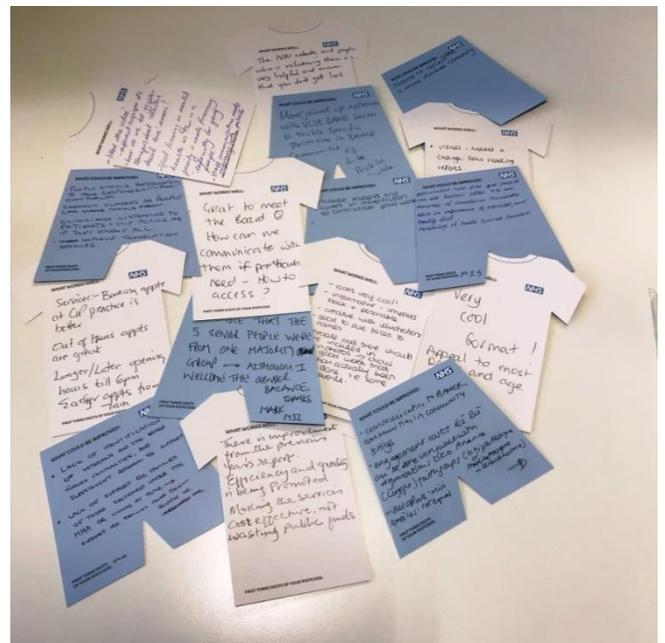


Annual Report 2018/2019 Communications and Engagement Activity



Introduction

NHS Manchester CCG produces an annual report each year which is a comprehensive document of the organisation's activities and financial accounts for the preceding year (2018/2019).

The annual report describes our commissioning activities during the financial year 2018/2019. It reports on our achievements and challenges, our commissioning intentions and plans for the future, the goals and priorities we have set for the coming year and how well we have met the priorities set for the previous year.

We report on our governance processes, assurance and accountability mechanisms and how we are meeting the requirements of the Improvement and Assessment Framework for CCGs.

Annual General Meeting and a new approach

We recognised that a new approach was needed to increase the number of people we engaged at an Annual General Meeting and how we shared our Annual Report for 2018/2019.

As well as the [Annual Report](#) in a paper format, we also developed an [Annual Report video](#).

The aim was to reach a wider audience through use of social media platforms and provide opportunities for face to face conversations with people across Manchester on key themes.

Resources and information to share

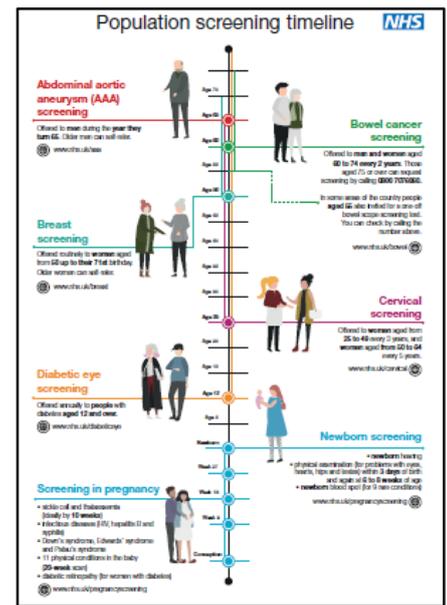
The following resources were shared throughout the conversations and engagement activities:

- Annual Report Handout (A4 4pp paper copy)
- Annual Report video explaining and presenting the Annual Report 2018/2019
- Public Health England Population Health Screening Programme Timeline
- NHS England Flu Vaccination leaflets

Conversation Themes

Conversations held with people were on the following themes to help inform further campaign and awareness work:

- **NHS Screening**
 - Awareness: Did you know all of these NHS screening programmes are available?
 - Lived Experience: What are the barriers to attending NHS screening programmes?
 - Co-production: How can we work together to improve attendance of NHS screening in Manchester?
- **Flu Vaccinations**
 - Awareness: Have you had your flu vaccination?
 - Lived Experience: What worked well and if the response is no, why not?
- **Experiences of using of NHS services**
- **Development of a mental health safe haven for Manchester**
(This theme was only used at the Back on Track engagement session)



Summary of key messages

Annual Report and Video

- Positive feedback received on the use of a video and good to see who the leaders are
- Include BAME people to reflect diversity in Manchester
- Welcomed gender balance in video of senior leaders but would like to see more BAME leaders
- Include example of challenges faced throughout year and solutions
- Include examples of key themes – for example, mental health and homelessness and how as an organisation we have improved outcomes
- Include British Sign Language on all videos due to low levels of literacy
- Include at the end of the video future work for coming year and a call to action
- Include targeted EDHR examples and where we have improved outcomes

