

Bristol Patient and Public Involvement Annual Report 2016 – 2017

Governance gateway process		
Date	Gateway	Outcome
June 2017	Bristol Patient, Equality, Communications Sub Committee	Out for comments & approval
July 2017	BNSSG Quality & Governance Committee	Approved
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Bristol Patient and Public Involvement Annual Report 2016/17

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Introduction

We are committed to people being involved at the heart of our work and decision making. We will continue to listen and act upon individual and carer feedback at all stages of the commissioning cycle because of the evident added value of commissioning and providing services that are informed by the experiences and aspirations of local people.

Patient and public involvement is the active participation of individuals, carers, community representatives and groups and the public in how services are planned, delivered and evaluated. It should always seek to be as inclusive as possible. This is commonly referred to as 'PPI'

PPI is broader and deeper than traditional consultation. It involves the on-going process of developing and sustaining constructive relationships, building strong, active partnerships, and holding a meaningful dialogue with stakeholders. Effective patient and public engagement leads to improvements in health and care services, and is part of everyone's role in public services.

An understanding of Bristol and its changing population is essential to ensure that all groups and communities have the opportunity to have their voice heard. This is particularly important because Bristol is changing – the population is growing, and becoming more diverse. This means that the CCG cannot rely on a "one size fits all" approach to involvement in the commissioning process. Involvement needs to be responsive to, and informed by, the diversity of groups and communities in Bristol.

The procurement stage of the recommissioning of children's community health service provides a good example of how the CCG has consciously sought to involve a group, in this case young people, not traditionally involved in NHS procurement processes.

Who are 'individuals, service users, patients and the public'?

Involvement can encompass work with:

- Individuals using a particular service, or health and care services more broadly;
- Service user groups or representatives based around a particular service;
- Service user groups or representatives based within the voluntary or community sector which relate to a specific issue or service;
- People who care for someone using health and care services;
- Local people, either on an individual or group basis, who do not necessarily use the service or services in question;
- Local voluntary and community sector organisations, these might include organisations working with particular groups;
- Other partner organisations.

The duty to involve

The commitment to patient and public involvement is also supported at a national level in legislation, as public services have a statutory duty to involve patients, carers and the public in the development of commissioning plans to change and develop local health services. The rights of service users and individuals to be involved in the planning and development of health services are also set out in the NHS constitution.

The application of the duties will further strengthen our approach to involving our communities in the work that we do, by ensuring that our involvement practice is inclusive.

Partner involvement

To ensure that everyone has the opportunity to participate, it is important that the CCG, when making arrangements for patients and the public to be involved in its commissioning activity, uses a range of techniques to enable different groups and individuals to be engaged. We recognise that any involvement should be appropriate and proportionate, targeted to the relevant audience.

The CCG works collaboratively with local voluntary and community sector organisations (VCS) to make best use their knowledge, skills and contacts to develop effective involvement. For example, the CCG commissioned The Care Forum to design and deliver a workshop for members of local VCS organisations on the STP.

The CCG continues to have an effective and productive relationship with councillors and officers responsible for health scrutiny in the city. This scrutiny function is delivered by the People Scrutiny Committee of the city council. Although the CCG was not required to consult with health scrutiny during the year as a result of a proposal to make a significant change to local health services, considerable effort has been made to ensure that councillors are aware of, and invited to comment on, CCG commissioning activity.

Following local council elections, there were new councillors on the scrutiny committee, and the CCG facilitated a workshop for all members of the People Scrutiny Committee on the role and functions of the CCG. In addition, the CCG was represented at the scrutiny work planning session. In addition CCG officers attended scrutiny “in public” and planning meetings as well as providing informal briefings for councillors on local issues of interest.

Healthwatch is an important PPI partner for the CCG and can offer a valuable perspective on the CCG’s PPI activity. The CCG met regularly with Healthwatch representatives during the year and, as a result, was able to continue or initiate the following.

