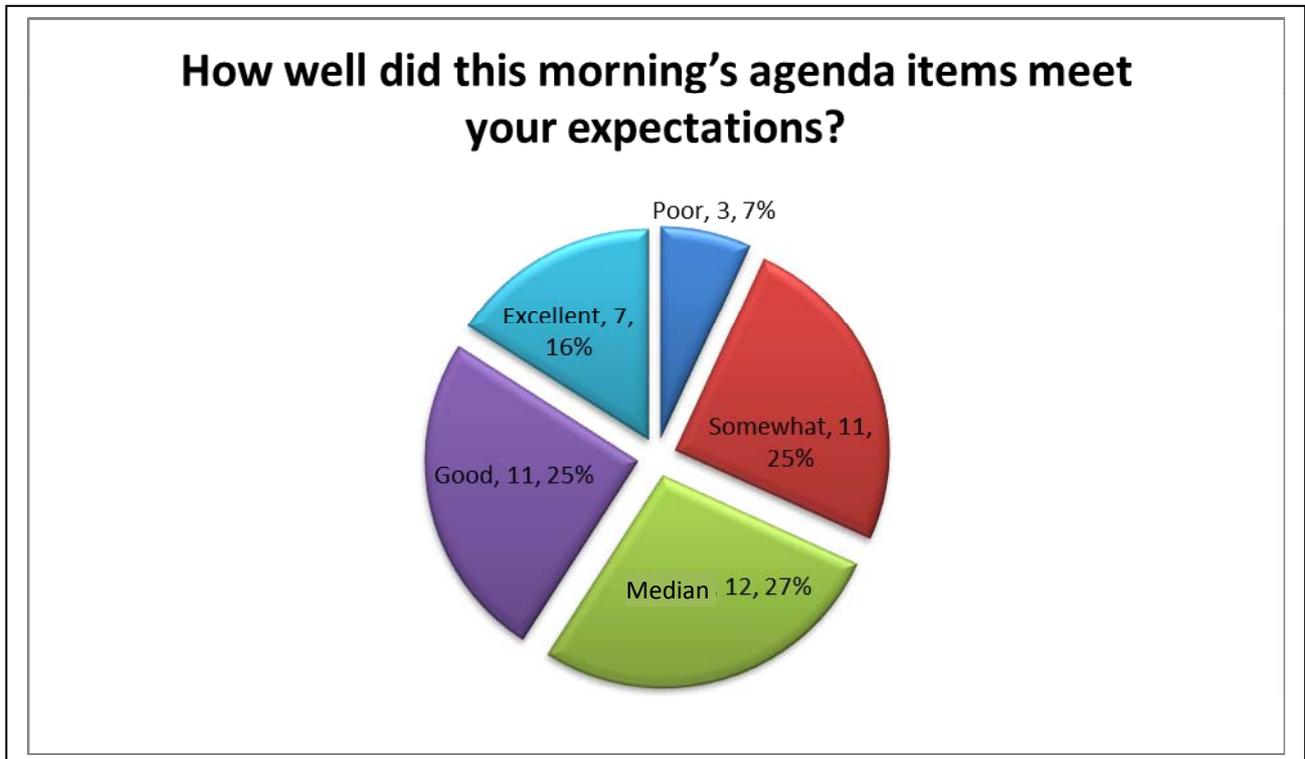


The Bigger Picture Evaluation Feedback

We received 45 evaluation forms from 114 delegates, 25 were completed anonymously



The additional comments we received were:

- Very useful
- Very clear and concise presentation
- Very excellent intro for the day
- Good introduction to the event
- Good start to the Conference
- Some aspects interesting
- I liked the balance of presentation and the 2 person dialogue. Morning worked very well
- Well presented / executed and informative. Focused on the purpose of the day. Sima's presentation was fantastic
- Sima's session was good and set the tone going forward Went downhill from there
- Too vague & theoretical. Too much talk of the patient but without a patient in sight.
- Would have liked more info about services, outcomes, how conflict is resolved, some input from service users? More on future e.g. NHS commissioning.
- It was a shame that more detail on the results, outcomes and actual delivery was not focused upon. Rather, the focus was on the makings of a partnership. Anecdotal discussion reveals delegates were more interested in the inner workings.

