

# Annual Report of Patient and Public Involvement

## **Oxfordshire Clinical Commissioning Group**



April 2019 – March 2020

# Contents

Introduction

Overview

How we engage with local people

The methods we use to  
engage people

The ladder of engagement  
and co-production

How we work with diverse groups

What difference does it make?

Making sure we do what  
we say we will do

The year in view

Equality and Diversity

Lessons learnt

Future plans for PPI

NHS provider trusts

Glossary

3

Introduction

5

Overview

6

How we engage with local people

7

The methods we use to  
engage people

8

The ladder of engagement  
and co-production

10

How we work with diverse groups

11

What difference does it make?

12

Making sure we do what  
we say we will do

13

The year in view

22

Equality and Diversity

23

Lessons learnt

24

Future plans for PPI

25

NHS provider trusts

29

Glossary

# Introduction



I am pleased to present NHS Oxfordshire Clinical Commissioning Group's (OCCG's) annual report for patient and public involvement 2019/20. OCCG is committed to strengthening participation in all of its areas of work year on year.

This report is recognition of how patients and the public in Oxfordshire have worked together with OCCG to meet health needs and to improve healthcare services across the county over the last year.

The population of Oxfordshire is diverse and each community has different needs. It is important for us to understand this diversity to ensure health services are planned with input from these communities and improve equity in terms of access, experience and outcomes for everyone.

Participation is open to anyone in Oxfordshire. We make particular efforts to engage with people who may not always have their voice heard, whether directly or through their communities and representatives. Participation also means involving people in deciding how their views are acted upon and enabling them to know how their views can influence these decisions and what decisions are made on their behalf. This report describes how public and patient involvement is part of the governance of OCCG, and how key decisions are made.

During 2019/20 there was considerable activity by OCCG staff and by the many people who work with OCCG to ensure we hear from all of our diverse communities in Oxfordshire. This report reflects the breadth of activities involving the public and patients of Oxfordshire from April 2019 to the end of March 2020 including:

- Work was concluded in the Wantage and Grove area testing the new population health and care needs framework to review and plan for future care needs in the local community. The framework is intended to be delivered by working with the local residents, communities and stakeholders, including local councils.

- Engaging service users who are homeless served by the Luther Street Medical Centre in Oxford required a flexible approach with face-to-face conversations to support people sharing their experience and extending deadlines to ensure all those that wanted to be heard could be.
- Engaging children with special educational needs in developing resources to support children with dental care needs needing general anaesthesia for their dental treatment.
- Following concerns about the level of uptake of the flu vaccination for Muslim children, listening to the feedback from the Oxford City Muslim community during the winter campaign so that they had the information they needed.

We do need to acknowledge that as the year came to an end the COVID-19 pandemic was affecting everything we do. The pandemic was, and still is, unprecedented and the NHS across the country has responded to ensure patients affected are cared for and that essential services continue.

The way services operate had to change to protect patients and staff and to avoid further spread of infection. These changes were introduced without engagement of patients because of the urgency of required actions.

Patients using online consultations during this time have been asked about their experience, and further engagement is planned during 2020/21 to understand how the changes put in place have affected patients, and how we can ensure this way of working improves the overall experience of care.

*(continued on the next page...)*



For 2020/21 OCCG will continue to review its approach to patient and public involvement to:

- Ensure the many and sometimes conflicting public voices have influenced our business and decision making.
- Look at strengthening the different ways in which patients' and the general public's voices can influence decision making in the future.
- Look at increasing the ways OCCG can demonstrate that patients' and the general public's voices have been heard and acted upon.
- Look at different levels of representation to determine the best approach for different types of activity.
- Further develop our system approach to engagement to support the work of the Oxfordshire Health and Wellbeing Board.
- Clearly define what we mean by our approaches to consultation and to co-production, when they are best applied, what these will look like in practice, particularly when seeking to work across the whole health and care system of Oxfordshire.

Please also refer to the Glossary of terms at the end of this document.



**Louise Wallace**

Lay Member for Patient and Public Involvement of the Board of Oxfordshire Clinical Commissioning Group



# Overview

We believe that communicating and engaging with our local population is essential to achieving our vision. We are committed to putting the patient first and applying the principle of 'no decision about me without me' in our commissioning approach.

We use the [NHS England Principles for Participation](#) to guide our public involvement activities:

- Relationships will be conducted with equality and respect.
- Listen and truly hear what is being said, proactively seeking participation from communities who experience the greatest health inequalities and poorest health outcomes.
- Use the strengths and talents that people bring to the table.
- Respect and encourage different beliefs and opinions.
- Recognise, record and reward people's contributions.
- Use plain language, and openly share information.
- Understand what's worked in the past, and use knowledge that has previously been shared and consider how to apply it to the present and future.
- Have a shared goal and take joint responsibility for our work.
- Take time to plan well.
- Start involving people as early as possible.
- Give feedback on the results of people's participation.
- Provide support, training and the right kind of leadership, so that people can work, learn and improve together.

The Communication and Engagement Strategy 2020/21 sets out the overall strategy for engagement and is available on our [website](#).

The methods used for engagement will vary depending on the activity. OCCG looks carefully at each project and considers the scale, who should be involved and what methods to use.

For bigger projects, it is likely that the engagement will involve more people and require some publicity to ensure those with an interest are aware of the opportunity to get involved. For smaller pieces of work, it might be possible to work with a patient group or individuals in a targeted way.

Towards the end of 2019/20, the COVID-19 pandemic emerged. This has had a fundamental impact on the NHS across the country and all resources, including communications and engagement staff, were diverted to supporting frontline services in continuing to support patient care. Information and guidance to support clinicians working across the local NHS needed to be refreshed and updated as guidance was issued. In addition, the need to protect patients and staff from infection meant that face-to-face methods of engaging patients and the public were not used and this continues to be the case. This includes meetings in public which have moved to be organised online and require members of the public to have access to the internet to be able to participate.

More information about the guidance OCCG follows, including the principles for engagement is [available here](#).

This report is intended to make the information about engagement activities easier to find and is published on the OCCG website alongside the full Annual Report and Annual Accounts for Oxfordshire Clinical Commissioning Group. This report is intended for the general public of Oxfordshire.





# How we engage with local people

To reach a wide range of people, there are a number of approaches for engaging our communities in the work of OCCG.

At a leadership level, Louise Wallace is the lay member for Patient and Public Involvement (PPI). As a voting member on the OCCG Board (Governing Body) her role is to ensure that public engagement and involvement are given due priority.

## Talking Health

Talking Health is an online public engagement system on the OCCG website. Currently we have more than 3,500 members who have registered to be informed and involved in OCCG's engagement activities. The content is regularly updated and the membership refreshed so that it continues to represent a wide range of interests and viewpoints. Members receive a regular engagement newsletter and information about surveys. Wider communication about engagement events and opportunities is hosted on our [website](#).

