosis to support networks and condition specific additional information. Information should be available in alternative formats, although web was seen as a default.
- Patients should have access to their own information including referrals.
- All information whether general or patient records/letters should be written clearly and in plain English to make sure that all patients can understand. Prompts for questions that patients may want to ask during a consultation should be available via web / with appointment letter. This could encourage patients to take more ownership of their health.
- Conversations could be recorded during clinic to allow patients to take them home and digest them better in their own time.
- There should be the possibility to contact health professionals in between appointments or for quick pieces of advice or other interactions. This could reduce appointments overall.
- Different types of appointments and communication should be considered such as video and phone calls, texts.

Single Point of Access (SPA)

- Single point of access would allow the possibility to assess patient's clinical needs via triage process before allocation.
- Expectations should be managed at this stage as to who the patient is likely to see.
- Need to take into consideration that referral to SPA may come from a variety of different sources such as patients, health trainers, social workers, other clinical staff rather than just a GP.
- Social services integrated within SPA.
- Could a SPA consultation be done directly with GP and patient online?
- Opportunity to make a service that isn't just one size fits all, including expert 'rehabilitationists', tailored exercise in non-threatening environments.
- Should be able to get better information to triage more efficiently. Will be able to target those areas where poor information comes from.

Clinical assessment of referral information (Triage)

- It will help good information sharing. Passing the information, not the patient.
- It will provide a fast tracked referral without going back to GP.
- Triage should consist of Rheumatologists, CNS, Community Physio, Pain and Orthopaedics. Orthotics also need to be in the multi-disciplinary team.

Where services are delivered

- Transport and parking should be taken into consideration when thinking about location.
- Better triage and the way appointments/interactions are offered (i.e. not always face to face) may create more clinical time to support seeing more patients or doing things differently.
- Need to be inventive about the best location for services (e.g. libraries, supermarkets, gyms). Other locations may even have better facilities.
- Virtual follow ups could avoid the need for a lot of low level interactions.
- A seven day service. Appointments available before and after work times.
- There are some barriers to using any location which would need to be considered and overcome, such as equipment that may be needed, infection control and avoiding fragmented services.

Shared decision making between patients and professionals

- Giving patients information before their appointment. Recognising that patients need to be given all information they need to enable patients to join in the decision making being well informed
- Suggested questions for what patients may want to ask in clinic can help set expectations and encourage ownership of own health.

- Issues around “attitude” still need to be addressed in some areas to enable shared decision making. An educational need for professionals – treat the patient, not just the physical problem.
- Identify patient expectations – where they are and where do they want to be. Can also help make sure there is a mutual understanding of what can and can’t be achieved.
- Should be included as an outcome measure.
- Some patients may not be ready for this, but should be encouraged to take more ownership of their health and decisions. Motivators (buddies or peer support) within the system and the use of language (e.g. using ‘we’, rather than ‘you’ or ‘I’).

Opportunities & challenges of working together in the community

- Lots of clinics in one location where patients move between services (one stop shop) would save patients time and much more patient friendly. Patient may need multiple tests and if work together can be done more timely and efficiently. Could result in waits for patients, but could be done in one go, rather than having to come back again.
- Multi-disciplinary team meetings that include the patient could help understanding of the condition and make sure that the patient is involved in shared decision making and would only need to tell their story once, but could be quite overwhelming. Efforts could be made to make sure they are a comfortable conversation to be involved in. Patient might not need to be present at meeting, but would need to make sure that decisions were not made until patient involved.
- Could help to keep treatment out of hospital in community hubs.
- There was a recognition that working together in the community would require robust communication between professionals.

Long term support and moving more (activity to meet taste & ability)

- Need to change behaviours to get people more active.
- Some GPs are still not aware of resources, activities and services available to promote these.
- Staff should be encouraged to lead by example with exercising breaks, sit-stand desks and motivational change champions.
- There are many barriers that stop people doing sport and leisure activities – access, cost, not knowing, anxiety about doing too much. Should offer taster sessions for affordable activities.
- Need to find what motivates people to change. Think about different ways of providing opportunities to people to match their motivations and interests - Ladyzone, laughter clinic, pilates, tai chi and dancing (which also helps coordination).
- Need consistent, available and accessible resources and advice about exercise and diet.
- Work with employers to increase their staff activity levels.

