

# Mapping of engagement and consultation activity across South Yorkshire and Bassetlaw

*Report by The Campaign Company*

*September 2017*

# Contents

---

1	Introduction .....	2
1.1	Background .....	2
1.2	Why consultation and engagement is important .....	3
1.2	Approach to mapping .....	5
2	Overview of consultation and engagement methods by place .....	8
2.1	Introduction.....	8
2.2	Summary of consultation and involvement methods.....	8
2.3	Considerations for STP .....	11
3	Findings from consultation and engagement on stages of care journey .....	12
3.1	Stages of care journey – at a glance.....	12
3.2	Healthy lives, living well and prevention .....	13
3.3	Primary and community care .....	16
3.4	Urgent and emergency care.....	20
3.5	Elective and diagnostic services.....	24
4	Findings from consultation and engagement on priority services .....	25
4.1	Priority services – at a glance .....	25
4.2	Mental health and learning disabilities .....	26
4.3	Children’s and maternity services.....	28
4.4	Cancer.....	30
5	Concluding comments.....	32
	Bibliography.....	33

# 1 Introduction

---

## 1.1 Background

South Yorkshire and Bassetlaw was one of the 44 Sustainability and Transformation Partnership (STP) footprints set up across the country to deliver the NHS Five Year Forward view. It was recently identified as one of the first to become an Accountable Care System. The South Yorkshire and Bassetlaw Partnership now brings together all health and social care organisations in the region and sets out the ambition of “giving everyone in in South Yorkshire and Bassetlaw the best start in life with support to stay healthy and live longer”.

South Yorkshire and Bassetlaw Partnership covers five ‘places’ within the region – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. The key health and social care providers and commissioners in each area (see Figure 1) have developed a plan on how they will set out the improvements that are required to achieve the Partnership’s vision.

There are also eight priority areas of focus for the whole STP area:

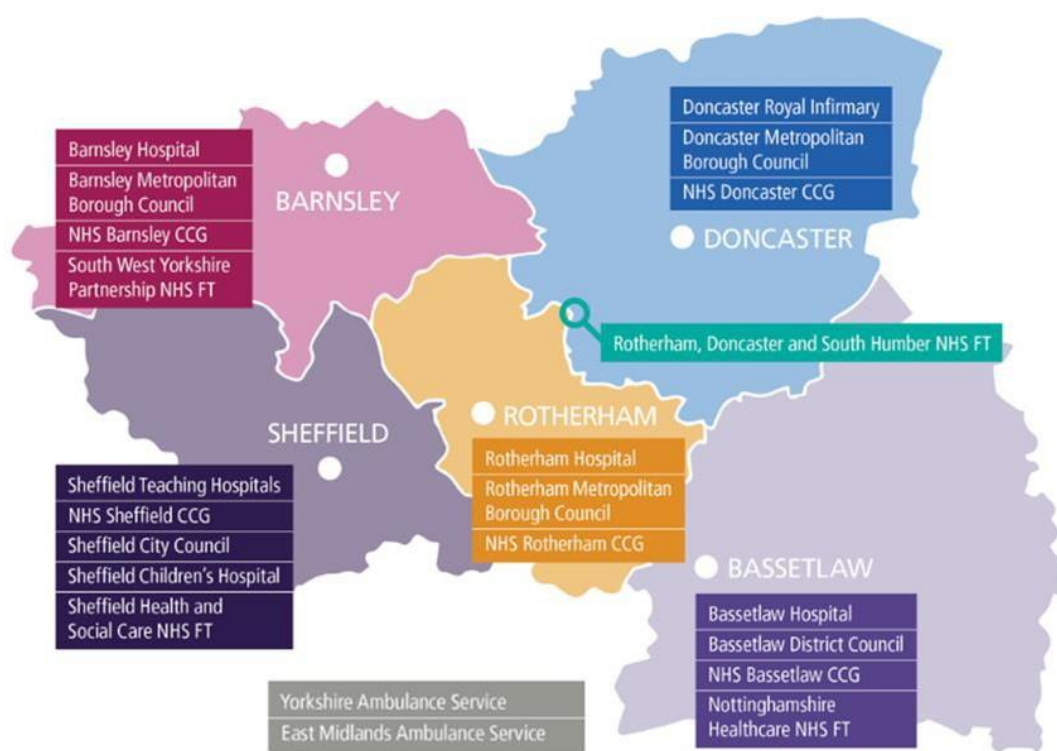
- Healthy lives, living well and prevention
- Primary and community care
- Mental health and learning disabilities
- Urgent and emergency care
- Elective and diagnostic services
- Children’s and maternity services
- Cancer
- Spreading best practice and collaborating on support services

As part of developing these plans, the organisations within each ‘place’ have been engaging and consulting, where relevant, with the public and key stakeholders. This mapping report summarises the findings and insight gained from consultation and engagement activity that has taken place between April 2014 and March 2017.

The findings from this report will help the Partnership:

- understand the work that has already taken place or is underway and highlight any gaps in activity across South Yorkshire and Bassetlaw
- understand and reference the views of the local population
- ensure that a committed and sustained approach to involvement is delivered over the next three years
- show how it is meeting its legal obligation to involve.

Figure 1: NHS and local government organisations (commissioners and providers) involved in South Yorkshire and Bassetlaw partnership



## 1.2 Why consultation and engagement is important

Engaging patients and the public in the commissioning and provision of health services is not just a statutory requirement under the Health and Social Care Act (2012) but is also recognised as a key channel for realising an NHS that puts patients and the public first and where “no decision about me, without me” is the norm.

The South Yorkshire and Bassetlaw Partnership has already established a shared approach to communications and engagement to make sure that proposals that are developed through sustainability and transformation plans both reflect and aim to meet the needs of local communities. It is also a legal requirement that patients and the public are not only consulted about any proposed changes to services but have been actively involved in developing the proposals.

The health and social care commissioners and providers that operate within the Partnership all have statutory responsibilities in this respect that are summarised in Table 1.

Table 1: Overview of statutory responsibilities to consult and involve that relate to STP priorities

AGENCY	OBLIGATIONS REGARDING PATIENT AND PUBLIC ENGAGEMENT IN HEALTH CARE	GOVERNED BY
NHS clinical commissioning groups	<ul style="list-style-type: none"> <li>Involve and consult patients and the public: <ul style="list-style-type: none"> <li><i>in the planning of commissioning arrangements</i></li> <li><i>in the development and consideration of proposals for changes in the commissioning arrangements (where proposals impact on how and what services are delivered)</i></li> <li><i>in decisions affecting the operation of the commissioning arrangements where the implementation impacts on how and what services are delivered</i></li> </ul> </li> <li>Produce annual reports describing how they have delivered</li> </ul>	Health and Social Care Act 2012 (updates NHS Act 2006)
Local authorities	<ul style="list-style-type: none"> <li>Duty to improve public health</li> <li>Through health and wellbeing boards involve the local Healthwatch organisation and the local community to ensure that differing health and social care needs are understood, reflected, and can be addressed by commissioners.</li> </ul>	Health and Social Care Act 2012 (updates Local Government and Public Involvement in Health Act 2007)
NHS Trusts and Foundation Trusts	<ul style="list-style-type: none"> <li>Duty to involve (ie make sure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in: <ul style="list-style-type: none"> <li>The planning of the provision of those services</li> <li>The development and consideration of proposals for changes in which those services are provided</li> <li>Decisions affecting the operation of those services</li> </ul> </li> </ul>	Section 242, NHS Act
Local Healthwatch	<ul style="list-style-type: none"> <li>Give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.</li> </ul>	Health and Social Care Act 2012
All public bodies	<ul style="list-style-type: none"> <li>Make sure an Equality Impact Assessment is undertaken on any proposals for changes to services that are developed through the programme in order to understand any potential on protected groups and ensure equality of opportunity. Seldom-heard interests should be engaged with and supported to participate, where necessary.</li> </ul>	Equality Act 2010

As STP plans continue to develop it is important that where proposals impact on services commissioned or provided by any of these bodies, that statutory responsibilities as well as good practice is maintained.

The STP has begun the process of getting direct insight to shape its commissioning priorities. For example, in Spring 2017 it commissioned Healthwatch organisations across South Yorkshire and Bassetlaw to have a range of conversations with local residents on the Sustainability and Transformation Plan.