## Equalities Reference Group (ERG)

This group has members across the nine protected characteristics of equality and diversity as identified in The Equality Act 2010. It gives a platform to raise any equality and diversity issues regarding health services in Oxfordshire, promotes equality and diversity in OCCG and encourages and respects different beliefs and opinions. [www.oxfordshireccg.nhs.uk/about-us/equality-reference-group.htm](http://www.oxfordshireccg.nhs.uk/about-us/equality-reference-group.htm)

## Patient Participation Groups (PPGs)

Every GP practice is required to have a PPG. These are the foundation for the involvement of patients in primary care. More information about the role of PPGs is [available here](#).

## Healthwatch Oxfordshire

Healthwatch Oxfordshire is the local NHS watchdog and independent of the local NHS. Healthwatch Oxfordshire enables people to influence health and social care by gathering feedback, listening to people's concerns and experience and provide a collective voice for the people of Oxfordshire. OCCG commissions Healthwatch Oxfordshire to provide support to practice PPGs, organises events and roadshows, attends the Health and Wellbeing Board and reports to the Health Overview and Scrutiny Committee.

Together the Health and Wellbeing Board and Healthwatch Oxfordshire has established the Oxfordshire Wellbeing Network (OWN) which brings together community groups, voluntary organisations, patient groups and charities to ensure their engagement in the business of the Health and Wellbeing Board.

We also receive reports and reviews undertaken by Healthwatch Oxfordshire to shape, inform and influence services design and delivery of services.

Collectively, members of Talking Health, PPGs, OWN, ERG members and Healthwatch Oxfordshire make up our 'informed audiences'; they are our first point of contact before we engage more widely with people living in Oxfordshire.





# The methods we use to engage people

There are a number of ways people are encouraged to get involved in the work of OCCG from the more traditional approach of attending events and meetings to using social media and online surveys.

Opportunities to get involved are publicised on our [website](#).

Engaging people face-to-face is valuable. It usually means more time is available to discuss issues, ask questions and develop ideas. OCCG tries to facilitate as many face-to-face opportunities for engagement as possible. It is important not to rely on face-to-face engagement alone because not everyone is able to participate in this way or would want to. It is important to note that no face-to-face engagement took place after mid-March 2020 when the COVID-19 pandemic affected the way we work.

## Meetings in public

The OCCG Board and the Oxfordshire Primary Care Commissioning Committee (OPCCC) meet in public. This means members of the public can attend, watch and listen to the meeting. There is always an opportunity to ask questions at the start of the meeting, or to submit a question in advance, and an opportunity to meet members of the OCCG Board. Details of these meetings, including when and where they are going to be held and the papers being discussed are published in advance on the OCCG website and in the local media. Meetings in public were suspended towards the end of March 2020.

## Events

Small and large events are organised by OCCG where patients and members of the public can attend and participate in discussion or workshops on a range of topics. Other events are organised by community groups and organisations which invite OCCG to share information, listen and participate in discussion. Often these events are about sharing ideas, testing what people think about them and what impact changes to services would have on them.

## Talking Health

Members of the Talking Health engagement website can share with OCCG their areas of interest when they register and they are invited

to take part in activities such as surveys, events and meetings. They also receive a regular newsletter and reports on projects that they have participated in.

## Surveys

These are usually focused on a particular service area, strategy or to support a consultation. Most surveys are open to anyone with an interest in health services in Oxfordshire and are available via Talking Health. We might also use a survey to gather feedback from a specific group of people involved in a piece of work. The number of responses will vary significantly depending on level of interest. Surveys are rarely conducted as the only form of engagement and are usually in addition to other activity to help broaden the reach.

## Social media

OCCG has a Facebook page and is active on Twitter. Increasingly people want to ask questions or share an experience with us in this way. We also look at what people are saying about local health services on other social media channels.



[www.facebook.com/NHSOxonCCG](https://www.facebook.com/NHSOxonCCG)



[www.twitter.com/oxonccg](https://www.twitter.com/oxonccg)

## Patients with direct experience

Some work will involve seeking the views of people who have used a particular service. These individuals are often involved in a co-production approach within individual workstreams, including proposal development and procurement, pathway redesign, focus groups. There are more than 720,000 people living in Oxfordshire and the opportunity to receive information and involvement is open to them all (and to people who live outside Oxfordshire and use services in Oxfordshire) and is regularly promoted by OCCG. This is done in a variety of ways, including promotion at public meetings and events, through local and social media, paid for advertising and via a range of networks and stakeholders.



# The ladder of engagement and co-production

Patient and public involvement is embedded within OCCG's approaches to ensure patients and the public are at the forefront of thinking when developing services.

Some pieces of work can be described as following an approach of co-production where people come together with the CCG to look at an issue or a service and work together on what needs to change and how.

Many pieces of work do not start with a blank piece of paper and the engagement begins in a different way. This might be because, for example, there is national guidance we are following or because some elements of the service cannot be changed. Clarity is provided about each piece of work at the start of the engagement.

The 'Ladder of Engagement' is a framework for understanding different forms and degrees of patient and public participation. It can be useful to consider when planning the types of engagement required for different programmes of work. The examples shared from page 12 onwards illustrate each step on the ladder.

## The ladder of engagement and participation

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different forms and degrees of patient and public involvement (based on the work of Sherry Arnstein). Patient and public voice activity on every step of the ladder is valuable, although participation more meaningful at the top of the ladder.

|                      |  |
|----------------------|--|
| <b>Devolving</b>     | Placing decision-making in the hands of the community and individuals. For example, personal health budgets or a community development approach.   |
| <b>Collaborating</b> | Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.   |
| <b>Involving</b>     | Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example partnership boards, reference groups and service users participating in policy groups |
| <b>Consulting</b>    | Obtaining community and individual feedback on analysis, alternatives and/or decisions. For example surveys, door knocking, citizens' panels and focus groups.   |
| <b>Informing</b>     | Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives and solutions. For example websites, newsletters and press releases.                            |

Devolving

Collaborating

Involving

Consulting

Informing





# The ladder of engagement and co-production

## Working in co-production

OCCG is a member of the Oxfordshire Co-production Board. Together with our partners on the Board, we have been reflecting on how to develop this approach to engagement so that more projects are managed in co-production. It is important that our understanding and approach is consistent with Oxfordshire County Council (OCC) as many projects are managed jointly and the people we are involving are all residents of Oxfordshire.

If there is no option to manage a project in co-production then we will ensure that the views of the public and patients are incorporated at every possible opportunity.

The description of co-production that is being used in Oxfordshire is: Co-production means working together as equals to maximise our resources and assets, and explore new ways of doing things that benefit the community.

## What is good co-production?

- Involving the people that matter, at the right time, and in a meaningful way.
- Listening to each other, and communicating well, feeling understood.
- Respecting each other's opinions, however different they are to our own.
- Working together and developing trust and respect to form good working relationships.
- Working as equal partners, from start to finish (where possible).
- Making decisions and solving problems together.
- Developing ideas or solutions to problems together.
- Everyone working in a way that gets results.
- Everyone working in a positive way to make things better for all.
- Understanding that everyone has something to contribute.

- Understanding that everyone has different challenges and needs.
- Everyone is recognised and celebrated for the contributions they make.