- The CCG continued to be represented on the Bristol Healthwatch advisory board by the lay member on the CCG's Governing Body with a responsibility for PPI
- Quarterly liaison meetings continued
- Healthwatch reports setting out the experiences of local residents using local health services were received and discussed with interest at the CCG's Quality and Governance sub-committee of our Governing Body
- The CCG supported Healthwatch to deliver a conference for representatives from patient participation groups across the city.
- Healthwatch representatives were welcomed onto a number of CCG Programme Boards and Committees including the Joint Committee with NHS England overseeing local primary care commissioning

1. The year in brief

1.1. Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership (BNSSG STP)

The Bristol, North Somerset and South Gloucestershire (BNSSG) CCGs have worked with NHS provider organisations in the area, including representatives of GP practices, and the three local authorities to develop a Sustainability and Transformation Partnership (STP) [previously known as the Sustainability and Transformation *Plan*]. Initial, outline plans developed by the BNSSG STP were published on the websites of the STP organisations, including the BNSSG CCGs, in November 2016. The BNSSG health system agreed to develop a single sustainability and transformation approach for the services provided to a population of over 900,000 people. It reflects a commitment jointly made by the leaders of health and social care services in BNSSG to a collective effort to transform services and improve outcomes for this population.

We began to involve our local populations in the development of our STPs by holding meetings with the three local authority health scrutiny committees and with representatives of the local voluntary and community sector across BNSSG to introduce the draft plan. We widely publicised our STP and invited comments to help inform our commissioning intentions for the next two years 2017-2019. Feedback already received through our initial consultation process will help to shape future direction.

The challenge going forward will be to assure local people and patients that the implementation of the STP will be conducted in an open and transparent manner. BNSSG CCGs have made a public commitment to ensuring that we will involve people the STP develops, especially if proposals are brought forward for significant changes in local health services.

Local BNSSG CCGs aim to develop one commissioning voice across the three areas. Following the appointment of a substantive programme director and chair for the STP, plans are in place to refresh the STP and to further strengthen the strategic framework.

During the year the CCG continued to develop better ways to understand the variety of patient experience available to commissioners, and how to make sure that this informed our commissioning activity. This issue was given prominence in the CCG as the Governing Body continued to have a regular agenda item at its meetings about how the patient view is changing the way in which we commission services. An example of this is the development and delivery of the Young People Friendly Standards which were discussed in public, to help to demonstrate the CCG's commitment to putting local people at the heart of commissioning activity via a "you said, we did" report. See page 12 for more details

The public question and answer session at the start of Governing Body meetings continues to provide members of the public attending the meetings

with the opportunity to question Governing Body members on a range of issues. For example in October 2016, a member of the public asked a question regarding access to services and monitoring 18 week waiting time standard. Responses to public questions are often answered at the meeting; however some require a more detailed written response which is detailed on the web site in a separate document for each Governing Body meeting.

Member practices continued to contribute to the CCG's patient and public involvement activity, in particular through supporting the delivery of the CCG's self-care strategy by seeking to engage better with socially isolated/vulnerable patients and promoting the role of practice staff as community resource leads and health champions.

1.2. CCG internal mechanisms for improving PPI

Co-ordination of the CCG's PPI activity continued to take place through the PPI, Equalities and Communications Steering Group (PEC). It is chaired by a lay member and includes contributions from a public representative. This steering group brings together these enablers of effective commissioning, and co-ordinates and monitors activity in the three areas. The PEC reports to the CCG Governing Body via the BNSSG CCGs' Quality and Governance Committee.

The collaborative working in these three areas means that this annual report should be read in conjunction with the report covering CCG activity on Equality and Diversity. Two other reports are important in this context; the CCG's annual report on its activities to enhance the quality of local health services, which covers CCG activity to improve the patient experience of these services, and the CCG's annual complaints report. The CCG's annual report for 2016/17 describes in detail the local arrangements and the ways in which we have involved patients and the public in the commissioning of local health services and is summarised under the heading 'Patient and Public Involvement' (p 56).

Commissioning proposals were all developed using the CCG's business planning process which stipulates that patient and public involvement has to be evidenced in the development of business cases. An 'approval gateway' that involvement is appropriate to the business case concerned.

