

Patient and Public Engagement

Annual Report 2010/11

Residents of North Yorkshire and York enjoy some of the best healthcare services in England, with surveys and league tables consistently showing that our GPs, local hospitals and other services, like mental health, provide good quality services.

Finding out people's experiences of using local health services, engaging the public in planning and reshaping local health services all help to influence our decisions about the services we buy (commission) on your behalf.

In terms of finances and organisational change, it has been a challenging year for the NHS both nationally and locally.

This has led us to take a number of difficult decisions with regard to services. We appreciate this has caused concern for some, but we make every effort to discuss the reasons behind our decisions so that even if people do not agree with the action we may take, they can understand why. We hope that you find these examples of our engagement with local people of interest.

If there are any aspects that you would like to discuss or you want to get involved in the work of the Primary Care Trust, please contact our Patient Relations team:

Telephone: 0800 06 88 000

Email:

nyy-pct.PatientRelations@nhs.net

Write to:

Patient Relations Team
FREEPOST RSHB-UTRR-LZUA
NHS North Yorkshire and York
The Hamlet, Hornbeam Park
HARROGATE, HG2 8RE



Rachel Blythe at a kickboxing session, part of the 'All Together Better' project

Altogether Better

The Altogether Better Project is a Big Lottery funded project helping individuals and communities to eat more healthily, be more physically active and improve mental well-being.

Altogether Better, managed by NHS North Yorkshire and York, has been active since 2008 in specific areas of disadvantage in York and Scarborough.

It has worked in partnership with North Yorkshire County Council, City of York Council, Scarborough Borough Council and the voluntary sector and local community groups

in each locality.

Targeted areas and groups

In York the project was funded for three years and focused on the areas of Tang Hall, Westfield, Guildhall and Clifton.

In Scarborough the project was funded until September 2012 and focused on the ward areas of Castle, Eastfield, Woodlands, Falsgrave, Filey, Ramshill and West Cliff.

All of these areas are characterised by multiple deprivation including health inequalities.

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Altogether Better

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Suzanne Carr managed the Altogether Better programme for NHS North Yorkshire and York.

She said: "Our initial focus was on community members, frontline workers and volunteers. Since September 2009, we have turned our attention directly to individuals within the specific communities who needed our help most to achieve a healthier lifestyle and improved mental well-being

"Engagement is the key to our success. The long term sustainability of our work is dependent on being able to engage the people in our target groups and motivate them to change their own behaviour, influence the behaviour change of their family and friends and become 'health champions' in their local communities."

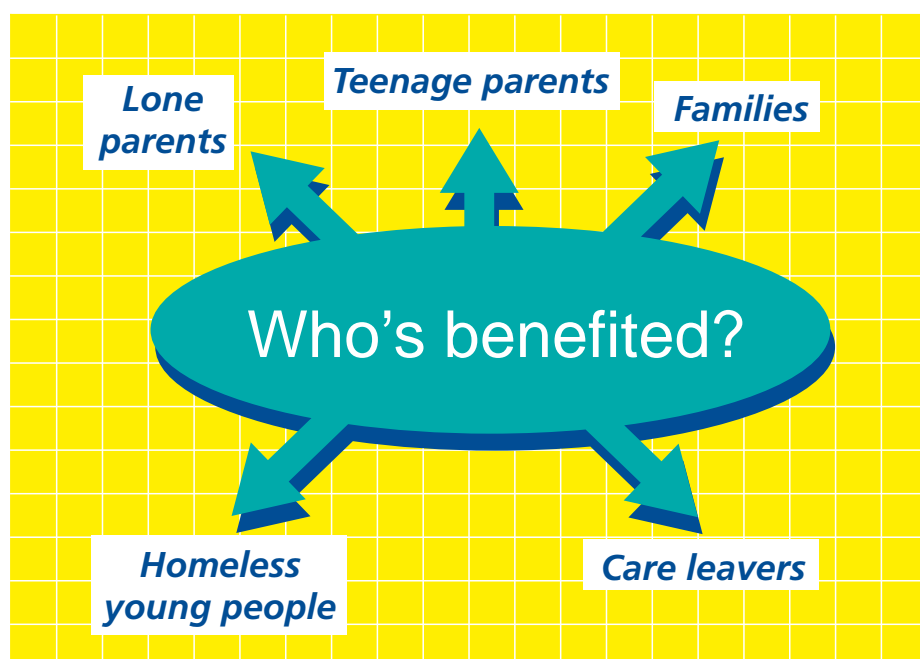


Suzanne Carr

Results

The training programme has reached out to 530 direct beneficiaries who in turn have passed information and practical skills to 2,055 indirect beneficiaries. The project has set up or supported 23 community-based activities of which 15 are run by local people. These include groups working with families, children, travellers, refugees, teenage parents, care leavers and young homeless people.