Working as equal partners means that everyone who has relevant experience and skills to contribute can, but that people will have specific roles and jobs to do to make things work smoothly.

It is also important to understand that not everyone can be involved in every single aspect, or nothing would ever get done because progress would be too slow.





# How we work with diverse groups

OCCG has a dedicated Equality and Access team which supports engagement with seldom heard groups.

The team facilitates discussions with diverse groups; supports people to complete surveys; gathers patients' views on services and helps people to access services if they are experiencing problems. The team advises the CCG as and when materials need to be translated and in what form, to support effective engagement. They work very closely with OCCG's communication and engagement team to promote equality and inclusion. They have developed networks across Oxfordshire to support communities to have a voice.

During the year, team members have provided health information to specific communities. One team member arranged for the NHS Breast Cancer Screening Programme lead to conduct an information session about health with a group of women at the Banbury Mosque. The women were of different ages, so even though some were not age-eligible for the screening programme, a demonstration showed them how to self-examine and look for unusual signs and symptoms. They were able to ask questions about the screening programme and dispel any fears and concerns about the process.

Another team member organised sessions with the women's group at Refugee Resource in Oxford. The group comprises people from diverse ethnic backgrounds. One session was to inform them about the different NHS services and structures and how to access the right health care. Another session was provided by a specialist with information on the menopause. Further sessions are being planned.

The Equality and Access Team manager has visited people newly settled in Cherwell through the Refugee Vulnerable Persons Resettlement Scheme. Through an interpreter, information was discussed about services that are provided by the NHS through GP practices, hospital services, NHS dentists and NHS opticians.

Information was also provided on 'out of hours' services and how to self-care with support from healthy lifestyle services, such as the stop smoking service and pharmacies and also how to access interpreting services.

OCCG commissions face to face and telephone language interpreting services and also a British Sign Language (BSL) Deaf interpreting service. These services can be accessed freely by GP Practices, NHS Dentists and NHS Optometrists across Oxfordshire. The Equality and Access Team ensure that patients and public members are aware of their right to ask for interpreting services, so that they can access health care appropriately.





# What difference does it make?

Listening to people does make a difference.

However it may not always result in the change some people would like. The information, views and experiences shared with OCCG can result in different outcomes. For example, the different outcome might be:

- People may tell OCCG about how something should be changed to improve the experience for patients. This then influences change(s) to the service.
- People may tell OCCG how something should be changed to improve the experience for patients but for other reasons (such as clinical safety, financial or workforce constraints) this was not possible.
- People may tell OCCG something that confirms a plan or approach is right and should be continued with confidence so no change is necessary.
- People may tell OCCG something is not working or that it needs investigating. If so, OCCG may review priorities to include this new area of work.

This report includes examples of how OCCG has worked with patients, the public and others over the past year 2019/20.







# Making sure we do what we say we will do

It is important that we have the right processes in place to ensure we do what we say we will do. This provides assurance to the OCCG Board and local people. Assurance is part of the role of public members in our formal committees.

Regular update reports on patient experience are provided to the OCCG Quality Committee. These reports include analysis of data gathered from the Friends and Family Test, complaints and issues raised through the Patient Advice and Liaison Service (PALS), national and local patient experience surveys and visits to hospitals and other service areas.

Lay, patient/public members and voluntary sector colleagues are members on the following committees and this forms part of our assurance process:

- OCCG Board – Lay Member for Patient and Public Involvement of the Governing Body of Oxfordshire Clinical Commissioning Group.
- Oxfordshire Primary Care Commissioning Committee (OPCCC) – patient/public member and the Executive Director of Healthwatch Oxfordshire.
- Quality Committee – Chair is a lay member, and a patient/public member.
- Decision Review Committee (DRC) - meets when there is a case to be heard following an Individual Funding request which has been turned down by the Individual Funding Review Panel – see “[Will the NHS Pay for my Treatment](#)” It meets rarely – no more than once or twice a year. There was one case in the last 12 months. The DRC has four members, one of whom is a patient/public member.
- Area Prescribing Committee (APCO) – patient/public member.
- A&E Delivery Board – Age UK, Oxfordshire Association of Local Councils, Healthwatch Oxfordshire.

- Vulnerable Adults Mortality Sub Group – patient/public member.
- Thames Valley Priorities Committee – patient/public member.
- Equality Reference Group – patient/public members.

Externally, the majority of engagement is reviewed by the Oxfordshire Joint Health Overview and Scrutiny Committee (JHOSC). Oxfordshire Healthwatch also has a statutory role in monitoring and scrutinising OCCG's engagement with patients and the public.

This is done by sharing draft plans including consultation plans which are presented and discussed with the JHOSC committee in public and adjustments are made as requested. Draft plans and information, seeking advice and support and involving their members in specific areas of work of OCCG are also shared with Healthwatch.

For formal consultations on significant changes to local services, in addition to JHOSC involvement, NHS England and the Thames Valley Clinical Senate scrutinise both the proposals for service changes and the plans for engagement and consultation.





# The year in view

This year, OCCG has engaged with patients and the public across many services in many different ways.

The scale, complexity and publicity for each activity varied significantly. In this section we have selected some examples to demonstrate the different types of engagement and have indicated where on the 'Ladder of Participation' each example sits. In this section, the ladder of participation image will be presented at the side of the page with examples pointing to the relevant rung on the ladder.

**Examples of Co-production:** Co-production is an equal relationship between people who use services and the people responsible for services. They work together, from design to delivery, sharing strategic decision-making about policies as well as decisions about the best way to deliver services and **Co-design:** People who use services are involved in designing services, based on their experiences and ideas. They have genuine influence but have not been involved in 'seeing it through'.

## The Healthy Banbury project

The Healthy Banbury project was designed with co-production in mind, but unfortunately had to be postponed due to the coronavirus pandemic. Before this happened, OCCG worked with OCC to create a Health and Wellbeing Profile for Banbury. This updated previous information and highlighted areas of deprivation and inequalities in health. Two workshops were carried out with the NHS, social care and public service practitioners (including staff from schools, the Benefits Agency and non-statutory addiction services) to share local insight about specific neighbourhoods in Banbury which experience the most serious health inequalities in the area. These made connections, confirming the relevance of the analysis done and were a precursor to work with local people to start identifying priorities for improving health and the factors that currently put it at risk. This work has been delayed by the pandemic but the experience gained within local communities since March 2020 will inform what happens next.

## Involving parents and children in development of resources to support access to dental services

A joint area inspection by Ofsted and the Care Quality Commission in 2017 found some exceptional examples of good practice across health services but also some significant areas where improvement was needed. Since the inspection a significant amount of work has been undertaken to address a number of areas. This included the appointment a Designated Clinical Officer for SEND at OCCG, they are responsible for overseeing the quality improvement programme across NHS services.