This mapping report looks at what consultation and engagement activity had taken place prior to this so that existing knowledge and insight can be used to inform the Partnership's priorities.

## **1.2 Approach to mapping**

The mapping that was conducted to produce this report took place in two stages. The STP sent a mapping matrix to a number of health stakeholders across the STP area including:

- All the Clinical Commissioning Groups (CCG) in the area – NHS Barnsley CCG; NHS Bassetlaw CCG; NHS Doncaster CCG; NHS Rotherham CCG and NHS Sheffield CCG
- The local Healthwatch organisations in each of the five 'places'
- Local authorities – Barnsley Metropolitan Borough Council; Bassetlaw District Council; Doncaster Metropolitan Borough Council; Nottinghamshire County Council; Rotherham Metropolitan Borough Council; and Sheffield City Council
- NHS Hospital Trusts (including acute; mental health and specialist trusts)
- Ambulance Trusts – Yorkshire Ambulance Service and East Midlands Ambulance Service.

Mapping questions included:

- who was consulted
- what issue was being discussed
- what information was given to people
- how was the insight used
- were the findings fed back
- what key themes were identified

Figure 2 shows the organisations who were asked to provide mapping information and those that responded. This shows that there was a high response rate from CCGs and local Healthwatch organisations but a poor response from the other range of organisations. Many respondents circulated links of documents rather than complete the mapping matrix so not all of the mapping questions were answered. Many of these documents also cited engagement activities but not the insight that these activities generated.

TCC reviewed the information received to glean as much consultation and engagement information that was available with regards to the following priorities:

*Stages of care journey*

- Healthy lives, living well and prevention
- Primary and community care
- Urgent and emergency care
- Elective and diagnostic services

*Priority service areas*

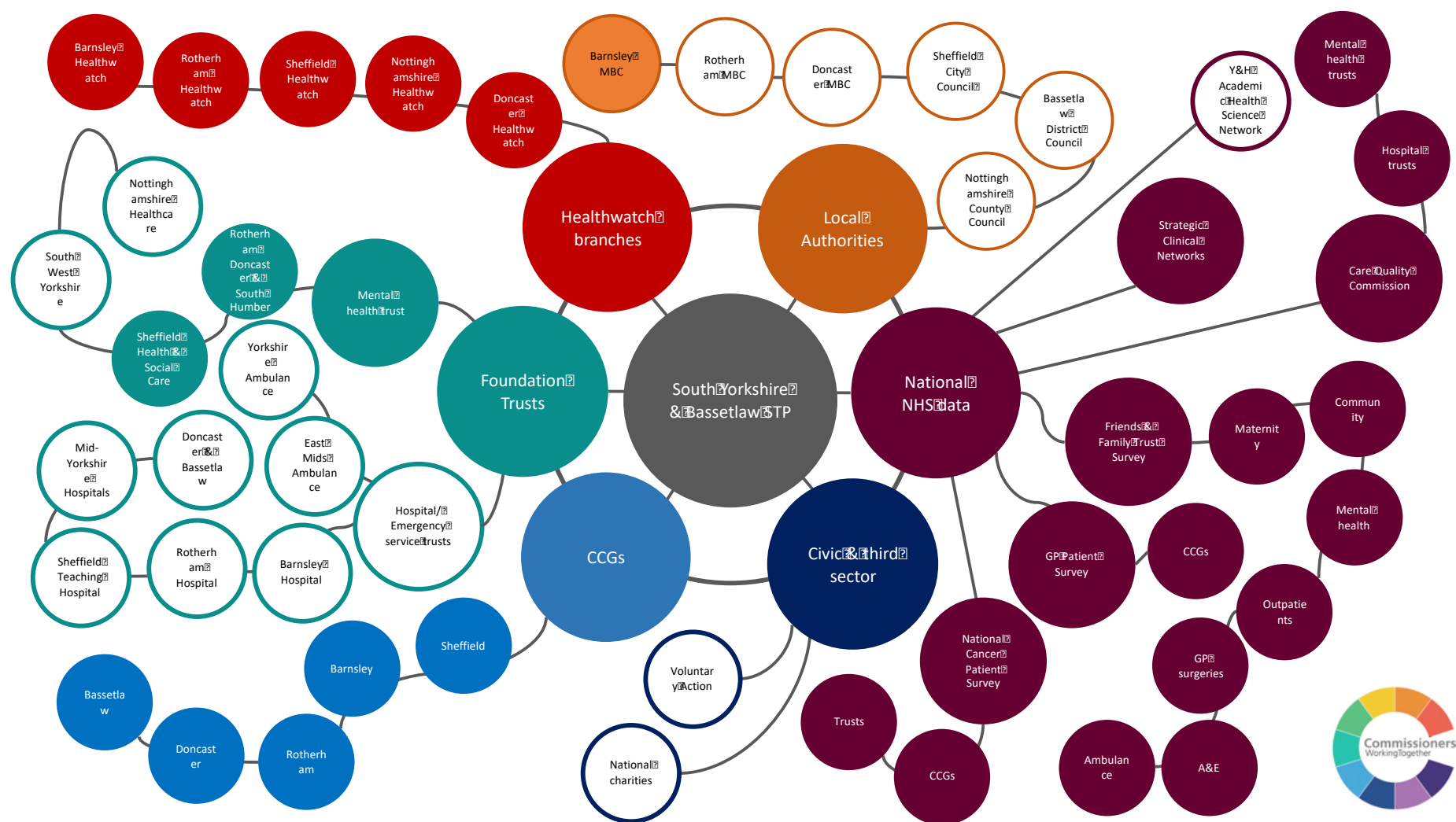
- Mental health and learning disabilities
- Children's and maternity services
- Cancer

TCC supplemented any gaps with publicly available published data from non-responding organisations (for example Annual Reports or Strategic Plans) to get a broad understanding of the participatory work taking place in these areas. TCC also reviewed relevant NHS England data (available by sub-regional and / or CCG area). This included the National Cancer Patient Survey, the GP Patient Survey, the Friends and Family Trust Survey and Care Quality Commission reports. These are also shown in Figure 2. While useful, these were usually quantitative, and primarily acted as a benchmark for the wider area rather than as a means of mapping the various forms of consultation or engagement going on at a local level.

Through this process over 250 documents were reviewed.

Table 1 provides an overview of the key respondents and any of the priority areas they undertook consultation and engagement in. This gives a topline sense of where information came from, and how much was being done by each organisation and on what issue.

Figure 2: Organisations whose consultation and engagement activity has been mapped or where benchmark data has been reviewed (coloured circles show where information has been received and reviewed)





## 2 Overview of consultation and engagement methods by place

---

### 2.1 Introduction

Each CCG has a different number of engagement and involvement mechanisms in place alongside the formal methods each uses during public / statutory consultations. Some of these are laid down by statute (for example, patient participation groups, working with local Healthwatch) and others have evolved to meet need. They are required to report on engagement activities in an Annual Report.

The involvement mechanisms are summarised below.

### 2.2 Summary of consultation and involvement methods

#### *NHS Barnsley CCG*

NHS Barnsley's approach to consultation and engagement is detailed in their Patient and Public Engagement strategy 2016-2018. This was drawn up in conjunction with patients and local partners responsible for health and social care provision across the area.

They have a number of involvement mechanisms to regularly get patient and public insight to inform strategic priorities including STP priorities. These include:

- OPEN (Our Public Engagement Network) – a public membership database offering opportunities to shape new and existing services
- Local GP Practice Patient Reference Groups (PRGs)
- Barnsley Patient Council – made up of Barnsley residents who are members of OPEN and/or PRG. They meet monthly and work with the CCG to make sure the voice of the public is heard in the development and delivery of services.
- Barnsley Engagement Leads Network – for colleagues working in the field of patient, service user, public and carer engagement.
- CCG Equality and Engagement Committee – an internal assurance committee chaired by the CCG Lay Member for Patient and Public Engagement
- Through Healthwatch Barnsley

#### *NHS Bassetlaw CCG*

NHS Bassetlaw CCG has a communications and engagement strategy that highlights the methods of communication and engagement within the local area. It is currently being reviewed.

