



*Halton and St Helens*

**REAL ACCOUNTABILITY**

**DUTY TO REPORT ON CONSULTATIONS**

**1 APRIL 2010 TO 31 MARCH 2011**

**NHS HALTON & ST HELENS**

## INTRODUCTION

*The duty to involve the public under section 242 of the NHS Act 2006, and the associated policy and practice guidance Real involvement, raised the bar for the way NHS organisations are expected to involve and consult people and respond to the feedback received. As a result, more and more people across the country should feel better informed and supported to have a say about what really matters to them.* “David Nicholson, Real Accountability, 2009“

The duty to report on consultation about commissioning decisions is set out in the NHS Act 2006 under section 17A for SHAs and section 24A for PCTs. The duty requires PCTs and SHAs to report, at times directed by the Secretary of State, on consultation and the influence of the results of consultation on their commissioning decisions.

In addition to the duty to report on commissioning decisions, directions also create an obligation for PCTs to report on consultation about ‘relevant decisions’ made by a PCT about the commissioning of services under sections 3 and 5 of, and Schedule 1 to, the NHS Act 2006. That is, any decision about the commissioning of secondary care and community health services, such as hospital accommodation, nursing services and ambulance services. The reporting requirements cover both commissioning decisions and relevant decisions, which means that all decisions made by a PCT in relation to carrying out its functions under any part of the NHS Act 2006 are subject to the same reporting requirements.

The difference in the reporting duties for PCTs and SHAs is that a PCT must report on any consultation, carried out by any person, that influences the commissioning decisions or relevant decisions it makes.

During the last financial year a General Election was held and a Coalition Government was formed comprising the Conservative and Liberal Democrat parties. Following the formation of the Coalition Government, the White Paper “Equity and Excellence: Liberating the NHS” was produced and a series of public consultation documents released. Details of relevant consultation activity which took place across the Mersey region can be found in the body of the report.

The need for GPs to take a greater role in commissioning services and the transfer of Public Health to Local Authorities were two of many key recommendations made.

Following feedback from the public consultation period, the Coalition Government took a period of time to pause, reflect and further listen to patients, public, and clinicians. During this period the NHS Futures Forum was established and in relation to patient and public involvement their findings are summarised below.

Whilst the Forums’ recommendations on patient and public involvement were accepted by the Coalition Government, the response to the Health Bill is scheduled to be released in autumn 2011 and any amendments to the current duty will be implemented in future engagement and consultation plans.

The current duty to Involve requires PCTs to publish their report on their website. Each PCT within the Merseyside cluster will uphold this. A full Merseyside Cluster document can be requested in hard copy by contacting [Jacqueline.robinson@knowsley.nhs.uk](mailto:Jacqueline.robinson@knowsley.nhs.uk) or by telephoning 0151 244 3459.

## **NHS Reforms**

The new NHS reforms have put patients and the public at the heart of the decision making process. “*No decision about me, without me*” brings about a vast increase in compliance in terms of engagement and involvement of patients and the public.

During the recent pause of the NHS reforms, the Futures Forum analysed the White Paper in terms of patient and public involvement. Their feedback was shared and suggests there should be no reduction of the legislative requirements in regard to Section 242 NHS Act in regard to Duty to Involve. In fact, their recommendations in regard to patient and public involvement are that it should be made more explicit and strengthened.

Government changes in response to the NHS Futures Forum in relation to patient and public involvement are summarised below. Some, but not all of these changes, will require amendments to the Health and Social Care Bill.

## **NHS Accountability - NHS Constitution**

- ❖ We will take further steps to embed the NHS Constitution, and the principles and values it contains, in the way the NHS works. The NHS Commissioning Board and commissioning consortia will be required to take active steps to promote the Constitution. The Board, Monitor and the Care Quality Commission will say in their annual reports how they have met their existing duty to have regard to the Constitution.
- ❖ We will uphold all of the patient rights in the NHS Constitution. Where necessary we will adapt the way these rights are given legal force, to ensure they have the same legal force under the new legislation. This includes the right to drugs and treatments recommended by NICE, which we will retain after the introduction of value-based pricing for new drugs from January 2014

## **Clinical Commissioning - Clinical Commissioning Groups (CCG's)**

- ❖ Commissioning consortia will continue to be groups of GP practices, but we will make a number of changes to provide greater assurance that commissioning will involve patients, carers and the public and a wide range of doctors, nurses and other health and care professionals. To reflect this stronger emphasis on wider professional involvement in commissioning decisions, we intend to use the term “clinical commissioning group” to describe these local NHS organisations.
- ❖ To enhance transparency and accountability, governing bodies will be required to meet in public and publish their minutes, and clinical commissioning groups will have to publish details of contracts with health service providers
- ❖ There must be at least two lay members, one with a lead role in championing patient and public involvement, the other with a lead role in overseeing key elements of governance such as audit, remuneration and managing conflicts of interest. One of the lay members will undertake either the role of Deputy Chair or Chair of the governing body.