The Avon Primary Care Research Collaborative (APCRC), which is hosted by Bristol CCG, has continued to promote and develop public participation in research evaluation and audit that are informed by the needs and aspirations of the people they serve. The APCRC support researchers, evaluators and auditors within each Clinical Commissioning Group and within the Bristol Health Partners Health Integration Teams (HITs) to actively involve patients and the public in all their activities. www.apcrc.nhs.uk/evaluation/ppi.htm

In addition, Better Care Bristol has taken the lead role on overseeing city wide activity to promote effective, personalised care by promoting active self-care, signposting local people to relevant and appropriate information to assist with

self-care and empowering groups and communities to promote and encourage self-care.

Finally, the CCG continued to work with young people, their parents and carers as the re-commissioning of children's community health services was completed.

2. Patient and public involvement in commissioning

We illustrate how we have involved local people and patients in commissioning throughout this chapter. Further information about how the CCG involves patients and the public can be found on the CCG website under the “get involved” section.

2.1. Engaging communities to identify needs and aspirations.

- The CCG uses the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy, both of which are informed by the views of local residents, when commencing any planning or re-commissioning projects.
- The CCG spent time discussing new approaches to commissioning with the aim of ensuring that the experience local people and patients have of their health services becomes a key driver of commissioning activity. This was coupled with the recognition that some groups and communities have a poorer experience of healthcare and that we need to understand that and take action to improve the situation.
- CCG Member Practices were, once again, active in reaching out to local residents, groups and communities as they developed their PPI activities. The focus this year was on continuing to develop and embed Community Resource Leads/Patient Champion roles within individual practices or clusters of practices.
- The CCG worked in partnership with Bristol Healthwatch to gather views from people in the local deaf community about their experiences of local health

2.2. Engaging the public in decisions about strategies and priorities

- The CCG made the following arrangements to involve Bristol residents in the development of its two year commissioning plan for 2017-19.
 - The draft plan was placed on the CCG website and newsletters together with partner websites publicising it via libraries and GP surgeries for public comment, including Healthwatch.
 - It was discussed at “in public” meetings of the Health and Wellbeing Board and the CCG’s Governing Body, and shared with city councillors on the People Scrutiny Committee.
- The CCG ensured that the STP aims and objectives were informed by the significant amount of information the NHS holds about the experiences of people using local NHS services.

2.3. Engaging patients in service design and improvement

- **Maternity:** The CCG continued to support the work of Maternity Voices, the local forum for parents to comment on, and be involved in,

developments to local maternity services. It is planned that an honorarium position of new chair will be appointed for 2017/18

- **Female Genital Mutilation:** Bristol CCG have been actively involved in the work to end female genital Mutilation (FGM) in a generation. The work has included having active engagement with FGM affected communities. The work includes having trained community health advocates supporting the Bristol safeguarding childrens Board (BSCB) Multi-agency safeguarding training on FGM.

The Designated Nurse for safeguarding children co-chaired the FGM delivery and safeguarding partnership with one of the community health advocates. This work also includes engaging with the 2 young people's groups who campaign to end FGM in a generation, completing an annual report and feeding back to both the adult and children's safeguarding boards.

The community engagement events last year received a high profile with significant local and national press coverage of the events.

In February 2017, the community organised their annual event and there were 80 people from the community and professional groups all working to end FGM, with the campaign's aim to support 'FGM International Zero Tolerance day'. There was also an event to develop FGM safeguarding guidelines and a FGM strategy. The community voice was essential in developing these documents.

The new FGM Bristol Community Rose Clinic which was re-procured in 2016. The procurement process included one of the community health advocates in the decision making of the provider for this service. The new GP surgery engaged a community event with Refugee Women of Bristol (RWOB) to consider how they could better engage with the FGM affected communities

- **Cancer:** The Living well with and beyond cancer project aims to design and deliver sustainable, patient centred and ambitious services across BNSSG. It is supported by Macmillan and is carrying out a cost benefit analysis of the current services to inform the design of a new model of care. People affected by cancer are as central to the design as staff delivering the services. We started work in September 2016. To date we have recruited a lay member for our steering group and a few people affected by cancer who are prepared to come to design workshops or participate in surveys and focus groups. An advert to recruit people was sent out to all health and care professionals working across the system and this generated interest from 8 people. Some have since been too ill to get involved and most want to be able to dip in and out of being involved to reflect their changing health. We recognise the need to have a variety of ways for people to get involved and an important lesson has been around the challenges of keeping people who do not use the internet informed; it has been interesting to

reflect on the time it takes when we are so used to relying on email. We are writing our PPI plan for the cancer programme and want to prioritise how we involve people in this work over the coming months.