## Ladder of Participation

Co-production

Co-design

Engagement

Consultation

Informing

Educating







# The year in view

With the introduction of a Designated Clinical Officer improvements are already being made that are supporting children and young people with SEND. The Clinical Officer has worked with the community dental service, provided by Oxford Health NHS Foundation Trust (OH), to make adjustments to support young people with SEND to access the service. This has led the service to involve children and parents in designing what resources they would find useful. As a result the service is producing a social story<sup>[1]</sup> film based on a child going to the dentist as well as a child attending for a general anaesthetic. The film is available on their website and as a downloadable app for use on an iPad / iPhone or android phone.

## Developing maternity services at the Horton General Hospital

A decision by OCCG's Board in September 2018 was made to create a single obstetric unit for Oxfordshire. Following this, a referral to the Secretary of State for Health was made by the Oxfordshire Joint Health Overview and Scrutiny Committee. As a result, OCCG and Oxford University Hospitals NHS Foundation Trust (OUH) developed a programme of work to address the recommendations made by the Independent Reconfiguration Panel. This included engaging with women across Oxfordshire, Northamptonshire and Warwickshire on their experience of using maternity services during the time of the temporary closure of obstetric services. The work included a survey, focus groups and interviews with women and their partners. The full report and analysis of the engagement is published and [available here](#). Women reported their experience of ante-natal care, labour and childbirth and post-natal care.

The focus of the project was to help make decisions about the Horton maternity services, but a number of issues were highlighted relating to wider maternity services, including difficulties in accessing the John Radcliffe site while in labour, the importance of having as much support as possible available locally at the Horton General Hospital so that even if the birth takes place in Oxford, the ante-natal and post-natal care should be in Banbury and that more information about choices and access to services was available to women.

As a result, OCCG has been working with OUH on an implementation plan to improve mothers' and partners' experiences and enhance access to maternity services (particularly for the population in the Horton catchment area which includes women in Warwickshire and Northamptonshire) by introducing:

- A dedicated hotline for women in labour and their families to navigate the John Radcliffe site and use priority parking in an emergency. This is in addition to current work to address travel and parking issues at the John Radcliffe Hospital site.
- An expansion of services available at the Horton Midwife Led Unit (MLU) or virtually to enable women to receive most of their maternity care closer to home; and increased facilities for birth partners to stay overnight at the John Radcliffe Hospital.

## Ladder of Participation

Co-production

Co-design

Engagement

Consultation

Informing

Educating



[1] A Social Story can be a written or visual guide describing various social interactions, situations, behaviours, skills or concepts.



# The year in view

- Better information for women on the choice of options available, including joint working and strengthening links with South Warwickshire NHS Foundation Trust to ensure Warwick Hospital is an attractive option for women in the North Oxfordshire area.

This work, alongside a more detailed appraisal of options; review of Clinical Senate recommendations; review of staff and transfer models as well as interdependencies with other services informed the decision made by the Board in September 2019 to have one obstetric unit at the John Radcliffe Hospital in Oxford and a Midwife Led Unit at the Horton General Hospital in Banbury for the foreseeable future. It was agreed that OCCG together with health and care partners will regularly review population health and care needs and change services as needed.

## New approach to planning health and care launched in Oxfordshire

As part of delivering the Oxfordshire Health and Wellbeing Strategy, the county's health and care partners agreed a new approach to planning health, care and wellbeing services using 'population health management'. OCCG worked with partners to develop a framework to review and plan for future care needs in the county. The framework, agreed at the Oxfordshire Health and Wellbeing Board, is intended to be delivered by working in a locality with the local residents, communities and stakeholders, including local councils. Plans developed will then be based on the needs of that community and will recognise the assets that already exist in the community.

The first area to benefit from this new approach is the OX12 postcode area (Wantage, Grove and surrounding villages). The framework is based on using population health management, an approach that features in the NHS Long Term Plan. It aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. Its partnership approach focuses on prevention and understanding the wider factors that affect people's health, as well as developing quality services and support when and where they are needed. While every person has unique requirements and circumstances, working at scale across a whole population identifies groups with similar health and care needs and characteristics.

OCCG are working to achieve this through the OX12 area by creating an evidence base that includes an analysis of the health and care profile of the local area. This information will help us plan and deliver services in the most appropriate ways and in the most convenient places.

The engagement of the public and patients was organised in a way that allowed all those interested to participate. A reference group of key stakeholders including Healthwatch Oxfordshire, local town, district and county councillors and representatives from the local campaign group, patient participations groups, local school and citizens advice bureau was set up at an early stage in the process to ensure OCCG co-designed and produced elements of the programme including the engagement.

## Ladder of Participation

Co-production

Co-design

Engagement

Consultation

Informing

Educating





# The year in view

Members of the reference group also actively participated in working groups to support the delivery of the project and development of future plans alongside clinicians and managers. A report setting out the learning from this piece of work has been published and discussed at the Oxfordshire Health Overview and Scrutiny Committee.

OCCG will use technology to support engagement and strive to engage people from across the communities. OCCG will work closely with health and social care organisations, and especially local authorities to co-ordinate engagement.

The challenges ahead remain:

- The growing population with more people expected to move to Oxfordshire.
- The ageing population with rising life expectancy meaning more frail older people living with several long term conditions.
- The rising costs of providing health and social care not being met by the planned funding and increases.
- An ageing workforce with many clinicians and other professionals across all parts of the health and care system expected to retire over the coming years.
- The cost of living in Oxfordshire being higher than the average and so attracting staff to live and work in the county is a challenge.
- The framework has been adjusted to reflect the experience of the OX12 project and will be used to plan for meeting health and care needs across the county.

## Ladder of Participation

Co-production

Co-design

Engagement

Consultation

Informing

Educating





# The year in view

**Examples of Engagement:** People who use services are given more opportunities to express their views and may be able to influence some decisions and **Consultation:** People who use services may be asked to fill in surveys or attend meetings.

## Oxfordshire Wellbeing Network (OWN)

The OCCG communications team has worked closely with Healthwatch Oxfordshire to support and promote the Oxfordshire Wellbeing Network (OWN), which brings together local organisations – whatever their community of interest – to inform and influence the work of the Oxfordshire Health and Wellbeing Board (H&WB).

These local group include ones with focus on housing, health, faith, residents' association, village or Parish Council, Patient Participation Groups, neighbourhood support, caring, self-help group, and luncheon clubs. OWN aims to ensure the H&WB listens to and involves organisations and communities not currently represented on the Board.

More information is available about OWN on the Healthwatch Oxfordshire website here. This includes a film about the first open event in November 2019, attended by more than 100 people representing 75 different organisations.

Healthwatch is planning to hold a virtual event later in the year.

## Giving information leads to engagement

In delivering the winter communication plan, significant efforts were made to reach out to specific communities to encourage uptake of the flu vaccination. National concerns about the ingredients of the vaccination used for children had led to the suggestion that children from Muslim families may be missing out. OCCG staff attended meetings at several Oxford City Mosques where information was shared about the risks of flu and the importance of getting vaccinated.

In doing this, it became clear that these communities were feeling vulnerable and lacked information about other health problems facing them including long term conditions such as diabetes and requests for information were met. The conversations that started with leaders of this community have led to further plans being made for engagement.