- ❖ There will be clearer duties across the system to involve the public, patients and carers.
- ❖ We will further clarify the duties<sup>1</sup> on the NHS Commissioning Board and clinical commissioning groups to involve patients, carers and the public in commissioning decisions.
- ❖ We will amend commissioners' duties to involve patients and carers in their own care to better reflect the principle of *"no decision about me without me"*.
- ❖ [We] will require commissioning groups to consult on their annual commissioning plans to ensure proper opportunities for public input. They will have to involve the public on any changes that affect patient services, *not just those with a "significant" impact*.

---

<sup>1</sup> \* the Future Forum report said:

*"The Forum heard consistently that 'patient involvement' has too broad a spectrum of meaning – from merely informing to active partnership in decisions. We are firmly in the latter camp – we believe that shared decision making should be the norm, and that the declaration of 'no decision about me, without me' must permeate the culture throughout the health and care system. To support a culture of shared decision-making to become a reality, we believe it is important to start at the top, with the legislative framework. We therefore recommend **that the definition of 'patient involvement' in relation to the duty 'to involve' and duty 'to promote patient involvement' is made stronger and clearer in the Bill.**"*

---

**Real Accountability**  
***Demonstrating responsiveness & accountability in Commissioning and relevant decisions***

**2010-2011**

<b>Who has been consulted?</b>	<b>What specific issues were stakeholders asked about and what information was provided to stakeholders?</b>	<b>What was the feedback from the engagement activity?</b>	<b>How have GPs and GP consortia been involved in taking this forward?</b>	<b>What decision has been taken and how has the feedback influenced any decision?</b>	<b>Status</b>
<p><b>Transforming Community Services</b></p> <p>Public, LINKs, local authority, HOSC</p>	<p>To obtain the views and comments of LINKs (as representative organisations) on the options and subsequent proposals for reconfiguration of Transforming Community Services (TCS).</p> <p>This included presentations to LINKs groups, LINKs representatives at TCS groups and regular contact with LINKs throughout the process.</p> <p>Local Authority (LA) representatives were included in TCS from an early stage. They had significant input to the pathway commissioning intentions and were engaged in the final decision about future</p>	<p>LINKs views were largely concerned with ensuring services remained accessible and local.</p> <p>The local authorities were keen to pursue transfer of some service to the LAs. This was not included in the final decision for a number of reasons. LAs supported the final decision.</p> <p>General feedback was concerned with services remained accessible and local.</p>	<p>Consortium chairs were engaged in TCS from the outset, both in the overarching programme group and also in specific pathway groups.</p> <p>Once the transfer issue was separated from the transformation agenda their focus was largely on contributing to the commissioner's requirements for each pathway.</p>	<p>The final decision on transfer of the PCT's provider arm to Bridgewater Community Trust was taken by the PCT Board having taken account of the views of all stakeholders, and in line with guidance from the Department of Health (DH) and Strategic Health Authority (SHA).</p>	<p>Completed.</p>