- **Medicines Management:** The Medicines Management Team completed an investigation into the problem of medicines waste across Bristol, estimating that wasted medicines cost the local NHS approximately £5.7million per year just in primary care. The aim of this investigation was to identify the root causes of medicines waste so that the Team could develop strategies to reduce this problem.

We consulted with over 2,700 patients to gain their opinions and feedback on how the waste occurs. This was achieved using a variety of methods including surveys, group meetings, and telephone and email correspondence. During the consultation, patients highlighted the current difficulties they face when ordering their repeat prescriptions and also any problems they have taking their medicines as prescribed. Patients made a wide range of suggestions for improvement which have helped us to determine and prioritise the areas we need to focus on to reduce medicines waste. As a result, we have been working on several projects over the last year; including developing and running a prescription clerk training programme in Bristol GP practices, rationalising the prescribing of ostomy products, and running a city-wide waste reduction public campaign. Future work includes reducing medicines waste in care homes and developing guidelines and prescribing tools for GP practices.

- **Diabetes:** The HG Wells project is one of a number of diabetes improvement projects which is part of the Diabetes Transformation Programme. The aim of the HG Wells project is to deliver significant and sustainable improvements in the management and treatment of type 2 diabetes, as well as helping patients with diabetes improve their health and wellbeing. Project evaluation included interviews with patients.

2.4. Patient centred procurement and contracting.

- **Patient transport services.** Patient experience information was sought from patients to inform the re-commissioning of patient transport services.
- **Children's Health Services:** The Young People's Reference Group (YPRG) (2014-16) is a group of young people who were involved in the re-commissioning of Children's Community Health Services in Bristol, South Gloucestershire and North Somerset. The YPRG was co-facilitated by Healthwatch Bristol (Young Healthwatch) and the BNSSG CCGs so that young people could play a full part in the procurement of the substantive providers of children's community health services, for example as part of the bidder evaluation process..

Members of the young people's reference group attended training sessions to learn about procurement. They then read the bids submitted and asked the potential providers questions about their bids. They then scored the bids individually, discussed a consensus score they were happy with and then gave that consensus score to the commissioners.

For an example of their work please see a summary of what they did, how they got involved and what they achieved:

<http://healthwatchbristol.co.uk/about-us/young-healthwatch/>

2.5. Patient centred monitoring and performance management

- **Mental Health:** There are a number of different examples of how, in commissioning mental health services, the CCG is embedding service user and carer involvement in the performance management of the new adult mental health services in the city and other existing services. For example, we have been working with the Bristol Independent Mental Health Network, Service User Carer Council and others to ensure that there is user and carer representation on all performance management meetings. In addition to attendance at meetings commissioners and service users have re started a programme of quality assurance visits to services for example in-patient wards which provide extra assurance around the quality of the care and patient experience.

To support this approach, the mental health commissioning team uses the national survivors' user network principles to inform its work. For more information please visit www.nsun.org.uk

The CCG is fortunate to have a dedicated worker and resource embedded in the commissioning team to advise and lead on promoting user and carer involvement in the commissioning of local mental health services.

The CCG has started a review of the mental health crisis house provision in the city and a service user led review group is working with commissioning to provide a review of service user experience of the services.

Bristol Independent Mental Health Network and other user networks worked with commissioners and providers with regards to changes to the crisis line which resulted in developing a crisis cards to be used locally.

The CCG has established a Personality Disorder Pathway working group to develop and improve the clinical pathway for people with a personality disorder or associated behaviours. The multi-agency group includes service user representatives, as well as representatives from

voluntary sector organisations which have clear links with service user groups.

The CCG mental health and children and young people commissioners were involved in supporting the Freedom of Mind festival for young people which resulted in a number of recommendations for improving services.