The Bigger Picture Evaluation Feedback

- The event seemed to assume a level of knowledge about SLHP and that didn't exist – needed more data on uptake and cost effectiveness and introducing the report. The partnership aspects were interesting but we needed some comparison between the old and new partnership to show added value and how the current SLHP is different and better and worth the current investments
- This morning introduced the partnership well and the presentations from Providers did address some key issues. It would have been good to hear more of what came before and how things have improved
- We didn't get any facts or figures/evaluation for value and efficiency of SLHP. Figures in report not clear
- Not enough concrete examples – too abstract.
- Some good talks that should have led to a meaty afternoon.
- Didn't really have any expectations – but it was useful.
- Dr Mark's talk was fantastic.
- The talk from Dr Mark was very interesting and enjoyable.
- Dr Mark Pakianathan's presentation was the most informative and interesting.
- I was most interested in detailed reporting about user involvement, established and developing partnerships, and a serious swot analysis of current practice. The sessions felt largely self-congratulatory. Dr Pakianathan's session was excellent, but couldn't address key partnership questions.
- Good to hear about structure and development of partnership working, liked mixture of presentation and discussion, would have liked more on the commissioning process.
- I did not feel that this session met its objectives. I felt that, although there was a lot of talk about partnership, there was no real explanation of what, why, when or how. It felt very detached and slightly role-istic than of partnership.
- How are we actually going to move forward, how are we all going to work better together. I wanted to hear about partnership working – hear about success of the partnership – about client and outcomes.

Our response

Thank you for these comments. The aims for the conference, as appeared in the invitation and advance information, were to:

- *“Offer participants a new toolkit to handle commissioning, delivering and evaluating long-term illness services, based on an HIV model*
- *Assess how new partnership working requirements of recent NHS guidelines are affecting service delivery*
- *Set out the terrain of multi-agency, service user focussed health programmes for the coming decade.”*

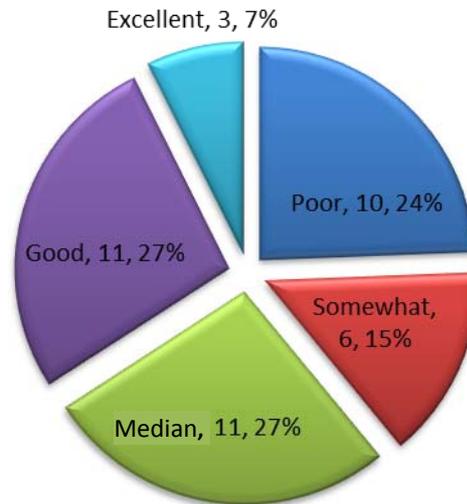
The Bigger Picture Evaluation Feedback

Given the wide audience from outside London and from sectors beyond HIV, the conference emphasised some of the less common aspects of partnership working such as the invitation for 100% feedback from all clients, 360 degree assessment of need, the careful matching of delivery and epidemiology etc. Formal evaluations of SLHP happen in other ways such as the quarterly reporting to stakeholders on finance, outputs and outcomes. As we had a very mixed audience for the conference, the emphasis was on partnership working rather than giving detailed explanations of the services, although this is available in the Bigger Picture Report. Finally the partnership working session by Steve Turner showed exactly the model SLHP has used and continues to use of building trust, handling constructive conflict: in short spending time on making the Partnership work.

Regarding stronger representation of service users, we absolutely agree that this was needed. SLHP service users were invited to attend the conference and some did. Also, during the five months before the conference, we ran several different campaigns to recruit service users, offering a range of personal and anonymous ways of presenting their views. Sufficient numbers of service users did not come forward during this time so we take that as our responsibility to find more creative and appealing ways to recruit for future events. If you would like to get involved in this aspect of SLHP, please get in touch via First Point and let us know.

The Bigger Picture Evaluation Feedback

How well did this afternoon's agenda items meet your expectations?