NHS Screening

- Awareness and promotion campaign needed on NHS screening
- Peer support and use of buddies to accompany people to screening appointments
- Information on screening and available in a range of languages and formats
- Screening available in accessible venues and close to public transport routes
- Screening appointments available in evenings and weekends

Flu Vaccinations

- Myth busting about the side-effects of the flu vaccination
- Encourage grandparents to take grandchildren to get their flu vaccinations together
- Promote choice of where you can get your flu vaccinations, such as GP practice and Pharmacy
- Promotion of porcine free flu vaccinations and where they are available from
- Improved communications from GP practices of when the flu vaccinations are in stock

NHS Experiences

- Increased awareness of the availability of GP appointments during the evenings and weekends
- Awareness and promotion campaign needed on self-care and where people can go for advice and support for their health and well-being – wider services such as pharmacies
- Promotion of how to make a complaint about general practice and other services
- Include nurse appointments on Patient Access
- Improvement needed in waiting times for a hospital appointment

Developing a mental health safe haven for Manchester

- The need for a relaxing and peaceful environment
- Include VCSE organisations in the design and delivery of the safe haven
- Have a clear expectation on what the safe haven will deliver and outcomes
- Locate safe haven where there are accessible public transport routes to it

Annual Report 2018/2019 Video

As part of the engagement activity to show the Annual Report video, the engagement team visited the following voluntary and community sector organisations and meetings:

	Where	What	Who	MHCC staff in attendance
1	Our Healthier Manchester	AGM event	19 members of the public	GP Ruth Bromley, Claire Yarwood, Nick Gomm and Councillor Bev Craig
2	Tree of Life Centre, Wythenshawe	Information stall	20 members of the public	Hajra Sardar and Dion Waite
3	Age Friendly Manchester Board	Presentation	18 members of the board	David Regan and Jessica Herbert
4	Newton Heath Health Fair	Information stall	50 members of the public	Jessica Herbert and Dion Waite
5	Greater Manchester and Manchester BME Network	Presentation	40 members of VCSE organisations	Leigh Latham, Andrea Ferguson and Deborah Grimshaw
6	Back on Track	Focus Group	17 service users and 3 support staff	Deborah Grimshaw and Hajra Sardar
7	Cheetham Hill Festival	Information Stall	25 members of the public	Jessica Herbert

The following engagement visits did not take place:

- The Booth Centre asked that we not attend the centre as they are involved in health research and it was thought our conversations may confuse service users. The Booth Centre has stated they will be happy to share the completed research with us once it is complete.
- There was no response from the City of Sanctuary to attend one of their monthly meetings.
- There was miscommunication and the visit to Manchester People First did not take place but this visit is being rearranged.

Our Healthier Manchester AGM event

19 members of the public attended the Our Healthier Manchester AGM event which was held at the Methodist Central Hall on Oldham Street, Manchester. A question and answer session took place and information has been included in the feedback from page 5.

A total number of **227** conversations were held through the engagement activities, where people were able to share feedback and this can be found from page 5.

Communications and sharing the Annual Report video

The Annual Report video was hosted on the following communication platforms:

- YouTube and has been viewed **232** times by members of the public.
- Twitter and **213** people have engaged with the video and it has had 6,839 impressions
- Facebook and it has reached **29** people with 9 engagements

Click here to watch the Annual Report video

<https://www.youtube.com/watch?v=O8xyJ7apQml&feature=youtu.be>

Feedback given about the Annual Report 2018/2019 Video

As part of the conversations, feedback was asked for on the Annual Report video.

- Film doesn't include information about homeless support
- Film only has positive messages – include details of the challenges!
- Mainly white people in it
- OK, hard to follow. what about BME communities
- Good to hear about what is being done
- Not enough on mental health
- Interesting - use spell check though
- Good to see what they're spending the money on
- I'm a student nurse and it's good to see what they are doing
- Spelling mistakes in subtitles
- Bit about what we spent money on is really confusing
- Liked the cartoony bit
- Good to see about mental health in there but still don't think it's a priority
- Not enough done for older people and that's reflected in video (are we a burden on the NHS?)
- Good to come and present and allow us to ask questions
- Better than hundreds of pages that we normally have to read through for annual reports.
- Good to have an overview of the key points
- Annual report video – is it available in other languages?
- I found it quite difficult to understand because it was a lot of information in a small space of time is there something I can read afterwards?
- I liked that I could watch the video and then ask people questions

The feedback below is from the Greater Manchester and Manchester BME Network event:

What works well	What could be improved
Liked the video! Is it available in different languages, sign language and subtitles?	People out there should be included in showing good work that has actually been done e.g. some events
Video – positive – trying to engage people in a different way. Informative.	How can we communicate with them (Us) if particular need – not sure how to access?
The video is a start – trying to involve people in a positive way.	“20% of health is NHS” – Could that message be flipped to talk around 80% other determinants.
Information and good feedback	Where will this video be shown and rolled out?
Looks very cool! Information and stripped back and personable	The video in several key languages
Creative with illustrations - Good to put faces to names	In the video include service providers
It's good to see the leaders – feels more approachable	At the end of the presentation there should be a link directing people to a link of where you can find/access the report.
Visual – makes a change from reading reports	Representation/more cultural understanding from our white counterparts. Breakdown of statistics and where they're come from/how they're contracted.
Useful education format – quick guide needs to be used as well	Noticable that the 5 senior people were from one majority group – although I welcome the gender balance. Thanks

Very cool format! Will appeal to most people and age groups	Include BAME statistics in the presentation as our health is worse and it matters too!
Great to meet the Board	Include patients and covers in presentation to consolidate good work.
The use of a short film/video is excellent at reaching the community	Clarify visual targets that clearly has an inclusive action than going forward.
It highlights key areas that MCCG is going to be found on	A bit at the end to make public aware of next years targets please.
Very informative - people living longer due to services provided.	Video needs to reflect a more diverse community.

As part of an engagement project with Manchester Deaf Centre, feedback and lived experiences were shared during a focus group meeting (n35), and part of the feedback is relevant to the use of BSL on videos due to low literacy levels.

- Digital solutions were not a solution for deaf people due to a large number of them not speaking English or English not being their first language so booking appointments is very difficult thus a number of participants go straight to A&E.
- The lack of consistency about whether interpreters would be booked for appointments and whether that interpreter would be booked for support accessing the pharmacy afterwards as well.
- Lack of BSL awareness and support in practices which can lead deaf patients not being able to access services.

Experiences and feedback shared with us

“I attend all screening and I have had the flu jab because I have COPD, I don’t want a flu jab but I have to as I am 82 and want to live a bit longer. Who wants things poking in their body”

NHS Screening Programmes

- There needs to be more understanding and ask people if they need support or someone to talk to so they can attend cervical screening. “My girlfriend was terrified of having a smear due to what she went through as a young girl, there was no information given or support available”. Need to treat people as a human being, bit of personalisation.
- People feel as though they are ‘nagged’ into attending screening but they are not given information about what will happen.
- “I felt scared and lonely and having no-one to go with you” when had to go to Manchester Royal Infirmary for cervical screening.
- The hospital environment – need to create a friendly space with sofa/drinks available that would be less intimidating.
- Young people – do they need screening? Are they aware of risks?
- More education and bust some of the myths.
- There’s fear about screening programmes – need more information.
- Why is Prostate screening not on the list of NHS screening programmes shared
- AAA screening – no awareness
- It would be useful to include Diabetes screening
- Why are the lung health checks only in north Manchester?
- Why cant we get breast screening over a certain age
- I’ve not been getting an invite for my annual check now I am over 65 why not?

- How would the public find out about these programmes?
- Would be useful to include Diabetes screening, pre-diabetic diagnosis
- Never had any GP screening done. Does not go to the GP and is not interested in receiving any information.

What are the barriers to attending NHS screening programmes?

- Fear stops me from going and what you will find out
- Lack of knowledge
- People are busy
- Information not available in other languages
- Just don't know about them
- The bowel one is not nice and its complicated
- It might be painful like mammogram
- If they are NOT local
- Public transport attending
- Lack of information which is available in different formats and languages
- Information explaining the purpose and benefit of screening
- Not knowing they are available, lack of time due to work and family commitments, just not wanting to be screened.
- Timings
- Screening held in places which are not convenient to all
- Privacy concerns and embarrassing
- Language, cultural and religious misconceptions
- More information about the importance of these screenings
- Too many can't keep up with what should and shouldn't be attended
- Didn't realise not got any letters
- Forgot to do it
- Life gets in the way
- People don't have anyone to take them. Especially, if they are old or disabled.
- Don't believe in it
- Embarrassment - Daughter won't go for cervical screening because she's embarrassed and she is 31 years old
- They're only available working hours
- Lack of time
- Other health problems stopping them from going
- Cost too much to get there
- I don't have the money to get there
- Too far to go
- I live in Northenden so it's hard for me to get to places
- Letters that are sent out get hidden under bills, so don't remember to go
- Forgetful
- Procrastination - Likes to put things off
- Time, cervical screening is embarrassing. Screening feels clinical/cold. Fear of having something wrong!
- Why once you reach a certain age are you not eligible for screening?(initially mentioned breast cancer but then a wider discussion around the others)
- Don't believe in vaccinations, just live a healthy life and use Chinese medicine for illnesses

How can we work together to improve attendance of NHS screening in Manchester?