## Engaging patients in Bicester

The GP surgeries in Bicester organised a survey of patients (March/April 2019) to gather feedback about the proposals to relocate Alchester Medical Group's three sites into a new purpose-built premises shared with Montgomery House Surgery. There was also a public meeting in May 2019 organised jointly by the Bicester GP practices and OCCG to discuss the proposals with the public and patients. The responses to the open questions in both the paper and online surveys

## Ladder of Participation

Co-production

Co-design

Engagement

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Informing

Educating





# The year in view

suggested people would be in favour of the proposed changes if they would result in access to a wider range of services locally, better staffing and better access to appointments.

The open public meeting was widely advertised and held at the John Paul II Centre in Bicester and attracted a full capacity attendance of almost 200 people. The meeting was a mixture of presentations to explain why a move was necessary and to provide feedback on the results of the survey. GPs presented the site options being considered and answered questions from the public. The meeting also featured a section on how the practices were exploring solutions on some of the transportation issues linked to a new surgery site. The meeting was an opportunity for GPs from Alchester Medical Group, Montgomery-House Surgery and Bicester Health Centre to meet with the wider public and patients and explain the proposals and for the public and patients to directly question them about all that they had been hearing and reading about since the GPs' announcement.

## Introduction of an integrated respiratory team in the community

In November 2018 OCCG launched an Integrated Respiratory Team pilot project to support patients with long term respiratory conditions such as Chronic Obstructive Pulmonary Disorder (COPD) and asthma.

The service enhances existing community, hospital-based and primary care services by providing a consultant to work in the community alongside additional respiratory nurses and physiotherapists working with respiratory GPs, a dedicated psychologist, a pharmacist, dedicated smoke-free advisor from with Smokefreelife Oxfordshire, (the county council's stop smoking service partner) and a specialist in palliative care support. The project is being staffed by NHS clinicians and other professionals from OUH, Oxford Health and local GPs.

Patients in Banbury, Chipping Norton and Oxford City are taking part in the pilot, which is also being supported by pharmaceutical company Boehringer Ingelheim. The initiative will improve all round patient care - including mental health support and end of life care. More care is being provided for patients in their own home or closer to home via GP practice-based specialist clinics. Patients are also being supported to manage their conditions better which will have a direct and positive impact on their overall health. Better outcomes for patients will mean fewer hospital admissions and a reduction in treatment costs.

We have gathered feedback throughout the project from patients and the clinicians involved in their care. The results of the independent evaluation will be available before the end of the year and will inform the decision about whether this service should continue and be expanded across the whole county.

## Ladder of Participation

Co-production

Co-design

Engagement

Consultation

Informing

Educating







# The year in view

## Musculoskeletal Services

As part of the OCCG's continued monitoring of the Healthshare MSK contract, and in response to the HOSC Task and Finish Group, a follow-up survey was carried out between June and August 2019 to review progress in patient experience. A text and letter invitation to take part in the survey was sent to 838 registered patients. The same questions were asked as in the previous survey and the questionnaire was available via the same channels. Ninety-eight people responded to the survey with a spread across the county. The themes and feedback identified in this engagement report will be fully considered by OCCG in the monitoring of services provided by Healthshare. The full report is [available here](#).

## Luther Street Medical Centre

Luther Street Medical Centre is an NHS GP surgery in Oxford which provides specialist services to people who are homeless or vulnerably housed (this could be because they are at risk of homelessness or living in temporary accommodation for example). It also provides a range of other services including mental health services, advice on benefits and drugs and alcohol services. OCCG conducted a survey with service users in 2017 to gather feedback about the service. A further survey was conducted from between March and May 2019 to check how patient experience had changed. OCCG staff attended Luther Street Medical Practice to engage with service users and gather their feedback face-to-face. The majority of service users were happy to take part but not everyone wanted to answer all the questions. As a result the deadline for the survey was extended for a further five weeks so that more people could participate. All responses will help shape future services that the practice will offer.



## Ladder of Participation

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Educating





# The year in view

**Examples of Informing and Educating:** The people responsible for services inform people about the services and explain how they work.

## Winter Campaign

We can all do our bit to help make sure our local health services are there for those that need them over the winter when demand is often high. This includes using services appropriately and doing our best to stay well by looking after ourselves, have the flu vaccination if we are in an at-risk group and having a well-stocked medicine cabinet to treat minor illnesses. The winter communications campaign for 2019/20 used the national campaign themes and added local ones. The local media were supporting the campaign with regular stories to help raise the profile of the concept of having a 'personal winter plan' which inspired people to think about their own plan for coping during winter.

OCCG worked with other local NHS organisations, Oxfordshire County Council and Age UK in developing and delivering the campaign. A comprehensive plan for raising awareness of the various aspects of the campaign was implemented with the intention of encouraging and supporting people to stay well during winter and if they needed health support, to go to the best place to get the help they needed quickly.



## Ladder of Participation

Co-production

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Educating





# The year in view

The Oxfordshire winter communications plan was launched in October 2019 using all channels including social media, broadcast and print media, paid digital, radio and print advertising and video. BBC Radio Oxford kindly agreed to promote the launch on their breakfast show which included a panel discussion with Diane Hedges, Deputy Chief Executive at OCCG, Karen Fuller Deputy Director of Adult Social Care at Oxfordshire County Council, and Sam Foster, Chief Nurse at Oxford University Hospitals FT who each outlined how the local NHS and partners had robust plans in place to deal with winter pressures and to encourage at risk people to have a flu vaccination to keep them well.

- With our partners we issued 31 themed press releases (October to February) promoting flu vaccine, NHS 111 and pharmacies and other services.
- We issued 80 tweets/70 Facebook posts (October to February) – reaching around 400,000 people.
- With our partners we attended 17 events and met around 2,500 people including students, parents, older people, community groups including visits to local Mosques to engage with the Muslim community about the flu vaccine and how to access local health services.
- We reached 90,000 people over a two week period promoting the nasal spray flu vaccine for children on local radio.
- 100,000 people were reached via social media highlighting alternatives to A&E when the department was under pressure during a short period in January 2020.

Other activities we undertook as part of the campaign included making a video with a local GP and patient to promote the flu vaccination, Dr Kiren Collison – OCCG's Clinical Chair – meeting local Asian women to discuss the benefits of having the flu vaccine and how to access health services, distributing 50,000 advice cards to signpost people to health and care services, and funding the AGE UK Oxfordshire winter supplement which encouraged people to have a winter plan to keep them well and healthy over the colder months.

Our winter activity resulted in meeting three out of the five flu vaccination uptake targets which was a much better performance than the national average which failed to meet any of the five uptake targets.

## Ladder of Participation

Co-production

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# Equality and Diversity

We are committed to ensuring that equality, diversity and inclusion are central to the way we commission, design and deliver healthcare services and how we support our staff.

One way that we demonstrate this for patients is through conducting an Equality Analysis for any new service or service redesign, which is a requirement of the Equality Act 2010. This process helps us make fair and transparent decisions based on an understanding of the needs and rights of the population and communities, particularly those with protected characteristics. Each year, staff who are new to the CCG, are invited to participate in face to face Equality Analysis training, so that equality and diversity is embedded across the organisation and becomes everyone's business.