Altogether Better was named alongside similar projects in the Yorkshire and Humber region as a winner of one of the Prime Minister's Big Society Awards in 2010 and at the time of writing, has been short listed for the final stage of the Big Lottery Awards for 2011.



Achieving our aims

Below is a summary of Altogether Better's activities since 2008:

Food for Thought

"Food for Thought" courses were run in the target communities. These were eight-session courses focused on healthy eating, physical activity and mental well-being

Short courses

Running short courses and activities focusing on one aspect of healthy eating, physical activity or mental well-being, such as cooking on a budget, healthy walks and coping with stress.

Passing it on

Supporting members of the community to pass on the knowledge, skills and experience they gained from the courses to friends, family members and local groups.

Sustaining healthy lifestyles

Developing the capacity of local communities to take responsibility for their own health by providing practical support, financial support and training to encourage the development of community-based initiatives that will provide opportunities for local people to take part in, and sustain, healthy lifestyles.

Frontline workers and volunteers

Running courses for frontline workers and volunteers to ensure the aims of the project were embedded in the work of partner organisations.

Networking and partnership . . .

With a range of organisations and individuals such as Children's Centres, housing providers, local authorities and training organisations.

Review of minor injuries services

In January 2010 the PCT's Board received a report on the findings of the clinical review of minor injury services provided at the Lambert, St Monica's and the Friary Community Hospitals in Hambleton and Richmondshire.

The findings were that services did not comply with current clinical guidelines and the clinical governance arrangements were weak. The Board approved a proposal to transfer the provision to GP practices and Accident and Emergency Services and supported a period of public engagement to inform the public and its stakeholders about the proposed change.

Engagement plan

A 12-week engagement plan to support the proposals was developed and approved by North Yorkshire County Council's Overview and Scrutiny of Health Committee.

The PCT organised three informal drop-in meetings in the three affected towns of Thirsk, Richmond and Easingwold as well as attending a number of other forums, such as district and town council meetings. A range of supporting materials was also produced and information was circulated within local communities and reinforced through the local media.



Summary of feedback

There was opposition to the proposal from the Richmondshire and Easingwold areas where rural communities placed a high priority on convenient access to services. They were accepting of the clinical limitations of the current minor injury service but wanted the current arrangement to continue.

- The public were concerned that the proposals made the community hospitals less viable.
- The nursing staff expressed sadness that the minor injury services would no longer be available but they acknowledged that they were unable to maintain their clinical competencies for that service.
- The level of public awareness about the provision of minor injury services in the community hospitals and GP practices was low.
- GPs in Easingwold were particularly opposed to the change at St Monica's and wanted the current arrangements to continue.

Crucially, the proposal had the support of GPs in the Hambleton and Richmondshire Practice-based Commissioning Group and the support of members of the PCT's Clinical Executive.

Outcome

Over two Board meetings in the autumn of 2010, the PCT's Board considered all the evidence and the feedback submitted from the engagement exercise, and decided to close the minor injuries services.

Amanda Brown, locality director for Hambleton and Richmondshire at NHS North Yorkshire and York, said: "We were pleased with the level of involvement and the breadth of understanding shown during the public engagement exercise.

"Feedback from the public engagement exercise also showed that we need to increase public awareness around the range of NHS services available, how people can get advice and access appropriate services, particularly during the out of hours period." A public information campaign consequently took place.

Men's health and pharmacy

In 2010 the Department of Health invited PCTs to submit proposals to take part in a pilot to raise the profile of community pharmacy amongst specific segments of the population.

NHS North Yorkshire and York was one of just three PCTs allocated funding to undertake an awareness campaign based on our proposal to target men aged 40-55 living in Scarborough.

To inform the campaign it was necessary to undertake extensive research to better understand men's views towards pharmacy and healthcare more generally.