- Install a soap box in the middle of town centre and tell people. Stand on an orange box and belt it out, people are not listening. They think they don't need it, but we all do.
- Use large employers such as the airport and other big employers to catch people and do screening.
- Local radios are effective eg. Capital. Using social clubs and connecting through the people you know would be a good way to engage.
- Adverts on TV would help.
- Mobile units would be really good to do cervical screening like breast screening in Asda car park, it's a better environment.
- Invest more in mobile screening – fit in good times – after hours, weekends, flexibility.
- Involve carers if people are suffering from physical/MH they can help take them.
- Way of cushioning the impact and support
- A lot of people are scared and also need help to get to these places. Need to explain more about what happens. A lot of old people are 'old school', it's an inconvenience to them but it's not an inconvenience if it saves your life!
- Give incentives
- Having 'screening mornings' – serving tea/coffee, making it more friendly, people talking etc...
- Woman's only screenings
- Use large employers such as the airport - to raise awareness and do mobile screening
- Working with local communities, third sector, faith groups, housing organisations, supermarkets, Bingo halls, pubs., basically get out to where local people go
- Doctors and volunteers from the same communities to explain importance of screenings
- Getting out and speaking people more about them
- Better times for appointments to accommodate working people/ people looking after grandchildren
- Pair up with people husband and wife appointments
- Womens only screening - Tea and Coffee event
- Offer transport services
- Tell people at local pubs and clubs e.g. football clubs
- Pet stores - I have a pet and get out a lot with her
- Promote in churches and other faith venues
- Mobile screenings like the one they do at Belle Vue – weekends and after hours
- Campaign more in community centres - combined with doctors and other health professionals
- Make diabetic screenings more advertised
- Text messages response/reminders

Flu Vaccinations

- Young people these days don't understand the importance of vaccinations
- My granddaughter needs the flu vaccine too, it would be good to encourage grandparents to take their grandchildren
- A clear explanation needs to be provided of what the flu vaccinations contain and what alternatives are available if the children's vaccination is not suitable.
- Remind people when they go to hospital appointments or doctor appointments

The majority of people we spoke to had had their flu vaccinations.

What worked well and if the response had been no, why not?

- Had a flu jab, felt ill for a few days
- I don't have flu jab done as I have had heard of bad experiences. There were some bad batches where 2 people died in a care home. My mum nearly died. I build up my own immunity but I won't have a flu jab! I've seen bad batches and what it can do to people."
- Why do we not get letters from our GP anymore for annual check-ups?
- Worried flu vaccine will give me the flu I've heard other people who have had the vaccine and then got the flu
- GP didn't have the flu vaccine in
- GPs don't provide good service in the area
- GPs don't speak my language
- GPs don't take me seriously when I go in
- My GP doesn't have the injections in yet
- Being able to go to a pharmacy at a local supermarket on the day I rang up
- Local health centre kept saying no stock in for under 65 yrs, which was frustrating, as it meant ringing back to see in, should be a message advising patients on practice lines that there is a delay, instead of waiting to get through to a human, whom then tells you there is none in stock. This can be off putting; practices need to have stocks in ready.
- Didn't allow my children to have the flu vaccination as it contains porcine which is pork gelatin. I was not offered an alternative or an explanation of what the flu injection contains. The nasal vaccination would not be suitable for children from the Muslim faith but also people from the Jewish faith and Vegans.
- It killed my mother and two other people
- Had a few nasal problems for 1 or 2 days

Development of a mental health safe haven for Manchester

We asked service users and support staff at Back on Track to tell us what a safe space would look like for someone who was experiencing a mental health crisis:

Whats needed	Where it should be	Concerns/managing expectations
Water features	Work in partnership with the Samaritans	People might use it to get out of the cold
Lots of house plants	In the city - open 24 Hours	How will it be policed?
Dehydration therapy	Accessible by public transport after 1am – to get home!	Will it be target driven?
Talking therapies	Base in city centre	Expectations criteria/patient charter
Calming music room	A talking Tardis	Will it have help for homeless
Craft rooms	Have a doctor in police station	The Sanctuary was brilliant, why did it close?
Have professionals and volunteers – same staff is important	Locate the safe space in a police station.	A&E provide proper services if you make a fuss!
Mood room	Maybe a mobile unit like a caravan? Street Angels	How do you keep people safe? Might get drunk people using it
Facilities for a brew and a chat		