There are a number of different ways that patients and public can get involved in shaping the work that the CCG does including:

- Bassetlaw Readers Panel
- GP Patient Participation Group
- Patient and Partner Involvement Network
- The CCG Membership Scheme

- Through Healthwatch Nottinghamshire
- Patient Engagement Committee

Another involvement mechanism that was piloted by the CCG was the 'Working Voices' pilot project. Working Voices allowed the CCG to pro-actively take engagement to the workforce, to gain valuable insight from the working population.

The project has been delivered across Bassetlaw to 5 local employers and in 2014/15 conducted workshops to gain views around accessing GP appointments in Bassetlaw and carried out an urgent care survey has been developed to gather feedback around same day care and GP access.

The CCG also produces monthly Engagement reports for the Governing Body which are published on the CCG website.

#### ***NHS Doncaster CCG***

NHS Doncaster CCG's Communication and Engagement strategy has been recently refreshed to reflect updated NHS England guidance on involvement. The CCG manages a number of involvement mechanisms to get patient and public insight including:

- Health Ambassadors - who ensure the needs of hard to reach groups are heard
- Patient Participation Groups (PPG) and the Doncaster Patient Participation Group Network which shares good practice from GPs and is the link between the CCG and PPGs
- Engagement and Experience committee - (a sub-committee of the Governing Body which is chaired by a lay representative). This produces a quarterly engagement feedback report in the format '*We asked, You said, We did*'. An annual statement of patient and public involvement is also produced.
- Healthwatch Doncaster

*Talking Points* was also introduced in 2015/16 as a way of getting insight on different subject matters on a regular basis: subject matters included accessing stroke services; carers; and reducing antibiotic use.

#### ***NHS Rotherham CCG***

*Your Life, Your Health, Your Say* is NHS Rotherham CCG's communications and engagement plan for 2015/19.

There are a number of involvement mechanisms to get regular patient and public feedback including:

- Reader Panel
- Patient Participation Groups (PPG)
- Healthwatch Rotherham

#### ***NHS Sheffield CCG***

NHS Sheffield CCG's communications and engagement strategy (refreshed in 2016 and which includes a citizen engagement action plan) outlines a number of involvement mechanisms for patients and public. This includes:

- Involve Me Network – the umbrella body for CCG engagement opportunities. Quarterly 'What you've been telling us' feedback reports are produced that summarises the feedback people have given about services.
- Readers Panel
- Patient Participation Groups and Sheffield Patient Participation Group Network
- Healthwatch Sheffield

## 2.3 Considerations for STP

It is clear that there is an infrastructure in place across the region for the STP to use if it needed to get patient and / or public insight quickly to inform planning or delivery decisions.

However, there are different ways that each CCG reports on insight and feedback gathered through these informal or formal involvement activities which mean that using the insight to inform decisions at STP level is challenging.

Having a consistent approach to recording and reporting will help overcome these issues. Producing these in a transparent way will also help increase accountability to patients and public and also make the process of engagement more meaningful for them as they see their feedback is clearly being shared and used.

Elements that should be included in all feedback reports include:

- How insight / feedback was obtained and who from (ie channels and audiences)
- The number of people who participated in the activity
- What they said (for example, a number of Annual Reports mention that insight was gathered from key groups of people but do not describe the headline issues that were raised)
- How it will be used (ie what decisions the insight / feedback will help to inform both locally and regionally)
- Regular report backs (for example, NHS Sheffield CCG's quarterly feedback reports allow more information to be shared in a timely manner than can be done in an Annual Report)

## 3 Findings from consultation and engagement on stages of care journey

---

### 3.1 Stages of care journey – at a glance

From all of the information gathered so far, there are a number of emerging themes for each of these four priority areas.

#### **Healthy lives, living well and prevention - overview**

- The need for clear information and tools to allow people to better manage their health and to live well
- The need for better health education especially in schools
- Invest in community and voluntary sector to support the development of healthy communities

#### **Primary and community care - overview**

- Better information about what exists
- Improve access to services closer to home at times and places that suit patients
- Better sharing of information between healthcare professionals community so that care and referral pathways are seamless

#### **Urgent and emergency services - overview**

- Better information about the differences between urgent and emergency care and how people can access these
- Reassurance that everyone can access appropriate urgent or emergency care close to home
- Speed of response is considered when designed /deciding where urgent or emergency services should be located

#### **Elective and diagnostic services - overview**

- Waiting times are not excessive
- Everyone has equal access to surgery that they need – no postcode lottery, no-one penalised because of lifestyle choices
- The role of GPs is not undermined in determining whether someone should have surgery

These themes are described in more detail below.

## 3.2 Healthy lives, living well and prevention

### i) **The STP ambition**

South Yorkshire and Bassetlaw STP wants to put healthy lives, living well and prevention at the heart of everything it does. Life expectancy in the area is increasing but healthy life expectancy is not. This means more people living longer in poor health, widening healthy inequalities. More preventable disease to treat and lost productive time to the economy. The STP recognises that some of the biggest short-term gains that can be made in slowing the demand on services is ensuring conservations or actions around prevention take place in every setting from home to hospital. Therefore, preventing ill health is a key part of the STP plan and vision to shift the focus of health and care services so that they help people manage their illness, stay well and live longer.

### ii) **The consultation and engagement that has taken place to date on this issue (April 2014-March 2017)**

Engaging patients and public on health and wellbeing and prevention issues are the responsibility of local authorities as well as NHS commissioners. Most of the engagement and consultation around the shaping of healthy living services and prevention strategies is done under the auspices of local Health and Wellbeing Boards.

Since healthy lives and prevention issues cut across a number of services and issues (prevention and early diagnosis is an important part of many long-term conditions such as cancer, diabetes, CVD, etc) there may be references to these issues in wider engagement activities that have not been captured systematically.

The issues and activities that are mentioned here are therefore those that have been explicitly mentioned by councils and CCGs in their annual reports, public engagement feedback and health and wellbeing board reports. Table 3 shows formal or more structured consultation activities that have taken place around specific healthy lives and prevention issues. Feedback on these issues has also been collected through the ongoing involvement mechanisms described in section 2 of this report.

*Table 2: Formal / structured consultation and engagement activities relating to specific healthy lives and prevention issues*

Year	Organisation	Formal / structured consultation or engagement activity and numbers of people engaged	
2015	Doncaster MBC	Title	Health and Wellbeing strategy refresh
		Aim	Consultation on draft strategy to develop the joint Doncaster Health and Wellbeing Strategy 2016-2020
		Audience	Public and stakeholders
		Method	Online consultation supported by targeted engagement (following pre-engagement workshops in 2014)
		Numbers	Not known
2015	Sheffield City Council	Title	Sheffield Public Health Review
		Aim	Review of the city's approach to improving public health in Sheffield and its relationship with inequalities. Looking at priorities for public health in the city, the interventions

Year	Organisation	Formal / structured consultation or engagement activity and numbers of people engaged	
			provided with the aim of providing a strategy for 2017-2020
		Audience	Stakeholders
		Method	Not known
		Numbers	Not known
2015	Rotherham MBC	Title	Health and Wellbeing strategy refresh
		Aim	Consultation on draft strategy to develop the joint Rotherham Health and Wellbeing Strategy 2015-2018
		Audience	Stakeholders
		Method	Consultative meetings
		Numbers	Not known
2016	Rotherham MBC	Title	The Future of Public Health Services
		Aim	Public consultation on future spend of public health grant to gauge public health priorities in order to find £1.3 million in savings.
		Audience	Public and stakeholders
		Method	Survey; drop-in sessions; stakeholder groups and meetings
		Numbers	@300 public (survey respondents and at consultation events)
2016	Barnsley MBC & Barnsley CCG	Title	Health and Wellbeing Joint Consultation workshop
		Aim	To inform the refreshed Joint Health and Wellbeing Strategy and the Barnsley Integrated Place Based Plan
		Audience	BMBC Service User & Carers Board, Barnsley Equality Forums, the CCG Patient Council and also local Healthwatch Champions and active residents on local Area Councils
		Method	Deliberative workshop
		Numbers	30
2016	Bassetlaw DC	Title	Bassetlaw Health and Wellbeing Plan 2016/17 engagement
		Aim	Development of Bassetlaw's own HWB plan arising from the Nottinghamshire County Council HWB
		Audience	Stakeholder groups including patient groups
		Method	Engagement meetings
		Numbers	Not known

It must be noted that each local authority and CCG in the region carry out a lot of health promotion activities and some run regular public health campaigns (eg Move More, etc) however this provision of information is beyond the scope of this mapping exercise which is looking at the consultation and engagement that has taken place to shape service provision.