	<p>configuration. Final proposals were taken to the Overview and Scrutiny Committees (OSCs) of both local authorities.</p> <p>Early in the TCS project (2009/10) public views were sought at workshops in both boroughs.</p>				
<p><b>Musculoskeletal Service Procurement</b></p> <p>Patients, Clinical Commissioning Groups (CCG)</p>	<p>Patient engagement formed part of the original service review that informed the development of the service specification.</p> <p>CCG chairs and representatives were consulted about the final specification before going out to tender. CCG reps were also engaged in the evaluation and selection process.</p>	<p>CCGs were keen to ensure that the new pathway would integrate well with primary care, improve accessibility and value for money and have better patient outcomes.</p> <p>Waiting times for physiotherapy and accessibility were the key concerns.</p>	<p>The successful provider is working with CCGs and practices to ensure compliance with the new pathway and to support demand management.</p>	<p>The new provider was selected with direct input from CCGs.</p> <p>The new service specification includes specific accessibility and outcome measures that are monitored through contract processes.</p>	Completed
<p><b>Diabetes Services</b></p> <p>Diabetes UK Groups in Halton, Warrington, St Helens and Knowsley.</p> <p>Users of the Central Mersey Retinopathy Programme who attended for screening in March / April</p>	<p>To seek views on the strengths and weaknesses of the current diabetic retinopathy service provision and to seek views on the advantages and disadvantages of a number of options for service delivery in the future; the criteria that should be used to evaluate each of the options for future service delivery.</p>	<p>All patients felt they liked the service design in their area.</p> <p>For patients living in Warrington, St Helens and Knowsley it was important that they had the choice of having their screen carried out at a high street optometrist where they could have their eye test could be carried out at the same time.</p>	<p>Service review, business case and service specification gained General Practice (GP) approval at Clinical Commissioning Committee. Consortia also had the</p>	<p>A recommendation will be made to the retinopathy board about the future model of care for retinopathy screening services. This decision reflects patient views that choices are important. The business case with the recommended model will be shared with</p>	Completed

<p>People who had previously contacted the programme to complain or comment</p> <p>Users of linked services, such as podiatry</p> <p>Patient representatives on the Halton, St Helens and Knowsley Diabetes Network.</p> <p>Helens and Knowsley Diabetes Network.</p> <p>Users of the Central Mersey Retinopathy Programme who attended for screening in March / April</p> <p>Lay readers panel</p> <p>LINKs groups</p>	<p>To gain patient involvement in the procurement process and to seek feedback on the strengths and weaknesses of the current diabetic retinopathy service provision</p> <p>To carry out a rapid improvement process with the call and recall centre.</p> <p>To seek the views of patients on a service review of structured patient education and to seek the views of patients on a business case proposing the future of structured education services.</p>	<p>Patients in Halton liked that they could have their feet checked at the same time as their retinopathy screen, with patients in all areas seeing their service as the 'gold standard'. Choice came across as an important theme.</p> <p>Accessibility was also an important theme. Patients reported that it was important that screening was carried out in places that had good public transport links, and appropriate car parking, as different people had different needs. Accessibility also covered opening times.</p> <p>Choice came across as an important theme.</p> <p>Patients wanted to be able to choose from any provider in the programme, not limited to one in their local area</p> <p>The information sent out to patients needed to improve and patients did not like getting reminder letters when they had only had the initial letter the day before.</p> <p>The importance of education needs to be highlighted more, and the need for education assessed regularly.</p>	<p>opportunity to input via planned care programme board. Practice staff (practice nurse, practice manager) also attended the engagement events.</p> <p>Not applicable. GPs were not key stakeholders as pre-dated announcement of CCGs, GPs are not providers of this and are unlikely to commission this service in the future.</p> <p>Service review, business case and service specification gained GP approval at Clinical Commissioning Committee. Consortia also had the opportunity to input via planned</p>	<p>stakeholders following approval from the retinopathy board.</p> <p>Future development of specifications will detail other issues important to other patients, including accessibility. Stakeholders will be involved in the development of the specification and the tender process.</p> <p>Further information available from <a href="mailto:Paula.Guest@hsthpcn.hs.uk">Paula.Guest@hsthpcn.hs.uk</a></p> <p>Patients are now able to choose from any provider in the programme.</p> <p>A new information leaflet has been developed and is being trialled.</p> <p>Problems with the timing of the reminder letters had occurred because the PCT had placed a ban on orders to the company who refill the franking machine. The machine can now be</p>	
---	--	---	--	---	--