Leaving MSK care

- Discharge should start to be planned from the very start with an effective care plan.
- Patients returning into MSK should not be seen as a failure by patient or system. A full after discharge management plan needs to exist.
- Open appointment system needs to be considered in relation to 18 week referral to treatment rule.
- Discharge needs to include full support from social care and housing. Some patients may benefit from a community support worker.

Appendix F – Lessons from the Public Engagement Process

What were we trying to achieve through engaging the public?

The CCG intention was that the MSK project would result in significantly improved outcomes in the service provided by Sheffield Teaching Hospitals Trust. The scale of the service (a budget of approximately £200m) placed a significant responsibility on the CCG to ensure that the way in which this was re-commissioned meets the expectations of the public, key issues were as follows:

- **Empower Commissioners** - The Clinical Commissioning Group were clear that involving the public and other partners would empower commissioners, through providing fora for debate and through testing out and discussing ideas for improvement that were directly based on peoples experience of using services.
- **Strengthen Engagement** - It was also hoped that this engagement process would help lay the foundations for stronger engagement in the future - including helping to establish a patients forum to monitor STH's progress in implementing priorities that emerged from the consultation.
- **Develop Understanding** - An inclusive engagement process would also help to develop a shared understanding among the public, clinicians and others of areas of concern within the system.
- **Scrutiny** - Healthwatch were involved at an early stage and throughout the process in the design and implementation of engagement - helping to ensure that engagement process was inclusive and open to challenge.

Success Factors

- There was a huge amount of patient commitment. People were very keen to contribute and were confident enough to take an active part.
- The use of 'critical friends' such as Healthwatch and Neil Betteridge at an early stage of the project has given the CCG and STH assurance that the process is on the right track.
- Clinicians were committed to the project. They attended the workshops and interacted with primary care and service users.
- Equality Impact Assessment – we proactively chased qualitative stories and worked with community groups to increase engagement from hard to reach groups.

What Went Well

- **Shared Purpose** - Involving key stakeholders in a shared dialogue - 'why are we doing this?' 'what are we trying to achieve?' This also helped to bring a more co-produced approach with clinicians.

- **Key alliances** - The involvement of clinicians, Healthwatch, Neil Betteridge and the STH Service Improvement team in the design and delivery of engagement all helped to ensure a co-produced approach.
- **Tools** - Using a wide range of tools to ensure that different voices were heard - these included, surveys, face to face conversations, attending community events and group discussions.
- **Workshops** - Using open space methodology and careful choreography to ensure clarity and engagement. The quality and scale of these discussions led to one senior participant commenting 'We have ten operational planning meetings going on in this room!'
- **Representation** - The patient group was aware of its strengths but also its limitations. Members were clear that they were self-selecting, not representative. This meant that the CCG were able to pro-actively engage groups who were not represented.

What Went Less Well

- **Accessibility** - Patient Group meetings were usually held during working hours. This did mean that some people who might have been interested could not attend because they were not able to get time off work. Similarly, all day workshops limited patient engagement to those who were available during the day.
- **Different Priorities** - It would have been helpful to have done more work to identify more explicitly the different priorities that key stakeholders (commissioners, STH Clinical, STH Corporate, the Public, the VCS) had earlier in the process. This might have helped address issues to do with variable engagement as the project progressed.
- **Information** - The scale of the process, its speed and the relatively small resources that the CCG has meant that at times it was hard to produce information to keep key stakeholders - in particular the public - up to speed with thinking and discussions.

Lessons

- **Learning** - There is a need to establish a mechanism for ongoing evaluation of engagement processes.
- **Capacity and Capability** - The CCG needs to consider how it can build engagement skills into generic commissioning staff - much of the work that was carried out was not led by engagement specialists - but by CCG staff who were committed to the process.
- **Joint Working** - There is a real challenge establishing effective joint work between large providers (in this case STH) and the CCG. More work needs to be done to ensure that there is a balanced approach with good involvement from clinicians and staff responsible for operational governance.
- **Public Voice** - The importance of patient and public voice - in particular stories should not be underestimated.

- **Framing** - It is very important to ensure that discussions are not just framed around how to improve existing hospital based provision - but are built around patient and public need “why assume we want to go to hospital.”
- **The easily ignored** - It is important to be sensitive to easily ignored groups. Focussing on areas of deprivation is important - but so are socially isolated older people.
- **Momentum** - A successful engagement process raises expectations with regard to continued engagement it will be very important to continue to sustain this.