This, along with insight gathered from pharmacy staff working in Scarborough, led to the development of the creative approach called 'No more niggles'.

The ultimate objective of the campaign was to encourage men to make better use of their local pharmacy for health advice and signposting services.

The campaign was delivered over a three-month period between February and June 2011 and a report of the findings was later shared with a range of stakeholders.

This included the charity, Men's Health Forum, who are now using the findings to inform a national initiative to address inequalities in men's health.

To read the final report visit www.northyorkshireandyork.nhs.uk

Engagement plan

A number of engagement initiatives with local men were undertaken as part of the campaign, including:

- Ten in-depth interviews conducted by an independent researcher to understand men's perceptions toward health and pharmacy
- Town centre outreach events (pictured) to engage local men and share information about the campaign
- Around 90 interviews with men to establish the impact of the campaign

Pictured below: Two members of the 'No more niggles' promotion team speak to a local Scarborough man about the campaign and how his local pharmacy could help with health advice and solutions to minor health conditions.



Young mum's & breastfeeding

Background

NHS North Yorkshire and York commissioned social marketing company 'The Hub' to investigate the prevalence of breastfeeding in York and Scarborough in the summer of 2009.

This was a response to figures that showed only 57% of new mums in Scarborough and 66% of new mums in York chose to breastfeed their baby - well below the 78% national average for England.

The research identified that British white women aged 25 or under living in areas ranking highly on the Index of Multiple Deprivation were the least likely to breastfeed. This was also the case for how long women would keep breastfeeding.

Methodology

Two qualitative research methods were used in the research:

- Focus groups were held with mums, mums-to-be and grandparents to explore the designs of the materials
- Street interviews were used to gain input from a range of mums, mums-to-be, parents and partners about attitudes and behaviour regarding baby-feeding methods and awareness of breastfeeding services.

Self completion questionnaires were used to gauge awareness and use of breastfeeding support services and attitudes towards breastfeeding and bottle feeding. Three types of questionnaires were distributed:

- For new mums
- Mums-to-be
- Partners, parents and friends.

Launch of "Be A Star"

As a result of what they told us, the launch of the "Be A Star" campaign took place in February 2010.

Four young mums from Scarborough and York took part in an eye-catching campaign to inspire more young women in the area to breastfeed their babies. 'Be a Star' showcased the beauty, confidence and pride that can be achieved with breastfeeding while highlighting the unique health benefits it can bring for both mother and baby.

The engagement with new mums, mums to be and relatives determined the materials produced. These included a blog site, posters, postcards and pull-up banners. There was also coverage achieved in the local and regional media and the exercise was repeated in June 2010 for national Breastfeeding Awareness Week.

Six month evaluation

In November 2010 a six-month evaluation was conducted via postal questionnaires; one for postnatal mums to gauge the impact on breastfeeding and the other for health workers to capture their opinions on the campaign.

The results showed that mums knew of the campaign and many had used breastfeeding services. The majority stated that they would breastfeed in the future.

Since the launch of the campaign breastfeeding rates in York and Scarborough have increased. A number of breastfeeding support groups have been developed by health visitors and they have also reported that the training on breastfeeding was useful in their work.

A further evaluation is due to take place later in the year.



Patient relations

We support patients, carers, the public and staff by offering advice and information and helping resolve concerns. The service is patient-centred, enabling patients, carers and relatives to share their experiences of services. Enquires received are used to help improve local health services, both provided by and commissioned by the PCT.

The Team has continued to develop over the last year to become an integral and supporting function for all services provided and commissioned by the PCT. The team works with partners in health and social care to resolve issues concerning the PCT, independent practices and other community organisations.

During 2010/11 our Patient Advice and Liaison Service (now known as Patient Relations) dealt with a total of 8,687 enquiries. This compares with 7,153 enquiries in 2009/10 and 6,253 enquiries in 2008/09.

Not all enquiries result in service changes, but Patient Relations can help to make a significant change for individuals. A couple of examples of where we have been able to make improvements are shown opposite.

GP Practice

A patient raised a concern with the practice regarding the long waiting time for referral to podiatry. The practice confirmed that they were unable to use the Choose & Book system for referrals to therapy services, but would look at their referral protocols within the Practice and ensure the system improved.