- **Young People Friendly Accreditation Scheme:** Young People Friendly is an accreditation scheme which allows health services to demonstrate that they are responsive to and meet the needs of young people. Organisations complete a toolkit and then have a moderation visit. A group of young people are trained to 'mystery shop' services as part of the process.

Services which achieved verification in 2016/17 included the Family Nurse Partnership, CAMHS East Central and Bristol Drugs Project school based services. The Young People's Substance Misuse service was successfuly reaccruited. We were particularly pleased that Ward A900 at Bristol Royal Infirmary completed the toolkit and was successfully accredited. This is an adult medical ward which specialises in Cystic Fibrosis and gastroenterology so regularly sees young adult patients transitioning from Bristol Royal Hospital for Children.

Some of the common characteristics of young people friendly services are that they are outward looking and engaged with partners; they have mechanisms for regular feedback from young people; and staff who are enthusiastic and passionate.

Young People Friendly supports services to review and improve their practice. It is used to promote continuous learning and review by using feedback from service users. Benefits to the service can include improved use by young people and better relationships with other services.

Over the last year we have reviewed the toolkit as we recognise that it can be demanding, particularly for smaller organisations. We will be launching a revised toolkit in 2017.

2.6. Delivering the duty on individual participation

- **Personal Health Budgets (PHB)** and more recently Integrated Personal Commissioning (IPC) continues to be a robust way of promoting individuals, their carer's and families can take an active role in their health and wellbeing, with greater choice and control over the care they need through personalised care planning and personal budgets. IPC is the pillar of the NHS Five Year Forward View, and supports the improvement, integration and personalisation of services,

building on learning from personal budgets in social care and progress with personal health budgets.

To date, the CCG continues to offer PHBs to adults eligible for NHS Continuing Healthcare and children who are eligible for continuing healthcare. Currently we have 34 PHBs within NHS Continuing Healthcare 22 for adults and 12 for children. We are currently working across BNSSG to see how we can promote the learning and experience from Bristol across the BNSSG footprint. PHB's are also further being explored for End of Life Care.

Alongside this we are seeking to promote IPC across the BNSSG footprint through more collaborative working. IPC also supports people to develop their knowledge, skills and confidence to self-manage their care, through stronger partnerships with the voluntary and community sector, at the same time building on community capacity and peer support. Some of the areas that are being explored for IPC are Mental Health S117, Wheelchair services. This will include dedicated work streams across BNSSG with each individual commissioner taking the lead or working jointly across the footprint.

Longer term plans will look to increase numbers across all areas of services commissioned by the CCG's this could be in the form of commissioning large services differently which will free resources to deliver PHBs and IPCs.

However the following implications may need to take into consideration for services and commissioning:

- Co-production with people, carers and families must be at the heart of the way services are designed and delivered.
- Resources must be freed up for people to use differently.
- More flexible and outcome focused commissioning will be needed.
- More flexible and responsive services designed around people's needs and preferences.
- A broader range of service options are required, alongside more conventional provision.
- New types of provider, including social enterprises and user led organisations.
- An expanded role for the voluntary and community sector, supporting people to plan and self-manage.
- Part of a coordinated approach to early intervention and prevention, keeping people away from acute services.

Both PHBs and IPC will continue to benefit children and young people with complex needs, people with multiple long term conditions, people with learning disabilities with high support needs and people with significant mental health needs. Both PHBs and IPC will be rolled out jointly with our providers such as Bristol Community Health, Avon and

Wiltshire Mental Health Partnership Trust, voluntary sector and jointly with our Local Authorities over the BNSSG footprint.

The target for Bristol and across BNSSG is as follows which we will aim to deliver. Bristol CHC has delivered against the 16/17 PHB target of 18 for adults CHC and similarly has delivered against the children's target of 7. We will aim to deliver against the 17/18 target of 30 for adults CHC and 12 for children.

3. Next Steps and future approach for PPI

During the last quarter of the year, the lead for PPI, Tony Jones retired and a new lead was appointed.