OCCG facilitates a patient/public Equality Reference Group (ERG) which has members from across the nine protected characteristic groups: age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The ERG scores us on the Equality Delivery System (EDS2) Goals and Outcomes, which is a further process to determine how well we fare in ensuring that services are commissioned, procured, designed and delivered to meet the health needs of local communities. OCCG also works with the ERG to develop the Equality Objectives. New objectives have just been drafted for 2020- 2024.

OCCG works closely with Healthwatch Oxfordshire, sharing draft plans and information, seeking advice and support and involving members in specific areas of work of OCCG. For example, Healthwatch conducted a survey with boat dwellers living on the canal and river in Oxford, on their experiences of accessing health and social care services. The findings were produced in a report: 'Thank you for asking: Boaters' experience of accessing health and social care services. February 2020'. More than 50% of those surveyed had experienced barriers in registering with a GP Practice, mostly due to not having a permanent address. Healthwatch Oxfordshire worked with Oxford City Council and OCCG and the Equality & Access Manager designed a leaflet outlining the rights

of boat dwellers to access health care. The leaflets were distributed to boaters and GP Practices and plans are in process to reproduce a similar leaflet for boaters in the Cherwell area. The full Healthwatch report is [available here](#) and the OCCG response is [available here](#).

## OCCG Staff

Two of the EDS2 Goals are related to the overall wellbeing of NHS staff through ensuring that the workforce is representative and supported and that there is inclusive leadership. OCCG is also required to complete the Workforce Race Equality Standard (WRES) annually, detailing the ethnicity breakdown of staff.

Staff are also able to feedback anonymously on any adverse issues at work, via the annual staff survey.

It is important for us to communicate with and engage our staff. OCCG employs 138 people who are all invited to receive newsletters and attend staff forums. Although most staff are not involved in direct patient care, they meet members of the public and patients at many events in the course of their work and most are Oxfordshire residents and service users too. It is important that they are well informed and can feed back concerns, comments and questions to the right place.







# Lessons learnt

It is important to reflect on the success or otherwise of the engagement activities conducted by OCCG and look at what went well and what could have been improved.

There has been a very wide range of projects that have involved patients and the public, some small and discrete in scale, others large and inclusive.

## Online Engagement

Using the online engagement tool – Talking Health as well as social media and the OCCG website is a cost effective way of reaching out to large numbers of people and allowing wide engagement through surveys and simple feedback via social media. Publicity is critical to the success of this type of activity and significant effort needs to be put into raising awareness through all available routes. In addition, the format of the Talking Health tool has some limitations. As technology changes, our expectations increase for how we want these tools to work, for example completing surveys on smart phones and tablets. OCCG is working with the software provider to review potential improvements to the system and reflecting of the relative benefits of having the same engagement software as other partners.

## The Consultation Institute

OCCG is a member of the Consultation Institute. This has allowed some expert advice and support for projects and for some members of OCCG staff to attend various training and other learning events. The experience and expertise of the Consultation Institute has helped in planning, delivering and analysis of engagement.

## Campaigns

The impact of running a health campaign is often difficult to evaluate. For example, if a campaign is aimed at changing behaviour it will be difficult to distinguish the different influences on an individual making that change. Following the winter campaign 2018/19 we asked members of the public if they remember seeing or hearing a particular message and if they did anything different as a result. The results of this evaluation were used in planning the

winter campaign 2019/20, both in terms of which messages and routes of delivery were most effective.

## Implications of COVID-19

The impact of the COVID-19 pandemic has been significant for the way we engage people and this was obvious from the start. All face-to-face engagement has paused and online engagement has been more relied upon. We know there are great benefits of using digital approaches to engagement and that this can allow us to reach bigger audiences. However, we are very aware that many people are excluded if we rely entirely on digital methods. This might be because of issues relating to deprivation, digital literacy and inequality or other demographic issues. Access to smart phones, tablets and computers is not universal for many of the same reasons. Engaging people about the impact of changes made to services during the pandemic is an example of where we would need to make extra effort to reach those that are not able to engage digitally because they are most likely to have been affected by the changes. OCCG will be learning from others and working with the Consultation Institute and Healthwatch Oxfordshire as we develop methods of engagement that can support people participating and having their voice heard safely without increasing the risk of infection.







# Future plans for PPI

The COVID-19 pandemic has affected almost every area of work in the NHS. For engagement, this has had an impact both in terms of the way we engage and on whether it was possible to engage before urgent changes needed to be made.

As we look to the future, we want to understand about the experience of patients who needed to use health services during this time. We want to understand whether any of the changes were welcome, if they improved the care they received or made it worse. We want to understand how access to services has been affected and whether patients have welcomed the use of technology for consultations with clinicians. We also want to understand whether this has been more convenient or whether they would prefer a different approach.

While the pandemic continues we need to consider how we keep patients and staff safe and reduce the risk of spreading the infection. Some of the changes we have made to the way services work could continue to be in place for some time.

In planning this engagement, we need to be aware that running face-to-face events – meetings, focus groups etc, - is not possible. Yet, we need to ensure that those people who do not have easy access to the internet to complete an online survey, for example, can still participate in the engagement. These people are the very group that may have been more directly affected by changes to the way services are delivered.

We will be working with the Co-Production Board and with Healthwatch Oxfordshire to ensure the plan for this work is appropriate and to ensure different opportunities for engagement are available. For example, by producing engagement toolkits that can be used by families, PPGs, community groups and Healthwatch Oxfordshire to gather feedback from small groups of individuals.

Looking further ahead, we will be working more with our partners across the Oxfordshire health and care system and beyond to those in Buckinghamshire and Berkshire West as we plan services for the future. In doing so we ensure people in Oxfordshire are engaged in that work and the smaller community groups and organisations have a voice through the Oxfordshire Wellbeing Network.





# NHS provider trusts

It is important that the organisations providing health care also involve patients, carers and the public in the running of their services.

Each Trust has a variety of ways for involving people in their work and this information is publicised on their websites. The trusts have provided updates on their key activities which are listed below:

## Summary for Oxford Health NHS Foundation Trust (OHFT)

People who use our services are central to everything we do and the theme of involvement runs through every aspect of the trust. Every member of staff is part of a person's experience of receiving care and treatment. All staff should be proud to say: "I am the patient experience". Below are some examples of how the trust has engaged patients during the year:

- Members of the learning disability Leading Together Co-production group have attended the Council of Governors meetings over the year and given feedback on potential developments to enable people with a learning disability to become Governors. The group have been developing work to make becoming a member of Oxford Health more meaningful for people with a learning disability. This has included creating easy read agendas, standardised easy read Human Resources and Finance reports, easy read information about becoming a member and what being a Governor means as well as a quarterly Membership Matters email magazine.
- A new inspection tool for secure services which was co-produced with 2 experts by experience at Evenlode has been trialled on the unit. During the initial visit the "inspection team" were shown around the unit by one of the patients and a member of staff. The team tested the staff questionnaires on a member of staff. Feedback on our findings was provided to the unit in an easy read format within 2 days of the visit. The aim is to help to improve the surroundings and involve patients in quality improvement.
- 11 pupils from two secondary schools in Oxfordshire shared their experiences of using the School Health Nurse service for a

video to highlight the work the teams do with commissioners, public and county council staff. The pupils talked about the support and resources they received which had helped them to navigate difficult experiences and made life more manageable for them.