Friary Community Hospital, Richmond

Concerns were raised by a patient at the length of time to wait for insteps for a child. A new computer system has been implemented which all staff are now familiar with. The department is utilising its own appliance laboratory so more in-house work is taking place and waiting times have reduced for off the shelf devices.

Making experiences count

The key to ensuring that we continually improve the quality of the services we provide is to actively learn from the comments, concerns, compliments and complaints we receive about local NHS services.

Learning from complaints

The emphasis of complaints handling is focussed on resolving complaints at a local level and trying to come to a speedy resolution that clearly addresses the issues and concerns raised.

Our commitment is to ensure that anyone making a complaint has their concerns fully investigated and receives a written response on the findings. When appropriate, this will include an apology and, importantly, what learning and changes will take place as a result of the findings from the complaint.

Volume of complaints

From 1 April 2010 to 31 March 2011, NHS North Yorkshire and York handled 216 formal complaints, 57 concerned independent contractors and 159 were regarding services provided or commissioned by NHS North Yorkshire and York. This compares to a total of 228 formal complaints received in 2009/10.

Table A shows the number of complaints received split by service area.

Table B shows the number of complaints received relating to independent contractors (GPs, dentists, pharmacists and optometrists).

Service area	No. of complaints
Commissioning/contracting	46
Community services and unscheduled care	57
Mental health	56
Total	159

Table A

Contractor type	No. of complaints
Dentist	7
GP	48
Pharmacy	2
Optometrists	0
Total	57

Table B

Prison health needs assessment



The PCT has the responsibility to commission health services for the offenders housed in the prisons in the PCT area. To make sure that the health needs of our prison population are being met, we carry out assessments to ensure we are commissioning services to meet those needs.

The healthcare team within the prisons hold focus groups to canvas the views of offenders and regular forums to discuss issues and engage with offenders. Askham Grange in York, for example, has a well established healthcare forum for offenders. The health needs assessment process involved working with the prison population through such forums, and enlisting the assistance of the Healthcare and Substance Misuse teams in addition to the GPs who provide primary care services to the prisons.

Overcoming alcohol issues has been recognised as an area of unmet need with offenders and therefore it was felt to be an important area locally. This was backed up through the health needs assessment and as a result has led to the formalisation of some alcohol related services, an action plan to deliver against the recommendations, and may lead to further developments in the future. It is expected that the process will be repeated to assess the effect of the changes and identify any new areas of need.

Black & Minority Ethnic communities

The PCT has played a part in multi-agency groups run by the local voluntary sector support organisations such as Ryedale Together and the Harrogate District Minority Ethnic Forum. For example, NHS North Yorkshire and York sponsored annual community health fairs in Harrogate that have been organised by Harrogate CVS in 2009 and 2010.

These events have involved local health and social care organisations and support groups promoting their services to new arrivals and existing BME Harrogate residents.

The PCT funded the BME Mental Health project which was led by York MIND. The project sought to examine the needs of BME communities in

North Yorkshire in relation to the provision of mental health services. The Minority Ethnic project worker helped this initiative make links with local organisations and supported attendance at the 2010 Conference on Supporting and Improving Wellbeing of BME Communities in North Yorkshire.



Patient experience surveys



The PCT uses various methods to collect the views and experiences of patients, carers and our population, including patient experience surveys. The most important reason for collecting patients' experiences is to identify where we need to make improvements to services we provide, or in commissioning services from others.

In 2010 our Community and Mental Health Services carried out a follow up to a large scale patient experience survey conducted the previous year.

In the original survey, which took place in the summer of 2009, we collected the experiences of 3,117 patients and service users across all community and mental health services. This provided us with a baseline of how people felt about the services they had received.

Each service area took ownership of the results for their particular service and drew up action plans for improvements which were carried out by staff throughout 2010.

A couple of examples of changes implemented during 2010: all patients with home visits (e.g. adult community services virtual wards) to be given approximate attendance time; introduction of "This is me" form for patients with dementia admitted as an in-patient, to provide a snap-shot of the person to ward staff.

For the follow up in December 2010, we carried out two separate smaller surveys: one across a small sample selection of community services where either the uptake had been low the first year or where an issue had been identified for improvement. The second questionnaire was specifically designed to focus on the experience of in-patients in our community hospitals.

What next?