		<p>There needs to be follow up when people drop out of an education course.</p> <p>It is important that the PCT focuses on preventing people getting ill in the first place.</p>	<p>care programme board. Two consortia were involvement in the procurement process.</p>	<p>topped up with larger values to try and stop this happening in the future.</p> <p>Further information available from <a href="mailto:Paula.Guest@hsthpct.nhs.uk">Paula.Guest@hsthpct.nhs.uk</a></p> <p>Specs were amended to reflect the feedback received Feedback was provided to respondents about work already on-going to promote health / detect disease earlier. Further information available from <a href="mailto:Lyndsey.Abercromby@hsthpct.nhs.uk">Lyndsey.Abercromby@hsthpct.nhs.uk</a></p>	
<p><b>Chest Pain Pathway Review</b></p> <p>Halton Zipper Club, Halton LINK, St Helens LINK, 1-1 patient Interviews Complaints / Comments and compliments</p>	<p>Patient/Carer questionnaire focussed on access and support to local cardiology services.</p> <p>In-depth 'discovery patient interview' to understand patient perspective of recent admission and experience. This was held with the underpinning knowledge of using 'EBD' methodology to inform future service design.</p>	<p>Views and experiences integrated into the service review. An assertive effort has been made to ensure that the views and aspirations of service users are integrated into any new model of care. In order to achieve this, the following has taken place.</p> <p>Between the 1<sup>st</sup> January 2009 and 1<sup>st</sup> January 2010 the PCT has received 217 contacts from service users in relation to community cardiac services.</p>	<p>Service review, business case and service specification gained GP approval at Clinical Commissioning Committee. Consortia also had the opportunity to input via planned care programme</p>	<p>Views and experiences integrated into the review recommendations.</p> <p>Influenced the development of a new local service for angiography. The description and 'touch' points of the patients also influenced some of the quality focussed KPI's.</p>	<p>Completed – will feed back into the group in the future</p> <p>Completed – continuous consultation and in-put sought from LINKs – development of service specifications.</p>

		<p>2 of these contacts were complaints. 10 offered suggestion for improvements 206 were positive comments and complements</p>	<p>board. Practice staff (practice nurse, practice manager) also attended the engagement events</p>		
<p><b>Primary Care</b></p> <p>Registered patients at the practice</p> <p>Overview and Scrutiny committee</p>	<p>Reorganisation of GP Out of Ours (OOH) in Widnes and closure of GP practice.</p> <p>Some GP practices have utilised the patient survey regarding the provision of extended hours.</p>	<p>OSC approved proposal. Public feedback minimal.</p> <p>The results indicated when additional surgeries should be provided.</p>	<p>Only GPs involved in the service delivery.</p>	<p>Closure of practice, and reorganisation of OOH approved.</p> <p>Each practice offering extended hours will have reviewed the data then made a proposal to the PCT to provide under a Directed Enhanced Service.</p>	<p>Completed.</p>
<p><b>Acute Contract CQUINS</b></p> <p>All 4 CCGs, Halton &amp; St. St Helens local authorities, LINKs Board, Knowsley PCT, Halton &amp; St Helens Medical Director and Deputy Director of Nursing as well as PCT quality leads.</p>	<p>A panel of key stakeholders were brought together to ascertain what CQUIN schemes should be taken forwarded in the 11/12 contract with St Helens &amp; Knowsley Hospitals Trust.</p> <p>The key questions that were asked are as follows: Are these appropriate local CQUIN schemes? Are they weighted to match our population's priorities? Are the measures challenging enough? Are there any amendments</p>	<p>Feedback is provided in the CQUIN Scheme.</p>	<p>All CCGs were consulted and were in agreement with the proposed schemes.</p> <p>StHealth CCG were represented at the panel meeting and influenced the final decisions around the agreed financial weightings of each of the schemes and the use of</p>	<p>St. Helens LINK Board commented on the proposals and adjusted CQUIN incentive targets set by NHS Halton &amp; St. Helens to encourage improvements in the areas of dignity, nutrition and a choice of where to die.</p>	<p>Completed</p>

	required that will make them more robust?		nationally agreed tools to relevant schemes.		
<b>Audiology</b> All 4 CCGs, Halton & St. St Helens local authorities, LINKs The Deafness Resource Centre, Knowsley PCT Commissioners, Halton & St Helens commissioning lead, St Helens & Knowsley Hospitals and Warrington & Halton Hospitals Chief Audiologists and Directorate Managers and Nursing Homes within the Halton & St Helens Boroughs.	To implement the recommendations set out in the PCT Audiology Review completed in July 2010 following a robust patient consultation exercise. A Project Group has since been established to secure the new audiology model of care using redesign through the existing provider option. Please see the attached project overview for further information.	The feedback from the stakeholders has been used to finalise the new service specification for community audiology.	StHealth CCG Board has agreed their commissioning intentions relating to the audiology pathway for delivery in 12/13. The Board has made the decision that providers must adhere to British Academy of Audiology guidance of allowing direct referral to audiology for all those aged over 16.	Views received informed the PCT that services should be provided closer to home and training and support also available to nursing homes. The new service specification states that service provision is delivered from locations within the community and training is provided to nursing homes and voluntary sector organisations. Service user views also requested that patients are taught by the service how to perform self care tasks such as battery replacement and re-tubing this is also detailed in the new service specification.	Ongoing
<b>Reducing Harm from Alcohol,</b>  Service User and Carer, service providers	To encourage service users and carer representatives to fully participate in the visioning of a future model for Tier 2 and Tier 3 alcohol treatment services.	A workshop was held. The delegates were also asked for their input on the questions that would be used to elicit the views of the public.	GP champion to lead the project.	A number of visioning sessions will be held to develop ideas and to further allow all stakeholders the opportunity to express what they want and need	Ongoing