The CCG is entering a period of organisational change and requiring financial stability and sustainability. The CCGs for Bristol, North Somerset and South Gloucestershire have been working increasingly closely as we gear towards the development of a single commissioning voice and senior management structure with the appointment of a new Chief Executive Officer.

A team approach is now being developed with the PPI leads from each organisation continuing to hold responsibility for PPI approaches for constituent CCGs. However we now work across and with each CCG to create a consistent and harmonised approach, working with our equalities, qualities and communications colleagues to support a Programme Management Office function. We are developing new PPI assessments, plans, processes and support to commissioners to ensure a robust and systematised approach that enables our workforce to make sure that our patients and public are at the heart of everything that we do and the commissioning decisions we make.

In future, in order to successfully deliver the aims and objectives of the Sustainability and Transformation Partnership within the framework of a system wide financial recovery plan, patient and public involvement will be co-ordinated across Bristol, South Gloucestershire and North Somerset.

Involving patients and the public will continue to be the driving force to the way we commission services. As we move forwards as a single commissioning voice, we are looking towards innovative ways to ensure that we have a robust and continuous dialogue with our citizens and service users. Our new CEO, Julia Ross is already responding to public questions at the GB and has met representatives from a local campaign organisation 'Protect our NHS'.

In summary, we have illustrated the many and varied ways that people have been involved in Bristol CCG decision making processes. We are conscious that there are always more and better ways that we can do this and we will continuously strive to improve how we can achieve it. As ever, we welcome your feedback through our 'get involved' pages on our website:

<https://www.bristolccg.nhs.uk/get-involved/>

Report prepared by Louise Fowler
Patient & Public Involvement Lead
July 2017

Appendix 1 Annual Report – Bristol Primary Care Agreement Self-care section – Practice Patient and Public Engagement and Community Engagement work – 2016/17

1. Purpose

The purpose of this report is to provide an overview of the main areas of work in relation to patient and public Involvement (PPI) and community engagement undertaken by practices within the self-care section of the Bristol Primary Care Agreement (BPCAg) for 2016/17 (Year Two).

2. Background:

In 2016/17 building on work undertaken in previous years, within the self-care section of BPCAg for Year two practices were asked to do the following;

- to continue to have a named Lead Clinician for Patient Self Care and a Community Resource Lead (CRL) to develop and promote self-care within the practice
- to develop and implement a short delivery plan (as individual practice or as a cluster) to further embed the CRL role into the practice
- the CRL to attend a Pan-Bristol workshop in order to further develop their role.

3. Main findings

3.1 Community Resource Lead (CRL) Delivery Plan

This required practices to develop and implement a short delivery plan to further support the embedding of the CRL role into the practice. The plan could be written as an individual practice or in a practice cluster and needed to;

- be responsive to the practices patient population
- be developed in partnership and link with other local and voluntary sector organisations/resources as well as the Health Improvement Team at Bristol City Council and VOSCUR
- outline the key deliverables, costs and benefits and
- be signed off by a practice partner.

Practices submitted their delivery plans in October 2016, 47 out of 48 Bristol practices successfully submitted a delivery plan, with 34 out of 47 practices choosing to write their plan in a cluster.

The broad themes within their delivery plans were;

- To continue to have/ or to explore the opportunity of a shared CRL/Patient Champion role across a cluster of practices.
- To continue to increase awareness of local services, national campaigns and promote self-care to patients via leaflets, noticeboard, television

screen in reception, regular bulletin/newsletter, website and Facebook page, with a focus on specific groups of patients e.g. over 75's, patients with Long Term Conditions, lonely and socially isolated patients, parents of young children etc. To share and develop resources across clusters e.g. shared website, Facebook page, leaflets etc. and to share ideas/experiences of what works well and what doesn't.