### iii) What people have said

#### Issues raised in ongoing involvement activities (all areas)

- People need clear information about the actions they can take to be more healthy
- People appear to be willing to take more responsibility but they lack the information / support / resources to do so

- People do not know where to find information
- Education is key and needs to start very early on – ideally in schools.

### Key Issues raised during formal consultation / structured engagement activities

#### *Barnsley MBC and Barnsley CCG engagement on Health and Well-being strategy*

- The need for clear information and support to help people take more responsibility for their own actions
- More education to be targeted at children and families
- Need a collaborative approach with community groups being equipped to provide information to signpost or help individuals to adopt healthier lifestyles
- Tackling substance misuse is an important issue that is missing

*NB: Public and stakeholder insight from the other consultation / engagement activities listed in Table 3 are not known*



### 3.3 Primary and community care

#### i) **The STP ambition**

South Yorkshire and Bassetlaw Partnership believes that by strengthening primary and community care in local neighbourhoods and communities and reviewing what they currently offer in urgent and emergency care, they feel they can better plan and deliver these services.

The increasing complexity of some patients who come to the region's accident and emergency (A&E) departments, combined with the high numbers of visits and the confusion about alternative options for people in local communities again highlights the pressing need to invest in primary and community services. Similarly, people end up in hospital when they don't need to and, because their needs are around social not health care and there aren't always services or care and nursing homes immediately available, they can get 'stuck' in hospital. By providing effective, easily accessible and joined up care closer to home the Partnership hopes to reduce the number of people attending A&E, feeling it is their only option or ending up in hospital unnecessarily - which will in turn reduce the current pressure and demand on our hospital staff and services.

#### ii) **The consultation and engagement that has taken place to date on this issue (April 2014-March 2017)**

The table below summarises the specific consultations and structured engagement activities on primary and community care themes that have taken place during this period. Some of the issues overlap with urgent care and health and wellbeing.

Table 4 shows formal or more structured consultation or engagement activities that have taken place on issues relating to primary and community care. Feedback on these issues has also been collected through the ongoing involvement mechanisms described in section 2 of this report.

(NB: Consultations relating to the future of individual GP practices or primary care centres have not been referenced).

Table 3: : Formal / structured consultation and engagement activities relating to primary and community care issues

Year	Organisation	Formal / structured consultation or engagement activity and numbers of people engaged	
2014	Rotherham CCG	Title	'Case management of patients with long-term conditions'
		Aim	Gather experiences of patients with long-term conditions to improve case and self-management of condition
		Audience	Patients with long-term conditions
		Method	Survey distributed through GPs and focus group
		Numbers	@250
2014	Rotherham CCG	Title	'What matters most'
		Aim	Consultation on health priorities to inform commissioning decisions
		Audience	General public; PPGs; VCS; stakeholder organisations

Year	Organisation	Formal / structured consultation or engagement activity and numbers of people engaged	
		Method	Survey distributed to public and also patient groups
		Numbers	Not known
2015	Barnsley CCG	Title	'I HEART Barnsley'
		Aim	Get feedback on the I HEART service (Improving Health, Equality, Access, Responsiveness and Treatment) proposals to improve access to a range of primary care services from 8.am-10pm (weekdays) and 3 hours on a Saturday.
		Audience	Partners, Patients, Carers, Public
		Method	Survey and engagement events
		Numbers	165
2015	Rotherham CCG & Healthwatch Rotherham	Title	'Changing Face of GP services'
		Aim	Get qualitative feedback on primary care, and the changes and challenges the future will bring to inform commissioning priorities
		Audience	Partners, Patients, Carers, Public
		Method	Deliberative event
2015	All Sheffield partners	Numbers	@100
		Title	'What do people in Sheffield want Health and Social Care to look like in 2020?'
		Aim	Develop a shared approach to future health care
		Audience	Public
		Method	Survey and engagement events
2016	Bassetlaw CCG	Numbers	227 (21 survey respondents and 206 participants at events)
		Title	'Integrating care in Bassetlaw'
		Aim	Get views and experiences of local care to inform plans to integrate care in the community
		Audience	Public and stakeholders
		Method	Presentations and workshops
2017	Barnsley CCG	Numbers	Not known
		Title	'Barnsley Care Navigation and Telehealth Service Review'
		Aim	Review the way in which local Care Navigation and Telehealth Services for those with a long-term condition are provided within the community.
		Audience	Partners, patients, carers, public
		Method	Pre-engagement survey and events and formal consultation survey and workshop
		Numbers	290 survey respondents (pre-engagement); 57 survey respondents consultation

### iii) **What people have said**

#### **Common issues raised from ongoing involvement (all areas)**

- The need for access to GPs in the evening and at weekends
- More signposting of services available so that people know where to go rather than use urgent and emergency services

- More information needed to manage own health

### Issues raised during formal consultation / structured engagement activities

#### *I HEART Barnsley*

Key themes highlighted were the need to increase equality of access and reduce waiting times, extended access, importance of good communication and awareness raising.

#### *Barnsley Care Navigation and Telehealth Service Review*

Key themes highlighted included the value of personalised care, support and reassurance from healthcare professionals, education and awareness to help effectively self- manage long term conditions, confusion relating to role of specific services and the branding attached to some of these.

#### *Bassetlaw Integrating Care*

Discussions were undertaken around: Integrated Discharge Team - Bassetlaw Hospital; Integrated Neighbourhood Teams – (INTs); Social Prescribing Scheme; Integrating Mental Health and Physical Health.

Key themes raised included:

- The need for better communication and the need better listen to and understand patients' needs
- Improved sharing of patient records across professionals
- Better care co-ordination and responsiveness for care providers
- A need to improve dementia diagnosis and support for carers

#### *Rotherham 'Case management of patients with long-term conditions' research*

Key themes raised included:

- The importance of good quality reliable information ideally face to face from a trusted source (eg a GP)
- More support for carers
- The benefits of having individual/specialist healthcare professionals connected to a patient's care network to enable easier / quicker referrals. Patients may have waited some time before going to a GP with a suspected symptom.

#### *Rotherham 'What matters most'*

When thinking about health services, the three issues that were most important to respondents were:

- I am treated as a person, not a number
- Services are safe, I get effective treatment delivered by people I trust
- Care is coordinated well across services

The priorities in the previous plan that were most important to respondents were:

- Work with NHS England to make sure that primary care and secondary care (GPs and hospitals) work well together
- improving care pathways, so that patients see the right clinician as quickly as possible
- redesigning urgent care

*Rotherham 'Changing face of GP services'*

Key themes raised included:

- There is a high level of trust of GP services but because patients (as consumers) expectations increase there is increasing frustration with aspects of customer service (eg difficulties in making appointments, accessing GPs when needed, poor 111 experiences, etc)
- 'Right care, first time' is an important principle that all believe in but in practice there is not much awareness of the information and support that exists to help this including low awareness of social prescribing, tele-health and a range of self-care mechanisms
- Better access to patient records across organisations and between health professionals to ensure safe, fast and excellent care

*Sheffield 'Health and Social Care in 2020'*

Key themes raised relating to primary and community services included:

- The need to improve access to GP services, at convenient times, to alleviate pressures on crisis care
- Increase GP consultation times especially for those with chronic conditions
- Better support for people to stay well – people don't know what is available in the community and where to go nor do they know what to do to self-care / manage their conditions.
- Better access to information held about them
- People want to see exercise and social prescriptions being offered as well as a single point of access for all the services that are provided in the community.

### 3.4 Urgent and emergency care

#### i) **The STP ambition**

The increasing complexity of some patients who come to South Yorkshire and Bassetlaw's accident and emergency (A&E) departments, combined with the high numbers of visits and the confusion about alternative options for people in local communities highlights the need to invest in primary and community services.

Similarly, people end up in hospital when they don't need to and, because their needs are around social not health care. Sometimes there are not always services or care and nursing homes immediately available, so they can get 'stuck' in hospital.