Using NHS Services

Primary Care

- Really like the SMS text reminders
- GP only does on the day appointments
- Problems with prescriptions being wrong
- Not sure how to complain
- Nurse appointments to be available on Patient Access
- Publicity of what pharmacists can do, and what they are commissioned to do, in order to reduce pressure on practices
- Extended hours service to be offered more, reception staff should be telling patients
- Do we need to have large walk-in centres, one in north, central and south Manchester?
- If I'm not well I go to the mosque to ask for help
- Absolutely love my GP so kind and helpful

How the NHS works and awareness

- On-line NHS services are useful
- People don't know how the NHS works

Secondary Care

- Hospital food is terrible with no choice
- Waiting times for hospital appointments are too long
- Fix North Manchester General Hospital
- How many patients end up in hospital, whom could have been dealt with in the community (at home), think there is a need to start recording this, to see what the numbers show, and to ask these patients, what lead to being in hospital, why did they not get help sooner? Remember patients ending in hospitals costs more money.
- Looked after so well at North Manchester
- Hospital appointments to see a specialist after 6 months wait, my MRI scan had not been read/returned to the specialist I was to see for a follow up appointment. Also waited a year to see a consultant due to staff shortages.

Homelessness

- No awareness of NHS services for the homeless
- Problems with claiming benefits if no address

The following feedback was collected from conversations at the Greater Manchester and Manchester BME network meeting:

What works well	What could be improved
NHS site is very helpful for those who can use the internet. Information provided to patients works well.	Appointment times for older people so they can use bus pass after 9.30am. Processes of complaints procedures. Advice on importance of exercise and healthy diet. Monitoring of health services provided.
Services – Booking appointments at GP practice is better	Sweatcoin App on phone for doing exercise – this rewards for increasing physical activity. Bad experience using GP – rude, arrogant staff.
Out of Hours GP appointments are great. Longer and later opening hours till 6pm and earlier appts from 7am.	Encouraging and educating people to take responsibility about their own health. Need more digitilised services.
Treatment of children – 90 per cent of my 5 year olds are able to get a same day appointment.	More joined up approach with the VCSE sector to tackle priority challenges from BAME communities eg like Pride in Practice.
Accessible services for younger and older patients.	People should be educated about how to look after themselves. The food we eat and it's health benefits

	- this should start at early stages in school.
There are too many issues that are negative to actually recognise what's good. However we are grateful for the NHS itself.	Early prevention intervention. Early diagnosis. Understanding the needs of some disadvantaged communities.
Not a lot if you are from a BAME background.	Apps that could improve health and fitness and you get rewarded with currency.
Robert Derbishire GP particularly good. Good service, out of hour access, choice of appointment, GP mix	Community engagement work to increase communication between BAME and primary care services. Consistent service across all GP practices.
Gateway C provided to GPs for knowledge of cancer – needs a CQUIN attached to it. I have worked in the NHS for 15 years and I am grateful for the NHS.	Clinicians listening to patient and stop acting as if they know all. Improve translation services. Cookery classes so people can make meals.
	Link community health needs and concerns with services within reach and no wait time – community link workers. Preventative- infrastructure and support for community led wellbeing promotion and behaviour change – sustainable food.
Good treatment approach. Diagnosis is good, living longer with long term conditions	Not good awareness of cancer across BME communities. GP has poor knowledge of cancer. Palliative care in community is poor.
The NHS website and people who is volunteering there is very helpful and ensure you don't get lost.	To make people aware to cook their own food and eat naturally to take responsibility for their own health. To run free courses on nutrition such as give rewards for losing weight, or run exercise classes or free gym
Encouraging people to walk and to exercise to give points for walking. The NHS website is very good.	More money for community services, district nurses. Still have to wait 3 weeks for GP appointment. NHS prices for dental services increased.
Primary Care providers linking up with voluntary organisations to access the needs of local residents. There is improvement from the previous years support. Efficiency and quality is being promoted. Making the services cost effective, not wasting public funds	More money for targeted BME projects. No financial support to support primary care providers for social prescribing.
	Lack of identification of veterans and the armed forces communities and subsequent referral to support.
	Security sharing of pertinent patient information between hospitals and GP practices. Electronic records to help GPs understand how to help patients transferred into care.
	Lack of support for families of those sectioned under the mental health act or living at home, support for families could prevent a relapse or worsening of the condition.