Service managers in each service were given the detailed results for their service area and drew up action plans for any areas for improving the patient experience.

The results of the surveys, reports and recommendations have been shared with the new providers of community services. Continued measurement of patients' experiences of those services is now part of the regular contract monitoring responsibility of NHS North Yorkshire and York with the new providers.

Community Services

In the Community Services survey the questions were concentrated on areas such as access, provision of contact details and information about the service, appointment waits, dignity and respect.

The majority of patients' experiences were positive but there were some areas for improvement – e.g. the provision of written information about the service itself, and also the need for information about other support available (e.g. support groups).



Community Hospital In-patient Services

The Community Hospital In-patient survey was more in-depth than that carried out in the previous year and covered issues such as cleanliness, noise, rating how it felt to be on that particular ward, support provided at mealtimes, hand washing, information regarding individuals' treatment, being able to talk to staff about worries or fears, respect and dignity and discharge arrangements.

Again, generally the responses were very positive about the care patients had received – e.g. 96% of patients felt the overall care they had received was excellent or very good. Some areas for improvement identified in a very small number of cases were around communicating with older patients with respect, the noise in the ward environment, patients' lockers, and meal times.

Monitoring the results of our local hospital patient surveys

One of the roles of the PCT is to make sure that the health services we buy (commission) on your behalf are of good quality and that the patients' experience is as good as it can be. One of the ways we do this is to monitor the results of surveys asking about patients' experiences of using our local hospitals and other services.

During 2010 the PCT's Quality & Outcomes Team reviewed and benchmarked the results from the NHS Inpatient, Outpatient, Maternity & Cancer Services Surveys which detail the views of patients using the healthcare services provided by the acute trusts within NHS North Yorkshire and York.

We discussed the survey findings at the monthly Quality & Performance Groups with the Trusts, and they were asked to produce an action plan to address areas identified for improvement.

A common theme in all these surveys was poor communication between healthcare staff and patients, and as a consequence both York and Harrogate Foundation Trusts are rolling out a staff training programme to improve the way staff communicate with patients and how they explain to them aspects of their care, e.g. side effects of medication, and procedures involved in their treatment.



Palliative Care Patient Information

As part of a national Patient Experience Learning Programme, staff from the Hambleton and Richmondshire locality Specialist Palliative Care Team and the PCT's Engagement Team established a patient group during 2010/11 to work together on improving information available to patients and carers.

The patients and carers on the group felt that much of the information given to patients at diagnosis can be overwhelming and untimely. As a result the group reviewed current documentation, identified where there were gaps, and co-designed and produced an information booklet and leaflet. The booklet is specifically tailored to the needs of those who have recently received a diagnosis and as a support for carers. It signposts patients and carers to local information points, useful and reliable websites, and other sources of information and support. It includes information about pain management, and an explanation of the roles of people who may provide support for patients and carers at home – e.g. homecare, specialist nurses, case managers, and so on.

The project has also led to the establishment of the Palliative Care Partnership Group, made up of patients, carers and staff who come together to review and monitor service provision and information.

The project helps to underpin the goal of the palliative care service which is the achievement of the best quality of life for patients, their families and carers.



Malton & Whitby enhanced community team pilot

A pilot of two Enhanced Community Teams was undertaken in Malton and Whitby during 2010-11 as a Quality, Innovation, Productivity and Prevention (QIPP) initiative based on national models and previous experience of home based care in the Ryedale Hospital at Home scheme.

The pilot entailed temporarily closing one of the two wards in both Whitby and Malton Community Hospitals and incorporating ward based staff into existing community nursing teams to provide 24 hour nursing cover.

As part of the pilot, health professionals who referred patients were surveyed, as were patients who had used the pilot Enhanced Community Team service.

A total of 33 service user satisfaction questionnaires were completed. This included 16 respondents from Whitby and 17 from Ryedale.

All respondents stated that they were satisfied that they were treated with respect and dignity,

that their personal needs and concerns were addressed and that they were provided with information about their condition and care.

Respondents were generally satisfied with the time they had to wait for assessment, the duration of care and when it came to an end. All respondents felt the team tried to help them become more independent and that they had received the necessary equipment.

Of fourteen additional comments, 10 were very positive statements, commending the team for providing excellent care and support but three commented that communication and organisation could be improved and one that they would benefit more from a community bed.