By providing effective, easily accessible and joined up care closer to home they hope to reduce the number of people attending A&E, feeling it is their only option or ending up in hospital unnecessarily - which will in turn reduce the current pressure and demand on our hospital staff and services.

The Partnership believes that by strengthening primary and community care in local neighbourhoods and communities and reviewing what is currently offered in urgent and emergency care services, they can better plan and deliver these services.

#### ii) **The consultation and engagement that has taken place to date on this issue (April 2014-March 2017)**

The table below summarises the specific consultations and structured engagement activities on urgent and emergency care that have taken place during this period. Some of the issues overlap with those raised in primary and community care engagement activities.

Table 5 shows formal or more structured consultation or engagement activities that have taken place on issues relating to primary and community care. Feedback on these issues has also been collected through the ongoing involvement mechanisms described in section 2 of this report. (NB: Consultations relating to the future of individual urgent care centres have not been referenced).

Table 4: : Formal / structured consultation and engagement activities relating to primary and community care issues

Year	Organisation	Formal / structured consultation or engagement activity and numbers of people engaged	
2014	Rotherham CCG	Title	'What matters most'
		Aim	Consultation on health priorities to inform commissioning decisions (issues were primary care and urgent care related)
		Audience	General public; PPGs; VCS; stakeholder organisations
		Method	Survey distributed to public and also patient groups
2015	Sheffield CCG	Numbers	Not known
		Title	'Urgent care strategy review'
		Aim	A formal undertake city wide review of urgent care services to better understand the outcomes required by local

Year	Organisation	Formal / structured consultation or engagement activity and numbers of people engaged	
		Audience	people who use these services.
		Method	Patients, public, clinicians, stakeholders including service providers
		Numbers	Survey and engagement events @200 (inc 155 survey respondents)
2015	Bassetlaw CCG	Title	<b>“Working Voices: experiences of urgent care”</b>
		Aim	As part of the Working Voices project, CCG carried out a brief survey to gain views in relation to booking and accessing both urgent same day and routine appointments at member GP practices within Bassetlaw. The survey also incorporated questions relating to accessing the Bassetlaw Out of Hours service and the NHS 111 service and A&E.
		Audience	Working population
		Method	Survey
		Numbers	>200
2015	All Sheffield partners	Title	<b>‘What do people in Sheffield want Health and Social Care to look like in 2020?’</b>
		Aim	Develop a shared approach to future health care
		Audience	Public
		Method	Survey and engagement events
		Numbers	227 (21 survey respondents and 206 participants at events)
2016/17	CWT (all CCGs)	Title	<b>‘Proposals to change Hyper Acute Stroke Services’</b>
		Aim	A regionally-led consultation by Commissioners Working Together regarding proposals for hyper acute stroke services
		Audience	Public and stakeholders
		Method	Online survey; representative telephone survey and meetings
		Numbers	227 (21 survey respondents and 206 participants at events)

[NB: Rotherham CCG conducted a ‘Right Care, First Time’ consultation in 2013 which has informed ensuing Urgent Care strategy and policies and public health information regarding access to urgent and emergency care services.]

### iii) **What people have said**

A summary of the issues raised in the consultation and engagement activities that have been published and national benchmarks are shown below. The common themes are:

- System not working cohesively – lack of co-ordination and integration between service pathways
- Pressure on urgent care stems from inadequate access to GP and primary care
- The quality of urgent and emergency care received

These are described in more detail below.

### *Coordination and service pathways*

- There were complaints from some respondents about having been unnecessarily sent to A&E, and about a lack of clarity in terms of service pathways
- Some said that there was too little coordination between other services and A&E, with a lack of interaction between the different 'moving parts'
- Systems described as complicated and fragmented, rather than working in unison with each other
- Desire for intelligent data and info sharing
- People wanted more effective allocation of resources
- Confusion about what services to use for differing needs – leads some people to stick with what they know.
- The language that is used to describe urgent care services is seen as confusing and inconsistent. People feel that there should be better signposting to, and education of, these services. Many people feel that the system should guide patients through rather than have to make the choice themselves.
- People see the urgent care system and wider health and social care system as complicated, fragmented and lacking communication between services and organisations. This has the impact of people having to repeat their story at every contact within the system and also affect the continuity of care that they receive. They feel that all organisations providing services need to be joined up better with greater integration across health and social care.
- The exit point of urgent care is also seen as a particular problem. Unplanned discharges, a lack of follow ups and no continuity of care can create a feeling of falling off a cliff edge.

### *Impact of access to primary care services on urgent and emergency care*

- Many feel they are unable to get a GP appointment when they need one or at a suitable time. This drives people to use urgent care services for convenience, or because their health issues escalate.
- A wide-spread desire for non-emergency services closer to home, so as to minimise use of A&E departments
- The types of services, both statutory and voluntary, that are available in the community to support people are varied across the region. People want services in the community that will help to address their health issues before they escalate and require urgent care services like 999 and A&E
- Older people suggested at home visits to avoid having to go to A&E as often
- Preference for speaking to a GP face to face first before looking at alternative

### *Quality of urgent and emergency care*

- People want shorter waiting times in both urgent and emergency care
- They want guarantees that ambulances will arrive quickly
- Also a desire for quick and easy access to high quality care – concerned about the impact on patient safety if not (especially for stroke and CVD conditions)

- Access to urgent care appointments would save money, reduced attendance at A&E and provide additional support
- There was a desire for mental health to be given the same priority rating as physical health by A&E teams
- Mixed responses about staff experience: some have very positive experiences with friendly and responsive staff while others repeatedly comment on poor communications and dismissive behaviour.
- Concerns about lack of facilities in urgent care and A&E environments including quiet space; hygiene; lack of prayer and water facilities

#### *National evidence*

The region (Yorks & Humber is in line with national averages) on A&E satisfaction and every NHS Trust does better than the national average apart from Barnsley.



### 3.5 Elective and diagnostic services

#### i) ***The STP ambition***

Alongside investing in primary and community care, South Yorkshire and Bassetlaw Partnership has committed to an independent review of hospital services across South Yorkshire and Bassetlaw. It also needs to further understand how elective and diagnostic services could be improved so that when people need specialist care that can't be delivered in the community they will have access to the best and most effective services to get them better quickly.

#### ii) ***The consultation and engagement that has taken place to date on this issue (April 2014-March 2017)***

There is no reported formal / structured activity on these issues. This may reflect national priorities regarding addressing urgent and emergency care (rather than planned care). There are mentions of elective and diagnostic services in other consultations that focus on a main service (for example cancer services and mental health services).

There is one explicit mention of patient feedback on screening services in one of NHS Sheffield CCG's quarterly 'What you've been telling us' reports. The feedback has been reported as follows:

- Knowledge of screening programmes, including how and when to access them, is low.
- People are scared of screening as they don't know what to expect. People prefer positive messages about how screening will improve outcomes rather than negative messages about the consequences of avoiding it.
- People feel that trusted individuals involved in their care and in the community should be trained to help give advice around cancer screening and self-checking.

Other comments relating to elective and diagnostic services reported as patient feedback in Healthwatch reports include:

- Concerns about waiting times for blood tests, scans and other diagnostic services as well as the waiting for results
- Everyone has equal access to surgery that they need – no postcode lottery, no-one penalised because of lifestyle choices
- The role of GPs is not undermined in determining whether someone should have surgery

## 4 Findings from consultation and engagement on priority services

---

### 4.1 Priority services – at a glance

From all of the information gathered so far, there are a number of emerging themes for each of these three priority areas.

#### **Mental health and learning disabilities- overview**

- Better information to recognise early signs of mental health problems
- Improving access to mental health services and reduce waiting times from referral to assessment/treatment to ensure that the most appropriate support is delivered at the right time, in the right place
- The need for learning disabilities to be considered as a separate issue to mental health

#### **Children and young people's services - overview**

- Better involvement of parents and carers in the decision-making process
- More specialist guidance for children and young people on issues such as mental health, cancer, other illnesses
- More children's services closer to home

#### **Cancer - overview**

- Better information about signs, symptoms and risk factors to improve early diagnosis and detection
- More information at all stages of care journey especially post-treatment
- Better support for carers

These themes are described in more detail below

## 4.2 Mental health and learning disabilities

### i) ***The STP ambition***

Around 25% of the population experiences some of kind of mental health problem in any one year. People with severe mental illness can lose 20 years of life and have worse health outcomes. By strengthening community based services, within people's own neighbourhoods and expanding such things as social prescribing, South Yorkshire and Bassetlaw Partnership aims to support people who have, and are at risk of developing, poor mental health before the need for clinical interventions.