- Members of the Experience and Involvement Team have been working with Oxfordshire Recovery College to develop a new half day training session which will be available for all Oxford Health Staff to help develop skills and practical knowledge on how to involve people who use services. The session has been piloted in early 2020 and was made more widely available in summer 2020. The session has been co-designed and developed and will be co-delivered in line with the colleges usual format.
- Patients are involved in several projects developing services in community mental health by using their experiences to give insight into the patients journey through services, be part of the steering groups and sense check all information being developed.
- Staff from the Minor Injuries Unit in Abingdon have been working with The South Oxfordshire Patient Experience Group (PEG) to increase the accessibility of their service. Some examples of what has been delivered:
  - Developed easy read versions of the forms people are asked to fill out on arrival at minor injuries/out of hours GP.
  - Introduced accessible version of I Want Great Care on line feedback forms.
  - Developed and delivered learning disability awareness training to volunteers from minor injuries.
  - Arranged a visit by the South Oxfordshire PEG in Dec 19 to visit Minor injuries in Abingdon to see what they thought of the environment and how it could be improved.
- The Trust has received 22,361 responses through the software 'I Want Great Care' between 1st April 2019 – 31st March 2020 with an overall average score of 4.77 out of 5 across all the questions asked.

# NHS provider trusts

## Summary of activity for Oxford University Hospitals NHS Foundation Trust (OUHFT)

OUH actively asks for feedback from patients, their friends, families and carers, and acts on it. This is because the Trust wants every patient to have the best experience possible. Feedback helps OUHFT staff to know what they are doing well (the things they should keep on doing) as well as what they need to change.

Seeking and acting on patient feedback is key to improving the quality of healthcare services. After they have received care from the Trust, patients are asked for feedback via the Friends and Family Test (FFT) survey, which asks whether they would recommend the department to friends and family (if they should need similar care or treatment). In line with national guidance, in April 2020, the 'recommend question' was revised to patients being asked to rate their experience of care on a scale of 1 – 5 (where 1 is "very good" and 5 "very poor"). Text (SMS) messaging is used to seek feedback in many of the Trust's departments, and has improved response rates. Patients can provide feedback via multiple channels; text, agent call, paper and online. This feedback, in addition to other local and national surveys, is central to the development of the Chief Nurse's Patient Experience Delivery Plan 2019 – 2021 which has 10 focus areas:

- Bridging the discharge gap
- Cancelled procedures/admissions
- Car Parking
- Delivering Same Sex Accommodation (DSSA)
- Emergency Department (ED) waiting times
- End of Life Care
- Home First
- Noise at night
- Patient Centered Care Plans (Holistic Needs Assessments)
- Patient Led Assessments of the Care Environment (PLACE).

An action plan has been developed which details all patient and public engagement activities to support implementation of the delivery plan.

### National Patient Survey Programme

Together with many other methods of gaining patient feedback, these annual results help the Trust focus on improving the overall experience of patients in hospital. National surveys allow OUH to compare against other trusts, as well as demonstrate improvement year on year.

### National Inpatient Survey 2019

In summary, 550 surveys were completed (response rate of 46%). The results are positive. The Trust scored an average score of 78.2% which was higher than in 2018. The Trust scored in the top 20% of Trusts on 33 questions and the bottom 20% of Trusts on 1 question. Strengths of the Trust were: Confidence and trust in doctors and nurses, Help, support and information giving by staff and Overall experience of being in hospital. The Trust scored less well for cancelled procedures or admissions, discharge process, food and noise at night.

### National Maternity Survey 2019

The national response rate was 36.5% while the Trust's received a response rate of 47.0%. The sampling included women aged 16 and over, who gave birth in February 2018. Overall the survey results, published in October 2019, gave a very positive view of services at the Trust. Analysis showed that the average score across all questions was one percentage point higher in 2019 than in 2018. The Trust scored highly for: Choices for place of birth, Antenatal care – information and communication, Involvement in decisions and Respect and dignity.



# NHS provider trusts

## National Children and Young People's Inpatient and Day Case Survey

The findings of the 2018 survey were reported in June 2019. The Trust's response rate of 33% was higher than the national average (25%). The Trust results were similar to those seen nationally. OUH scored highly for: 1) Offering a choice of admission dates, 2) Cleanliness, 3) Wi-Fi access, 3) Confidence and trust in healthcare professionals, 4) Staff awareness of medical history, 5) Staff approachability and friendliness, 6) Overall care provision, 7) Privacy and 8) Advice on self-care given when discharged. Areas for improvement included: 1) Changing admission dates, 2) Staff communicating with children in a way they could understand, 3) Food and 4) Noise at night.

## Other activities

As part of the wider engagement with the diverse communities, the Trust has been developing relationships with partners in the local healthcare system, as well as other organisations such as HealthWatch and the Academic Health Science Network (AHSN) so that a coordinated approach can be taken to engagement across the system. There have also been specific engagement activities undertaken such as attending Oxford Pride to engage with the local LGBT+ community and working with Oxford Council of Faiths.

OUH's patient participation groups share their experiences, provide feedback for service improvements and act as support groups, especially for people with long term conditions and needing follow up care. The Trust is particularly proud of the work to include children. Young People's Executive (YiPpEe) is the Trust's Public Partnership Group for children and young people. Their activities over the year include: an invitation to the Royal College of Paediatrics and Child Health and two members were elected to represent children and young people on the Trust's Council of Governors. The Chief Nurse continues to present a patient story and associated learning to the Trust's bi-monthly public Board meetings and Quality Committee meetings. These stories, volunteered by patients and relatives, are shared with relevant clinical teams to help them better understand, from the patient's perspective, what they do well and what could be improved.

The Trust organises Quality Conversation events on an annual basis to engage with patients and the wider stakeholders about Trust priorities. Approximately 70 patients, Foundation Trust governors and members and staff took part in this year's event on 13 January 2020, to set the Trust's Quality priorities.

The Patient Advice and Liaison Service (PALS) is a first-stop service for patients, their families and carers with a query or concern about hospitals or services. The team provides an impartial and confidential service and aims to help resolve issues by addressing them as quickly as possible. Where PALS is unable to help, the enquirer is directed to a more appropriate person or organisation.

Most contacts with PALS are requests for information about hospital processes or putting people in touch with the correct department or individual. The service also collates comments, suggestions and concerns made directly to the service or through the patient experience feedback mechanisms available throughout the hospitals. PALS can be contacted by telephone, email, letter to the hospital or via the leaflet 'We're here to help' which is available in public areas on all hospital sites. The PALS team also meets with patients on wards or in departments.