The pilot was completed at the end of April 2011, and although there was overall support for the pilot from referrers and patients using the service, it was decided that there was more that needed to be done.

A National Clinical Advisory Team (NCAT) evaluation of the pilot suggested that further work was

required to agree the overall strategic vision for community services and to gain GP commissioner support for the model in each locality. As a result, there is a phased re-opening of the wards in both community hospitals whilst further reviews take place.

Supporting General Practice

During 2010-11 the PCT helped to support three General Practices in engaging with their patients about changes to branch surgery provision and proposed arrangements.

In the Selby area, a GP practice was looking to close a branch surgery due to the premises not being fit for purpose.

The PCT worked with the practice to advise on information to be given to patients, including feedback forms and posters, letters to patients and an invitation to attend a public meeting.

Two public meetings were held, one during the day which was very well attended, and an evening meeting, both supported by practice and PCT staff.

As a result of the concerns raised, the practice arranged to continue providing some basic services in the local vicinity. It was also agreed that affected patients' availability for appointments would be accommodated where possible - e.g. due to the local bus timetable. Home visits would continue to be provided to those patients who had a clear clinical need.

In Harrogate a central GP practice wanted to close their branch surgery, and in Whitby two surgeries were considering merging together as well as closing a branch surgery.

In each case, the PCT worked with the practices, advising on how to engage with patients, producing letters, posters and feedback forms for the practices to gauge the views and opinions of their patients.



Local involvement networks

Local Involvement Networks (LINKs) were set up in all local authorities in England to hold local health and social care services to account. They are independently run and made up of members of the public.

Across the area covered by the PCT we have two LINKs – the York LINK, and North Yorkshire LINK which is split into seven district groups.

We continue to work closely with both LINKs as well as responding to requests for information.

During 2010/11 we met regularly with the LINK Coordinators, had quarterly meetings with the Chairs of the 2 LINKs and the Chair of NHS North

Yorkshire and York, organised for speakers to present at LINK events across the county and in York, and LINK volunteers have been members of various committees and groups including dental procurement, pharmacy, and the shadow NHS North Yorkshire and York's Community & Mental Health Board.

The PCT also takes part in the York LINK Statutory Stakeholders Group, the North Yorkshire LINK Stakeholders Group, and the York LINK Monitoring Group.

You can find out more about your local link on the following websites:
www.northyorkslink.org.uk
www.yorklink.org.uk

We contributed to York LINK PACE (Public Awareness and Consultation Events) meetings and subsequent reports, e.g. into End of Life Care and Hospital Discharge.

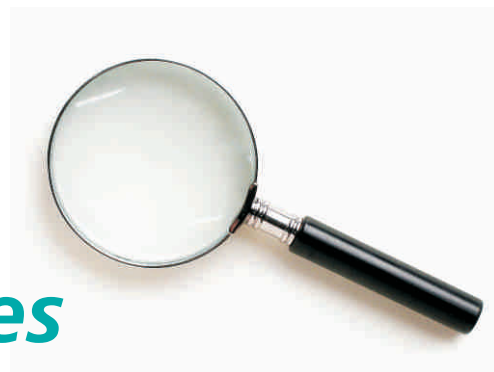
The LINKs send representatives to the NHS North Yorkshire and York Board and regularly submit questions for the public questions section of the meetings on matters of public/patient interest.

We continue to work closely with the LINKs during 2011/12 as the move towards the establishment of local HealthWatch goes through transition.

Locality Director Simon Cox presents at a North Yorkshire LINK event in Ryedale



Working with Local Authority Overview and Scrutiny Committees



As a publically accountable NHS organisation we have various statutory duties, one of which is to work closely with Overview and Scrutiny of Health Committees (OSCs).

These committees are made up of locally elected Councillors who ensure that the local NHS is held to account for decisions made on behalf of local people.

Overview and Scrutiny Committees are in place in every local authority area that has responsibility for social services, which means that for NHS North Yorkshire and York we work with North Yorkshire County Council OSC and City of York Council OSC.

The main role of these committees is to monitor the local NHS, to review matters relating to the health of local people and contribute to the improvement and development of health services.

During 2010/11, in what has been a challenging year, we have worked closely with the two Overview and Scrutiny of health Committees in our area. We have attended a large number of meetings and presented to councillors on a range of county-wide issues such as the transfer of community and mental health services, and health needs of our population.

