

Involving residents in the transformation of primary care and community services – Briefing note on engagement

Patients, the public, staff and other stakeholders have already told us about what they are looking for from certain services - general practice and NHS 111 – and our New Vision of Care which was co-produced with local residents and stakeholders. We have shared the vision for the Sustainability and Transformation Partnership (now Integrated Care System) widely and now moving into a period of turning these words into action.

The CCGs (East Berkshire CCG from 1 April 2018) are committed to working with local residents to shape services for the future. We now want to have local conversations with residents to understand what is already working well and the concerns, issues and perceptions residents hold locally. It is intended to start these discussions from 10 May.

These conversations will need to take place in the context of our commitment to delivering safe, high quality care and the challenges we face and

- Increased demand and pressure on services
- Managing this increased pressure within finite resources e.g. funding, trained workforce, organisational capacity
- Workforce constraints
- Complex and often fragmented services that are difficult for patients to navigate.
- Community estate which does not support the delivery of modern services and is costly to operate and maintain
- The way residents access health services and advice and the expectations of the NHS has changed

During these conversations we are seeking to engage in a dialogue with those we most need to hear from and those who are seldom heard.

Our aim will be to discuss with residents what is important to them using the following headings:

- How information and support about their health and wellbeing should be accessed
- How and when they access health and care services
- What is important to them about the range of care provided in community settings
- How the experience and satisfaction of care could be improved
- What we should take into account about their local area when transforming services

We also need to acknowledge that there are some things that are arranged at a national level. These include policies such as the core components of urgent treatment centres, the total amount of money available in the system and some aspects of primary care that are set out in core contracts.

The overall approach we intend to take is as follows:

- Have conversations with local communities relating to their local circumstances. We would plan to hold events in Ascot, Bracknell, Maidenhead, Sandhurst, Slough and Windsor
- Frequent briefings to locally elected members, member GP practices and those with an interest in the issues
- Work with Health and Wellbeing Boards, the Community Partnership Forum , Patient Partners and a Patient Panel (to be appointed) to shape the process and decision making criteria
- Appoint clinical leads to support the process
- Seek support from local residents, staff and other organisations with an interest in health and care, to enter into and support discussions
- Be clear about what local residents can influence and where there is no scope for influence due to e.g. national requirements
- Identify seldom heard groups and proactively approach them
- Utilise other communication channels such as social media
- Clearly evidence our activities and communicate the reasoning behind decisions
- Commission independent reporting and dissemination of the outputs from the engagement
- Decision making in public

We would appreciate a discussion on:

- Suggestions about how we can reach as many different sections of our population as possible, (different geographical areas, residents from different backgrounds and with different needs)
- Highlight information that would help inform the conversations.