During 2019/20 PALS dealt with 1,720 recorded requests, compliments and concerns. The main categories related to communications, cancelled appointments and clinical treatment. There were also compliments to various staff and departments, for excellent, compassionate care, particularly due the pressure of the COVID-19 pandemic.





# NHS provider trusts

Prior to the COVID-19 pandemic, the Dementia Café took place on the first Tuesday of each month in the League of Friends Café at the John Radcliffe Hospital. The Patient Experience team hosted the event which is focused on signposting carers, staff and patients with dementia towards support organisations and support services and partner organisations. The café is well supported by volunteers from Alzheimer's UK, Oxfordshire Age UK, Carers Oxfordshire and clinical staff from the Trust and hopes that it will be able to re-open as soon as it safe to do so.

OUHFT's library of clinical patient information leaflets continues to grow, with a current library of more than 1,500 leaflets which support patients and their carers with well written and clear information. A project is currently being undertaken to improve the review and production process of patient information.

Improvements continue to be made to the provision of interpreters for patients and their carers. The Trust changed the booking process for face to face language interpreters to improve availability and value for money. Clinical staff members whose first language is the same as the patients are now able to interpret clinical conversations. There has been continual awareness across the Trust about the importance of using interpreters because of patient safety and safeguarding implications.





# Glossary

**Area Prescribing Committee Oxfordshire (APCO):** APCO is a committee consisting of GPs, representatives from the OCCG Medicines Optimisation Team and representatives from healthcare providers across Oxfordshire, particularly Oxford University Hospitals NHS Foundation Trust, Oxford Health NHS Foundation Trust, Local Medical Committee and Local Pharmaceutical Committee. [www.oxfordshireccg.nhs.uk/professional-resources/area-prescribingcommittee-oxfordshire.htm](http://www.oxfordshireccg.nhs.uk/professional-resources/area-prescribingcommittee-oxfordshire.htm)

**Commissioner:** Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.

**COPD:** Chronic Obstructive Pulmonary Disease. This is the name of a group of lung conditions that cause breathing difficulties.

**Delivering Same Sex Accommodation (DSSA):** All providers of NHS-funded care are expected to prioritise the safety, privacy and dignity of all patients and reporting of breaches to same-sex accommodation guidance is mandatory

**Education Health and Care Planning:** An Education, Health and Care Plan or EHC/EHCP is a legal document which describes a child or young person's Special Educational Needs and/or Disabilities.

**Equality Analysis:** is a tool for helping us to consider the potential impact that our activities (services, projects, strategies, policies etc.) might have on our community (staff, patients, carers & others), from different equality perspectives.

**Equality Delivery System (EDS2):** The Equality Delivery System for the NHS – EDS2, being a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for people with characteristics protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty. The EDS2 guidance document is available at: [www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf)

**Equalities Reference Group (ERG):** this group has members who

represent the nine protected characteristics of equality and diversity as stated in The Equality Act 2010.

**Friends and Family Test (FFT):** The Friends and Family Test was introduced into the English NHS in 2013. It is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

**Healthwatch Oxfordshire:** Healthwatch Oxfordshire was set up on 1 April 2013 as a result of the Health and Social Care Act 2012.. Healthwatch Oxfordshire hears what children, young people and adults have to say about health and social care services, whether that is praise, criticism or ideas for improvement. They strengthen the collective voice of patients and the public, so that service providers and commissioners listen to what they have to say. Healthwatch then holds organisations to account on how they use the information provided to shape, inform and influence service delivery and design.

**Joint Health Overview and Scrutiny Committee (JHOSC):** the JHOSC is a scrutiny committee of Oxfordshire County Council. It consists of twelve Councillors from the County, District and City Councils and up to three co-opted members. Its purpose is to transparently review and scrutinise any matter relating to the planning, provision and operation of the health service in Oxfordshire.

**Minor Injuries Unit and First Aid Units:** Minor Injuries Units and First Aid Units can treat sprains and strains. broken bones. wound infections. minor burns and scalds. minor head injuries. insect and animal bites. minor eye injuries. injuries to the back, shoulder and chest. [www.oxfordshireccg.nhs.uk/your-health/choose-the-rightservice/minor-injuries-units-and-first-aid-units.htm](http://www.oxfordshireccg.nhs.uk/your-health/choose-the-rightservice/minor-injuries-units-and-first-aid-units.htm)

**Musculoskeletal services (MSK):** musculoskeletal conditions affect the joints, bones and muscles, and also include rarer autoimmune diseases and back pain.



# Glossary

**Oxford Health NHS Foundation Trust:** provide physical, mental health and social care for people of all ages across Oxfordshire, Buckinghamshire, Swindon, Wiltshire, Bath and North East Somerset. Services are delivered at community bases, hospitals, clinics and in people's homes. They focus on delivering care as close to home as possible. [www.oxfordhealth.nhs.uk](http://www.oxfordhealth.nhs.uk)

**Oxford University Hospitals NHS Foundation Trust:** The Trust is made up of four hospitals - the John Radcliffe Hospital (which includes the Children's Hospital, West Wing, Eye Hospital, Heart Centre and Women's Centre), the Churchill Hospital and the Nuffield Orthopaedic Centre, all located in Oxford, and the Horton General Hospital in Banbury, north Oxfordshire.

**Oxfordshire Primary Care Commissioning Committee (OPCCC):** The role of the Primary Care Commissioning Committee is to carry out the functions relating to the commissioning of primary care in accordance with its statutory powers under section 13 of the National Health Service Act 2006. [www.oxfordshireccg.nhs.uk/get-involved/opcc-committee.htm](http://www.oxfordshireccg.nhs.uk/get-involved/opcc-committee.htm)

**Patient Advice and Liaison Service (PALS):** offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers. **Patient Led Assessments of the Care Environment (PLACE):** These assessments provide motivation for improvement by providing a clear message directly from patients, about how the environment or services might be enhanced.

**Patient Participation Groups (PPGs):** every GP practice is required to have a PPG. These are the foundation for the involvement of patients in primary care.

**PPI:** Patient and Public Involvement

**SEND:** Special Education Needs and Disability Service

**Thames Valley Priorities Committee:** The Thames Valley Priorities Committee operates as an advisory body to the Clinical

Commissioning Groups in Thames Valley. Its role is to provide evidence-based recommendations and commissioning policies for consideration and adoption by Clinical Commissioning Groups. [www.fundingrequests.ccsu.nhs.uk/thames-valley-priorities-committee](http://www.fundingrequests.ccsu.nhs.uk/thames-valley-priorities-committee)

**Voluntary organisation:** the voluntary sector or community sector (also non-profit sector or "not-for-profit" sector) is the duty of social activity undertaken by organisations that are not-for-profit and non-governmental. This sector is also called the third sector, in contrast to the public sector and the private sector.



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**Or you can write to our Freepost address:**

Communications and Engagement Team,  
Oxfordshire Clinical Commissioning Group,  
Jubilee House,  
John Smith Drive,  
Oxford Business Park South,  
Oxford  
OX4 2LH