- To continue to increase awareness of local services, self-care initiatives and the CRL role to clinical and non-clinical staff via practice meetings (including inviting services into speak to clinicians), regular bulletins and the intranet.
- To continue to build strong links with community/voluntary organisations including the Healthy Living Centres, Bristol Aging Better, RSVP, Age UK, Carers Support, Refugee Women of Bristol, Dhek Bhel and self-care initiatives/schemes run by Bristol City Council, One Care Consortium, Healthwatch, VOSCUR etc. by visiting organisations/ attending regular meetings/working together on joint initiatives/inviting to practice meetings and to participate in events.
- To continue to develop Patient Participation Groups (PPGs) in the practices to have a key role in developing/supporting/promoting self-care initiatives within the practice/cluster.
- To continue to work with/or to begin to train practice volunteers to provide a befriending service for patients who are socially isolated or alone and/or provide a volunteer driving service. To investigate expanding this work and other self-care initiatives across practice clusters.
- To hold as individual practice or as a cluster, education events/wellbeing events/flu clinics/self-care drop in and advice sessions/leg clubs/dementia cafés/carers surgeries where community/voluntary organisations are invited to promote local self-care services/initiatives to patients
- To develop aspects of Health Navigator/Health Champion role in all reception/admin staff who have contacts with patients. Engage in One Care Consortium Health Navigator Training. Participate in Bristol Better Together Community Web Pilot Scheme as a cluster to identify patients who will benefit from being redirected to more suitable/ appropriate services in the community.

Practices will provide an update on progress against delivering their plans in May 2017.

3.2 Pan Bristol Community Resource Lead Event

The half day event took place on 2nd November 2016 at Ashton Court Mansion and was chaired by Dr Marion Steiner, CCG Self Care Lead.

The event was developed and held collaboratively with representatives from the CCG, Bristol City Council/Public Health, Healthwatch and Voluntary Sector organisations.

The key objectives of the workshop were to;

- develop a greater understanding of the role and how it can benefit practices

- give practices practical examples of how these roles work elsewhere to the benefit of patients and practices
- build understanding of local community and voluntary sector resources
- share learning
- begin to create locality and Bristol-wide networks which will ultimately be self-sustaining
- support practices to develop practice specific plans with key actions over next 12 months to further develop and embed the CRL role into the practice

The workshop agenda provided a recap on the CRL role and why it is important, some practice examples of self-care initiatives and schemes undertaken, a chance for practices to share their experiences, workshop sessions: to help the CRL to develop their delivery plans, to provide guidance on how to plan an event, on Cancer Awareness (reducing risk and living well with and beyond cancer) and on Dementia awareness and support. There were also a number of information stalls from voluntary organisations including the Care Forum, Avon Wildlife Trust, Forest of Avon, Linkage, Assertive Contact and Engagement (ACE), Changes Bristol, Cancer Research UK, Off the Record, Knowle West Health Park, Southville Centre, North Bristol Advice Centre, Ambition Lawrence Weston, Wellspring Healthy Living Centre and Inner City Health Champions.

The event was attended by 46 representatives from 45 out of 48 Bristol GP practices, consisting of Practice Managers, Operations Manager, Administrators/Receptionists, Patient Champions and Care Coordinators. It was extremely well received with the broad themes from the feedback forms being; that the event was well planned, interesting, interactive and informative, a good opportunity to network and identify collaborative working opportunities, share ideas and experiences, increase knowledge on range of voluntary organisations/services available, an opportunity to take stock on the progress made since the workshops held in October 2015 and hear about practice initiatives/schemes.

4. Next steps

Building on the work undertaken in Year Two of BPCAg (2016/17) and the feedback received at the Pan-Bristol event. The following areas of work have been included in the BPCAg self-care section for Year Three (2017/18).

To continue to have a named lead clinician for patient self-care to develop and promote self-care within the practice and to continue to support and develop their CRL by continuing to embed and establish their social prescribing delivery plans.

The practice CRL to actively participate in the CRL network, which will consist of a virtual network to enable them to share ideas and good practice with each other and engage in cluster-based working and locality specific half day workshops will also be run. The CRLs will also be asked to provide feedback

to the CCG on the effectiveness of the network when requested, which will feed into the overall evaluation.

Practices will also utilise specific social prescribing codes to record on EMIS when patients are offered a referral to a social prescribing service to meet their health and wellbeing needs in addition to or rather than a GP appointment and whether they accepted this or not.

Rosalind Hussey
Locality Business and Project Manager
Bristol CCG

30 May 2017