Representatives plus additional stakeholders.	To seek views in relation to the potential for commissioning a 'substance misuse' service.			from a redesigned service.	
<b>Early Detection of Depression</b>  General public St. Helens and Halton, supported by Halton and St. Helens LINKs.	What would the public want a service for depression to look for if cost were not the main consideration.  Consultation on Depression Services.	Comments were recorded and informed the IAPT services	Clinical input and GP champion to lead the project.	Views of the public taken into account on commissioning local 'Improving Access to Psychological Therapies Services'.	Completed
<b>Pharmacy Needs Assessment (PNA)</b>  Patients, public, LINKs, PNA Steering Group, Pharmacists, GP's, Disability Network	To ascertain if the public agreed and stakeholders with the findings laid down in our Pharmaceutical Needs Assessment.	Each comment was assessed by the steering group and amendments required as a result of them made to the final PNA.  PNA Report produced.	Ongoing	A separate consultation response paper has been produced and published alongside the PNA.	Completed
<b>Experience of Acute Services</b>  Patients on wards: Sanderson Day Case Unit, (Burns & Plastics) (Neurology/ENT) Colorectal at St Helens and Knowsley Hospitals Trust (STH&K).	The key objectives of the activity were to highlight any issues patients may have from referral (waiting times); dignity & respect from staff, hospital cleanliness, patient choice and general treatment and care, the outcomes would then highlight key learning points for commissioners to take forward with regard to contracts informed from 'real time' patient experience.	A report was produced and views from all ages (over 18) including those with disabilities were also gathered from individuals on the wards at that time. Key points were:  Raise awareness of clinical expertise to allow patients to make an informed choice when choosing which hospital they attend for their treatment. At present location of hospital is higher up the list than who is delivering patient care.	GPs not engaged	Key learning points were taken from this to take forward with the Trust.	Completed

		<p>The PCT lead for slot availability needs to ensure that continual promotion of the choose and book system is embedded with GP's - 38% of patients said that the GP wrote to the hospital on their behalf to book a first out-patient appointment instead of encouraging the patient to use the Choose and Book system, of course some of this could be patient choice as they trust GP's to recommend a consultant on their behalf.</p> <p>Out-patient departments need to invest in training in relation to queue management, ensuring that patients are kept fully informed of delays and where they are in the queue.</p>			
<p><b>Child and Adolescent Mental Health</b></p> <p>Local authority; schools; 5Boroughs Partnership; Bridgewater Community Health Trust; 3<sup>rd</sup> sector providers; young people; GP's; Cheshire and Wirral Partnership; PCT; St Helens and Knowsley NHS</p>	<p>An Emotional Wellbeing and mental Health Strategy for Children and Young People has been developed with all key stakeholders. Following this it was shared with all partners for comment and input. Workshops for input and a launch event have taken place. Stakeholders including young people were provided with evidence of research based practice and asked to develop appropriate and</p>	<p>The presentation and input from young people was described by various people in the evaluations as 'very powerful'.</p> <p>Local authority and service provider's representatives highlighted the effective multi-agency working to ensure an integrated model with a flexible response to needs across the whole continuum of comprehensive CAMHS.</p>	<p>GP's were present and contributed to the development of the Strategy. It has also achieved approval at Clinical Commissioning Committee.</p>	<p>All views provided have been incorporated within the Strategy and informed the Action Plan for implementation.</p>	<p>Completed. Action Plan following Consultation being implemented</p>