With the North Yorkshire OSC we have attended meetings to discuss some specific topics such as enhanced community services,

proposals to close minor injury services in Hambleton and Richmondshire, and services provided at Whitby hospital. For example, we invited the then Chair of the OSC to independently chair a public meeting about Whitby hospital at the end of March 2010, followed by further discussions with the OSC at a special meeting held in the town in June 2010.

With regard to York OSC during 2010/11 we have worked with councillors and officers to discuss matters such as dental provision in the city, plans for developing orthopaedic services in the community in York and Selby, and childhood obesity.

As well as the formal public meetings the PCT has attended a number of briefing meetings and the Chair and Executive of NHS North Yorkshire and York have attended regular meetings with the Chairs of both committees.

As a committee the role of which is to scrutinise and provide challenge, there are occasions when the OSCs disagree with the PCT's approach to a health issue and in line with their rights they can refer the matter to Secretary of State for Health.

During 2010 North Yorkshire OSC did this on one occasion with the enhanced community services pilot in Malton and Whitby.

The Secretary of State for Health's response informed the committee that the project was a pilot and if the

PCT wished to take it forward as a permanent change full consultation and engagement would be required in line with national guidelines.

Details of how you can make contact the committees, depending on where you live in North Yorkshire, can be found at www.northyorks.gov.uk or www.york.gov.uk



Our work with MPs

North Yorkshire has eight elected Members of Parliament and during 2010/11 the General Election saw a number of changes. Since May 2010 the PCT's Chair and Chief Executive have met all new and re-elected MPs to introduce themselves where appropriate and brief them on current health issues.

During the year the PCT has also continued to meet with individual MPs to discuss ongoing issues in their constituencies, for example, pain management services in York and community services in Ryedale.

As an organisation we also have a duty to respond to letters submitted by MPs. Generally these are asking for information on behalf of a constituent or from MPs outside of North Yorkshire enquiring about health policies in this area.

During 2010/11 we handled 335 MP letters.

Engagement with the voluntary sector

NHS North Yorkshire and York was involved in a number of meetings with its voluntary sector partners during 2010/11. These meetings were mostly connected with a wide ranging review of funding for the sector planned for 2011/12, and the 'Thriving Third Sector' group. The aim of the Thriving Third Sector Group is to support partners to improve the environment for a thriving voluntary and community sector in North Yorkshire. It is made up of statutory and voluntary sector representatives.

In April 2010, £50,000 was given to the North Yorkshire Forum of Voluntary Organisations (NYFVO) to support the PCT in communicating with the sector. This was used mostly for general NYFVO work, including training with some events held in the localities.

In September 2010, the PCT met with the Infrastructure Organisations' Chief Officers, and from January to May 2011 there were regular meetings of the Thriving Third Sector Group.

At the beginning of March 2011, a consultation event was held with the voluntary sector, led by the NYFVO and North Yorkshire County Council. One of the important messages from the event came from a presentation by a local GP. This highlighted the need to ensure that GP commissioners developed a good understanding of the value and benefits of the voluntary sector, and the outcomes achieved in order to have productive discussions as we move towards Clinical Commissioning Groups. It was hoped that the transition in the NHS may bring opportunities, but with no extra money being made available this will be a challenge.

Letters went out to the voluntary sector services to give notification of changes to their funding in 2011/12 at the end of March 2011. They were given the option of delaying the efficiency savings until October if this helped. Organisations were also informed that all the services funded by the PCT would be reviewed following a clear set of principles, and that if they did not meet the clear criteria for ongoing funding they would cease to be funded by the PCT or the level of funding and services provided would be changed.

In the light of the reviews, recommendations were agreed by the PCT Board in June 2011, following which some decisions went through an appeals process.

The PCT recognises the excellent contribution that voluntary organisations can make to health care and patient support. The decisions we made to reduce or cease funding for some organisations is in no way a reflection of the quality or standard of service being provided. The clear set of principles followed in the voluntary sector review enabled us to make some very difficult decisions. The review highlighted the need for further work in some areas and we are now taking that forward.

The review has helped us focus available funding for services that deliver on our priority areas and can demonstrate value for money for taxpayers. The money saved from this review will be reinvested into those priority areas.



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