By having a strong local focus on mental health and learning disabilities, it hopes to remove the stigma around it and promote the healthy wellbeing – both physical and emotional – of everyone in South Yorkshire and Bassetlaw.

### ii) ***What people have said***

Key themes from all the reported activity:

- Mental health training to increase understanding and sensitivity among staff at all levels of care
- Increased awareness within the community and community care
- Easier and more streamlined approach to receiving care
- Reduced waiting times for services as they are only available during a crisis
- Bigger focus on early intervention and detection
- A heavier emphasis on improving continued and after care
- More information and lower thresholds to access CAMHS and other mental health services

More detailed feedback is provided below

#### *Early prevention, intervention and diagnosis*

- Many believe there is too high a threshold to access services such as Child and Adolescent Mental Health Services (CAHMS) and Targeted Mental Health Service (TaHMS)
- Poorly educated or uncompassionate staff whether that's over the phone or face-to-face can not only lead to poor and inaccurate diagnosis of less severe conditions, but it can also feed into the sufferer's anxiety/insecurity/depression/mental illness making them feel even more isolated/hopeless and worsen their condition leading to a lack of trust for the system and cause further complications down the line
- Waiting times for appointments can cause people to lose trust in the services provided
- A emphasis needs to be placed on the design and distribution of care plans, as they cannot take a "1 size fits all" approach and should provide the patient with more choice about how their care is delivered

### Continued support & aftercare

- A emphasis needs to be placed on the design and distribution of care plans, as they cannot take a "1 size fits all" approach and should provide the patient with more choice about how their care is delivered
- After being discharged from hospital after a crisis or after support through a care plan, there is a lack of follow-up support, continued drug related therapy is often available but access to 1-on-1 therapy sessions are not made easily accessible
- GPs aren't always correctly integrated into patient care, and there is a lack of information sharing and overall integration between primary and secondary care. Suggested improvement often revolve around increased communication between all levels of care and increased electronic records
- Access to services more locally or provided by a more communal structure will be of great benefit to long and short-term sufferers who may find travel difficult due to anxiety or other issues
- Information needs to be made readily available regarding support structures that can aid individuals with mental illnesses

### *Crisis care*

- Emergency crisis treatment is not considered on-par with emergency physical treatment with the latter often taking priority
- Challenging the overall stigma in both the community and the health and wellbeing profession could ensure that mental illnesses are taken more seriously and is considered more in line with physical health concerns
- Many emergencies occur on weekend and are even more prevalent at night so extended hours and access to services are required
- Perception that access to mental health is only achieved through crisis care diagnosis

### *Learning disabilities*

- There is a view that best practice and current activities is not being shared between different organisation leading to the duplication of efforts and wasted resources
- Learning disabilities should not be bundled in with mental health
- Maintain a support structure within local communities so patients aren't forced to travel great distances for care and support
- The need for fully integrated use of "statement of education needs" to ensure those with learning disabilities receive the correct, tailored support from school

## 4.3 Children's and maternity services

### i) ***The STP ambition***

Having healthy neighbourhoods will help to give the region's children the best possible start in life and will ultimately help South Yorkshire and Bassetlaw Partnership to strengthen its maternity and children's services across all levels of care.

Currently, children's and maternity services are under significant pressure with the ways in which services are provided no longer being sustainable. There is a national shortage of specialist paediatric staff, which, coupled with rising demands and needing to meet higher national standards, suggests the need to reshape children's and maternity services across South Yorkshire and Bassetlaw.

From community based care to the more specialised and hospital services in the region, the Partnership wants all children to have the best start in life, local support to stay healthy and more specialist care available should they need it.

### ii) ***What people have said***

Key themes from all the reported activity:

- Engagement for maternity often only appears in the form of national surveys of trusts to gauge people's overall satisfaction and approval with the services rather than structured consultation on feedback
- CQC Survey shows that overall those receiving maternity care rate the service highly, although many show concerns that after the birthing process they do not spend the appropriate time in the hospital
- Parents, Carers & Guardians need to be more involved in a child's care and recovery
- Locally available child health services
- Simple literature and explanations need to be provided to children by GP's and medical practitioners

More detailed feedback below.

#### *Parent Involvement*

- Parents, Carers & Guardians need to be involved in their child's care by being kept well informed regarding their treatment and recovery, not only to ensure peace of mind but to also allow the carer to act in the child's best interest with sound medical knowledge and advice
- Children will want and require access to their parents and family throughout their time in care especially before operations to ensure they feel comfortable and safe stop it feeling like a "scary hospital"

### *Locally available child health services*

- Ensuring children care services are available locally, long travel distances affects those that are especially reliant on public transport and those who have multiple carer responsibilities such as other children, elderly parents and individuals with mental illnesses or learning disabilities. Long distance travel can be extremely impractical under these circumstances
- Children health services need to be implemented more heavily into children lives such as schools which can include improved training for school staff

## 4.4 Cancer

### i) **The STP ambition**

An ageing population and a rise in lifestyle risks means that the number of people being diagnosed with cancer is increasing. This, combined with the 14,000 people being treated each year in South Yorkshire and Bassetlaw being set to rise by 18,000 by 2030, highlights a further need for a focus on neighbourhoods and prevention.

Through education, local community-based support and promotion of healthy lifestyles South Yorkshire and Bassetlaw Partnership aims to reduce people's risk of developing cancer in the first place, meaning they won't have to undergo stressful and complex treatment and have less need for specialist hospital care in the future.

### iii) **What people have said**

- Need for explanations of available pathways and procedures from diagnosis to treatment
- Increased support around living with cancer, including non-medical support
- Increased knowledge and understanding of screening for the public
- Increase communication between GPs and the hospital to deal with future care and support
- On average Doncaster & Bassetlaw, Barnsley, Rotherham and Sheffield Teaching NHS Foundation Trusts scored higher than the national average for "Patients average rating of (cancer) care scored from very poor to very good" – 0.1 Higher (Average – 8.8, National 8.7)
- Cancer consultation and engagement is largely conducted and reviewed on a national scale
- Consultation on a more regional level usually takes the form of survey responses through institutions such as the national patient experience survey and the Care and quality commission, although these highlight an understanding of people's overall satisfaction with various areas of cancer care, it provides little insight into areas of improvement and suggested development

#### *Increased support for living with cancer*

- More information should be provided about the available support groups for survivors by GP's and Hospitals
- Local health and exercise groups for survivors to help them maintain and improve their health within the confines of a support network
- There needs to be better communication between GP's and hospitals so that GP's can be a key part of support and recovery

#### *Screening and Diagnosis & Treatment*

- Increased knowledge and understanding of the Cancer screening process for the public with a heavier focus on the positive effects it can have rather than the negative
- There needs to be clear and appropriate explanations of the available procedures from diagnosis to treatment
- Practical issues can affect an individual's treatment and subsequent recovery such as transport to hospital and parking. Ensuring patients can reach their place of care is vital.



## 5 Concluding comments

---

It is clear that each CCG area develops full and inclusive communications and engagement plans when they embark on engagement or consultations around strategic or service issues. The South Yorkshire and Bassetlaw Partnership should therefore feel reassured by the fact that there are robust involvement mechanisms in place that can be mobilised to gather insight to shape STP priorities when needed.

It is also clear that there is some information already available for the STP to examine to inform its strategic development and to shape priorities. However, there are some areas where there appear to be knowledge gaps. (NB: It could be that this knowledge does exist but it has not been provided by NHS commissioners or providers nor does it appear to be available on the public websites of these agencies).

The biggest knowledge gaps are in:

- elective and diagnostic services – this may reflect national guidance to focus on addressing other issues such as urgent and emergency care. It may also be because issues relating to these are covered in more detail in ‘condition-specific’ consultations such as cancer, dementia, and so on.
- healthy lives, living well and prevention – in this instance, while there has been involvement in strategic development of health and well-being / public health strategies, there appears to be little patient or public insight sought in developing solutions for example regarding ways of addressing obesity so that insight-driven solutions are developed.