Hospitals Trust	workable pathways to ensure that the needs of young people would be appropriately met.				
<b>Healthy Weight</b>  General public , adults, school children, parents of young children. Halton and St Helens Borough councils Clinical Commissioning Committee (CCC), PCT Healthy Weight Commissioning Partnership.	To provide the public with prevention and treatment services to maintain a healthy weight or if needed lose weight. Stakeholders were asked what their health priorities were. Focus groups with public asked what services they currently use, barriers to access, what would enable them to use services, what were their role models, what type of advertising appeals to them, who do they go to for information.	Public expressed desire for flexible, local, free or very cheap services. Research available in Document Portal from Liverpool University and Corporate Culture. Views of CCC available in Minutes of Meetings. Healthy Weight Commissioning Group Minutes available on decisions agreed re commissioning. Business Plans and Finance Plans plus 5 year Forward Plan available.	GP sits on Healthy weight Commissioning Group as Clinical Lead. Papers and Business Plan to CCC.	Decision made to commission services at CCC and PCT Board.  Service configuration and providers employed through tender process based on consultation and inclusion of stakeholders on interview panel.	Completed
<b>Tobacco</b>  General public, parents, children, GPs, local authorities and Tobacco Harm Reduction Commissioning Group.	The objective of the activity is to provide the public with services that protect them from second hand smoke and enable them to quit smoking. Also to support the law in tackling illegal and underage tobacco.  Focus groups and insight work asked where stakeholders wanted services, what types of	The public were very keen to protect themselves and children from second hand smoke. The public saw tobacco control as a priority. GPs wanted stop smoking services delivered as close as possible to their surgeries, children want their parents to have help to quit. Teachers wanted education in how to deliver tobacco control lessons.	Business case gone for prioritisation at joint GP and PCT senior managers group. CCC approved business case.	Views have been included in all plans. Services been put in place to meet views expressed.	Completed

	services, how it should be delivered problems with delivery.				
<p><b>Sexual Health Services</b></p> <p>Service users, young people, local authorities, service providers, general public, GPs</p>	<p>Sexual health services for community were tendered in 2010 as part of community services transition. The developments in services were informed by initially a review of sexual health services undertaken by Bearing Point where issues relating to delivery were collated by a host of service across the patch including LA and GP involvement.</p> <p>Service user views were collated from community sexual health services and non-service user views were collated from Halton where attendance was particularly poor for young people, colleges and youth services were involved in this. Focus groups were undertaken by John Moores University to have greater understanding of issues relating to sexual health to help inform understanding.</p> <p>Service user views from community sexual health</p>	<p>User views showed that services are well used and the particular issues are around waiting times. This has been addressed in relation to additional services. Alongside data it has become apparent that there are limited services in Halton for young people particularly Runcorn, young people expressed wanting services close to their home or school/college therefore services are being improved in Runcorn to provide after school in a location accessible to young people after school/college close to bus station. Initial information from services has shown an increase in attendance.</p>	<p>All business cases were developed and approved by Clinical Commissioning Committee with direct support from CCGs. Two GP champions also provide feedback to the sexual health implementation group for service improvement.</p>	<p>Services have been improved to reduce waiting times and provide services at a time and in a location acceptable to local people.</p>	<p>Completed</p> <p>Now engaging with young people on a media plan</p>

	<p>services. A consultation on locations of young people's services in Halton and a specific consultation using focus groups on young people's views of sexual health from sex education through to delivery of education messages.</p>				
<p><b>Community Nursing</b></p> <p>LINKs, patient groups local authority</p>	<p>To obtain the views and comments of LINKs (as a representative organisation) on the proposed specification for an Integrated Community Nursing service. This included providing a copy of the specification to LINKs members and attending LINKs meetings to answer general and specific questions regarding the changes.</p> <p>At the earliest point in the project (whilst it was still a StHealth only project) the StHealth patient group were engaged in providing their views on current Community Nursing services and the potential future.</p> <p>Local Authority representatives have been included in the project group from an early stage. They have had significant input to the</p>	<p>General feedback was that the proposed changes made sense and are likely to improve patient experience of the service. There were specific comments and questions about particular aspects of the specification. These were addressed in the meetings and in written responses.</p> <p>Current services were fragmented – often 2 or 3 different nurses visiting a patient when perhaps only one visit was necessary.</p> <p>LA representatives have been keen to ensure that any developments will fit with plans for further integration of services (e.g. social care and therapy services)</p>	<p>The development of the specification has been led by StHealth GPCC and the other GPCCs have been included in the development and had multiple opportunities to contribute to the specification.</p>	<p>All comments from stakeholders have been considered and many included in the final version of the specification. The input of stakeholders has contributed to a stronger and more inclusive specification.</p> <p>The initial decision to pursue an integrated model was influenced significantly by the views of patients.</p> <p>The next stage of engagement is to go back to patients with information about the planned service changes.</p> <p>LA reps still included in the core project group.</p>	<p>Ongoing.</p> <p>LINKs will continue to be involved as the project moves into the implementation phase.</p>

	specification and have influenced many of the practical decisions around implementation.				
--	--	--	--	--	--