There is also a pattern of low responses to structured consultations despite the efforts of CCG engagement teams to reach large audiences (there are a number of instances reported where 1000s of contacts have been made through engagement but the responses to the consultation are in the ‘dozens’). This is potentially an area where regional co-ordination of best practice and knowledge-sharing could be valuable.

The other inconsistency observed requires the reporting of consultation and engagement activity. Commissioners and providers are good at reporting what was done or whether an activity took place but the patient / public insight that ensued from this is not always evident nor is the number of people responding. Similarly, this is an area where guidance at an STP Partnership level might be useful particularly in ensuring a minimum level of good and transparent practice across all areas.

Any guidance the STP produces to address these inconsistencies going forward, in collaboration with CCG partners and providers, will serve to enhance the good engagement practice that already exists within the South Yorkshire and Bassetlaw area.

## Bibliography

---

The documents that were reviewed during this process are listed by 'place' within the South Yorkshire and Bassetlaw Partnership area.

Individual links are provided for those documents available online. Where a link is not provided, these documents are available on request from South Yorkshire and Bassetlaw STP.

### **Barnsley**

Barnsley Hospital NHS Foundation Trust – [Annual Report and Accounts 2015/16](#)

Barnsley Hospital NHS Foundation Trust – [Annual Report and Accounts 2016/17](#)

Barnsley Metropolitan Borough Council - *South Yorkshire and Bassetlaw STP Council staff Engagement Plan* (2017)

Calderdale, Kirklees, Wakefield and Barnsley (CKWB) – [Transforming Care Partnership Plan](#) (June 2016)

Healthwatch Barnsley – [Annual Report 2014/15](#)

Healthwatch Barnsley – [Annual Report 2015/16](#)

Healthwatch Barnsley – [Annual Report 2016/17](#)

NHS Barnsley CCG – [Annual Report and Accounts 2014/15](#)

NHS Barnsley CCG – [Annual Report and Accounts 2015/16](#)

NHS Barnsley CCG – [Annual Report and Accounts 2016/17](#)

NHS Barnsley CCG – *Ophthalmology Engagement Report* (2014)

NHS Barnsley CCG – [I HEART Barnsley – Improving access to GP services in Barnsley: Patient and Public Engagement Feedback Report](#) (August 2015)

NHS Barnsley CCG – [Patient and Public Engagement Strategy 2016-18](#) (January 2017)

NHS Barnsley CCG – *South Yorkshire and Bassetlaw STP Communications and Engagement Plan (CCG Staff Engagement)* (February 2017)

NHS Barnsley CCG – *South Yorkshire and Bassetlaw Sustainability and Transformation Plan CCG staff feedback report* (2017)

NHS Barnsley CCG – [Barnsley Care Navigation and Telehealth Service Review 2017 engagement report](#) (August 2017)

NHS Barnsley CCG – *Engagement mapping report on Children's and Maternity Services* (August 2017)

NHS Barnsley CCG – *Engagement mapping report on Learning Disabilities* (August 2017)

NHS Barnsley CCG – *Engagement mapping report on Mental Health* (August 2017)

NHS Barnsley CCG – *Engagement mapping report on Primary and Community Care* (August 2017)

NHS Barnsley CCG – *Engagement mapping report on Urgent and Emergency Care* (August 2017)

NHS Barnsley CCG and Barnsley Metropolitan Borough Council – *Feedback report of Health and Wellbeing and Barnsley Integrated Place Based Plan Consultation Workshop* (June 2016)

NHS Barnsley CCG and Barnsley Metropolitan Borough Council – *‘You said, We listened’ summary report on Developing an All-Age Mental Health and Wellbeing Commissioning Strategy for Barnsley* (Summer 2016)

NHS Barnsley CCG and Barnsley Metropolitan Borough Council – [\*‘Future in Mind’ Barnsley Transformation Plan for Children and Young People’s Mental Health and Emotional Well Being 2015-2020 REFRESH\*](#) (October 2016)

## **Bassetlaw**

Bassetlaw District Council – [\*Health and Wellbeing Plan 2016/17\*](#)

Healthwatch Nottingham and Healthwatch Nottinghamshire – [\*Experiences and views on seeking support during a mental health crisis: Engagement Activity report\*](#) (August 2016)

Healthwatch Nottinghamshire – [\*Annual Report 2014/15\*](#)

Healthwatch Nottinghamshire – [\*Annual Report 2015/16\*](#)

Healthwatch Nottinghamshire – [\*Annual Report 2016/17\*](#)

NHS Bassetlaw CCG – [\*Annual Report and Accounts 2014/15\*](#)

NHS Bassetlaw CCG – [\*Annual Report and Accounts 2015/16\*](#)

NHS Bassetlaw CCG – [\*Annual Report and Accounts 2016/17\*](#)

NHS Bassetlaw CCG – *Bassetlaw Cancer Support Services: Patient Engagement Event Feedback Report* (October 2016)

NHS Bassetlaw CCG – [\*Learning Disability Annual Health Check Quality Monitoring and Health Improvement Report 2016\*](#)

NHS Bassetlaw CCG – [\*Learning Disability Annual Health Check Quality Monitoring and Health Improvement Report 2017\*](#)

NHS Bassetlaw CCG – *Learning Disabilities Self-reported Patient Experiences of Bassetlaw Primary Care Services Questionnaire response* (2016)

NHS Bassetlaw CCG – *Engagement mapping report on Cancer Services* (August 2017)

NHS Bassetlaw CCG – *Engagement mapping report on Children’s and Maternity Services* (August 2017)

NHS Bassetlaw CCG – *Engagement mapping report on Healthy lives, living and prevention* (August 2017)

NHS Bassetlaw CCG – *Engagement mapping report on Learning Disabilities* (August 2017)

NHS Bassetlaw CCG – *Engagement mapping report on Mental Health* (August 2017)

NHS Bassetlaw CCG – *Engagement mapping report on Primary and Community Care* (August 2017)

NHS Bassetlaw CCG – *Engagement mapping report on Urgent and Emergency Care* (August 2017)

## **Doncaster**

Doncaster and Bassetlaw Hospitals NHS Foundation Trust, Doncaster Children’s Services Trust, Doncaster Local Medical Committee, Doncaster Metropolitan Borough Council, Emerging GP Federations, Fylde Coast Medical Services, NHS Doncaster Clinical Commissioning Group, Rotherham Doncaster and South Humber NHS Foundation Trust – [Doncaster Place Plan 2016-2021](#) (October 2016)

Doncaster and Bassetlaw Hospitals NHS Foundation Trust – [Strategic Plan Document for 2014-19](#)

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust – [Annual Report and accounts 2016/17](#)

Doncaster Metropolitan Borough Council – [Equality, Inclusion and Diversity Due Regard Statement: Health and Wellbeing Strategy 2016-2021](#)

Doncaster Metropolitan Borough Council – [Health and Wellbeing Strategy 2016-2021](#)

Healthwatch Doncaster – [Annual Report 2014/15](#)

Healthwatch Doncaster – [Annual Report 2015/16](#)

Healthwatch Doncaster – [Annual Report 2016/17](#)

Healthwatch Doncaster - [Stakeholder Survey Executive Report 2015](#)

Healthwatch Doncaster - *Care Home Visits One Year On, July 2016 -July 2017*

NHS Doncaster CCG – [Annual Report 2014/15](#)

NHS Doncaster CCG – [Annual Report 2015/16](#)

NHS Doncaster CCG – [Annual Report 2016/17](#)

NHS Doncaster CCG – [Communication, Engagement and Experience ‘Talking Points’ Strategy 2014/15 – 2016/17](#)

NHS Doncaster CCG – [Patient and Public Engagement Annual Statement of Involvement 2014/15](#)

NHS Doncaster CCG – [Patient and Public Engagement Annual Statement of Involvement 2015/16](#)

NHS Doncaster CCG – [Patient and Public Engagement Annual Statement of Involvement 2016/17](#)

NHS Doncaster CCG – [Communication and Engagement Strategy](#) (June 2017)

NHS Doncaster CCG – *Engagement mapping report (all services)* (August 2017)

## **Rotherham**

Healthwatch Rotherham – [Annual Report 2014/15](#)

Healthwatch Rotherham – [Annual Report 2015/16](#)

Healthwatch Rotherham – [Annual Report 2016/17](#)

Healthwatch Rotherham – [Better Care Consultation](#) (January 2014)

Healthwatch Rotherham – [Children and Adolescent Mental Health Services - produced by Parents and Healthwatch Rotherham](#) (May 2014)

Healthwatch Rotherham – [Special Education Needs and Disabilities](#) (July 2014)

Healthwatch Rotherham – [Adult Mental Health and Older People's Liaison Service](#) (November 2014)

Healthwatch Rotherham – *Older People Summit* (October 2016)

NHS Rotherham CCG – [Annual Report and Accounts 2014/15](#)

NHS Rotherham CCG – [Annual Report and Accounts 2015/16](#)

NHS Rotherham CCG – [Annual Report and Accounts 2016/17](#)

NHS Rotherham CCG – [Your Life, Your Health, Your Say Communications and Engagement Plan – 2015/19](#)

NHS Rotherham CCG – *Engagement mapping report (all services) 2014*

NHS Rotherham CCG – *Engagement mapping report (all services) 2015/6*

NHS Rotherham CCG – *Engagement mapping report (all services) 2016/17*

NHS Rotherham CCG – *Report from Dementia Focus Group* (Oct 2014)

NHS Rotherham CCG – *Rotherham Child and Adolescent Mental Health Services: Review of Children and Young People's Voice and Influence* (April 2016)

NHS Rotherham CCG – [Over the counter \(self-care\) medicines - Feedback summary](#) (Oct 2016)

NHS Rotherham CCG – *Engagement mapping report on Learning Disabilities* (August 2017)

NHS Rotherham CCG – *Engagement mapping report on Mental Health* (August 2017)

NHS Rotherham CCG – *Engagement mapping report on Primary Care* (August 2017)

NHS Rotherham CCG – *Engagement mapping report on Urgent Care* (August 2017)

Rotherham Doncaster and South Humber NHS Foundation Trust - [\*The Health Needs of Looked After Children & Young People: Annual Report 2014/15\*](#)

Rotherham Doncaster and South Humber NHS Foundation Trust - [\*Annual Report and Accounts 2015/2016\*](#)

Rotherham Doncaster and South Humber NHS Foundation Trust - [\*Annual Report and Accounts 2016/2017\*](#)

Rotherham Metropolitan Borough Council – [\*Joint Health and Wellbeing Strategy 2015-2018\*](#)

Rotherham Metropolitan Borough Council – [\*Interim report on the consultation process for the future direction of Public Health resulting from further reductions to the Public Health Grant \(October 2016\)\*](#)

Rotherham Older People's Forum – [\*"How can we help lower the number of older people being admitted to A&E?" Report \(2015\)\*](#)

The Rotherham NHS Foundation Trust – [\*Strategic Plan Document for 2014-19\*](#)

The Rotherham NHS Foundation Trust – [\*Annual Report and accounts 2016/17\*](#)

## **Sheffield**

Healthwatch Sheffield – [\*Annual Report 2014/15\*](#)

Healthwatch Sheffield – [\*Annual Report 2015/16\*](#)

Healthwatch Sheffield – [\*Annual Report 2016/17\*](#)

Healthwatch Sheffield – *Report of Mental Health Discussion Forum* (July 2014)

Healthwatch Sheffield – [\*Mental Health in Sheffield: A Snapshot\*](#) (September 2014)

Healthwatch Sheffield – [\*Patient Transport: Moving Forward: A qualitative study of people's experiences of using patient transport in Sheffield\*](#) (December 2014)

Healthwatch Sheffield – [\*Report on people's experience of using Adult Social Care services\*](#) (December 2015)

Healthwatch Sheffield – [\*A Report on people's experiences of using Accident and Emergency\*](#) (January 2016)

Healthwatch Sheffield – [\*Care or Crisis? A study of people's experiences of care before and after a mental health crisis\*](#) (December 2016)

Healthwatch Sheffield – [\*Care at Home: A summary of findings from our survey\*](#) (March 2017)

Healthwatch Sheffield – [\*Disabled Access to Dental Services in South Yorkshire and Bassetlaw\*](#) (March 2017)

Healthwatch Sheffield – *‘Tell Theresa’: What would you say to the Prime Minister – what needs to be done to improve mental health in Sheffield?* (March 2017)

Healthwatch Sheffield, NHS Sheffield CCG, Sheffield Children’s NHS Foundation Trust, Sheffield City Council, Sheffield Health and Social Care NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust – [\*Engagement report: ‘What do people in Sheffield want Health and Social Care to look like in 2020?’\*](#) (2015)

NHS Sheffield CCG – [\*Annual Report 2014/15\*](#)

NHS Sheffield CCG – [\*Annual Report 2015/16\*](#)

NHS Sheffield CCG – [\*Annual Report 2016/17\*](#)

NHS Sheffield CCG – [\*What you’ve been telling us\*](#), Spring 2015

NHS Sheffield CCG – [\*What you’ve been telling us\*](#), August – October 2015

NHS Sheffield CCG – [\*What you’ve been telling us\*](#), November 2015 – January 2016

NHS Sheffield CCG – [\*What you’ve been telling us\*](#), February – May 2016

NHS Sheffield CCG – [\*What you’ve been telling us\*](#), June – October 2016

NHS Sheffield CCG – *Commissioning intentions 2015/16: Engagement report* (February 2015)

NHS Sheffield CCG – *Reports of Mental Health and Wellbeing Strategy engagement* (2014-2015)

NHS Sheffield CCG – [\*Urgent Care Strategy Review: Engagement report\*](#) (August 2015)

NHS Sheffield CCG – [\*Communications and Engagement strategy\*](#) (January 2016)

Sheffield City Council – [\*Joint Health and Wellbeing Strategy 2013-2018\*](#)

Sheffield Health and Social Care NHS Foundation Trust - [\*Annual Report and Accounts 2014/15\*](#)

Sheffield Health and Social Care NHS Foundation Trust - [\*Annual Report and Accounts 2015/16\*](#)

Sheffield Health and Social Care NHS Foundation Trust – [\*Quality Report 2015/16\*](#)

Sheffield Health and Social Care NHS Foundation Trust – [\*Quality Report 2016/17\*](#)

Sheffield Mencap and Gateway - *Service User and Family Carer Engagement at the Intensive Support Service* (November 2016)

Sheffield Teaching Hospitals NHS Foundation Trust – *Strategic Plan Document for 2014-19*

Sheffield Teaching Hospitals NHS Foundation Trust - [\*Annual Report and Accounts 2016/17\*](#)

## **Regional / STP area specific**

The Campaign Company – [\*The future of hyper acute stroke services and children's surgery and anaesthesia services: report of independent consultation analysis\*](#) (March 2017)

South Yorkshire and Bassetlaw STP Collaborative Board: *Communications and engagement lessons learned from the public consultations into hyper acute stroke and children's surgery and anaesthesia services across South and Mid Yorkshire, Bassetlaw and North Derbyshire* (May 2017)

## **National**

NHS England – [\*National Cancer Patient Experience Survey 2016 results for Barnsley Hospital NHS Foundation Trust\*](#) (July 2017)

NHS England – [\*National Cancer Patient Experience Survey 2016 results for Doncaster and Bassetlaw Hospitals NHS Foundation Trust\*](#) (July 2017)

NHS England – [\*National Cancer Patient Experience Survey 2016 results for The Rotherham Hospital NHS Foundation Trust\*](#) (July 2017)

NHS England – [\*National Cancer Patient Experience Survey 2016 results for Sheffield Teaching Hospitals NHS Foundation Trust\*](#) (July 2017)

NHS England – [\*National Cancer Patient Experience Survey 2016 results for NHS Barnsley CCG\*](#) (July 2017)

NHS England – [\*National Cancer Patient Experience Survey 2016 results for NHS Bassetlaw CCG\*](#) (July 2017)

NHS England – [\*National Cancer Patient Experience Survey 2016 results for NHS Doncaster CCG\*](#) (July 2017)

NHS England – [\*National Cancer Patient Experience Survey 2016 results for NHS Rotherham CCG\*](#) (July 2017)

NHS England – [\*National Cancer Patient Experience Survey 2016 results for NHS Sheffield CCG\*](#) (July 2017)