We also received these comments

- Very clear and concise presentation.
- Very well and better organised than the morning sessions.
- Didn't really have any expectations – but it was useful.
- I had expected more on the outcomes of the SLHP, rather than a theoretical seminar on collaboration.
- No data on outcomes/impact despite the assertion that this would be forthcoming.
- "Data is really exciting" was a dull session – it would have been helpful to brighten it up with some slides. Useful info – poorly presented.
- The data workshop did not focus on outcomes in any way.
- Data information clear and concise.
- Data session was good and Q&A
- Some interesting input on data and data protection issues. Would like some data presented, maybe a bit of a demonstration of how it works.
- Again, the session was virtually entirely lacking in detail, particularly about the data.
- The sessions with providers needed to be longer, this was the bread and butter on service provision and should have been at least 45 mins – there was very little guidance about how to use the provider sessions.
- The afternoon felt more like a sales pitch for various companies that have been engaged by the partnership.
- Pitched too low.

The Bigger Picture Evaluation Feedback

- Again too abstract.
- Boring and pointless. Costs involved must be high and ultimately a waste.
- “What makes a perfect partnership” – was not specific to the SLHP which should have been the focus of the event
- “Data is interesting” – how many service users were interviewed in user satisfaction survey?
- Up Close and Personal – wrong location – too far apart over the room but suspect not possible to have in the coffee area.
- Didn’t really like the informal “sitting room” presentation.
- Self-congratulatory. Totally inadequate attempts at Q&A. Written questions selected and censored – weak. Patients’ voice side-lined.
- Very disappointed at taking such a big block of time away from SLHP reporting – why?

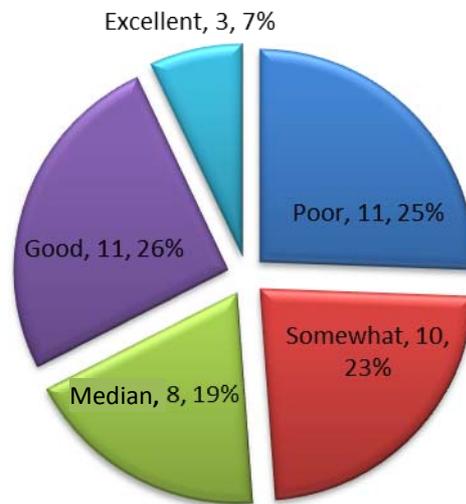
The aim of the conference, as cited in the advance information and the detailed agenda distributed ahead of the conference, was to provide people who are considering developing partnerships like the SLHP with the tools and processes that SLHP uses, so participants could make up their own minds about what would be useful for them to adopt for their own partnerships.

To respond to 2 specific questions:

- *Every service user is invited to provide feedback and, of those who chose to take up this option, all are contacted and their views represented. This process happens once a service user has completed their initial involvement with SLHP. At time of writing, 868 service users have provided feedback with the following levels of satisfaction - Very good 39.5%, Good 37.3%, Average 14.1%, Poor & Very Poor both 1.1% and No Answer 7%.*
- *As we explained during the Q&A session we received a large number of questions. So we could get through as many questions as possible on the day in the time available we combined questions when they were identical or very similar. All of the questions appear on the SLHP website in full.*

The Bigger Picture Evaluation Feedback

How well did this session on developing and managing partnerships meet your expectations?



Some of the comments we received:

- Liked/enjoyed it because it was interactive.
- I liked and enjoyed the learning by doing. Very engaging and interactive – exactly what was needed for the “graveyard shift”.
- Clearly a very well put together session but not really appropriate.
- Hmmmmmm nice guy, but not too sure how relevant this was to us.
- Irrelevant to my job/service. Didn't benefit me at all.
- I didn't see the relevance of a practical session on team building at today's conference. The allowance of 75 minutes to a session on partnership working as a business modelled theory represents a missed opportunity. Breakdown of the conference shows 25% was spent on the Bramley Lakes exercise – less than value for expense of the Conference.
- Relevance to the Conference? Not a strong enough foundation in terms of information on the partnership to be able to use this session effectively.
- I wasn't entirely sure of the relevance of this section and it took too large a chunk of conference.
- Really interesting and very useful for team/partnership building. However we're (I'm) not here for this! Inappropriate.
- What was all this for / about?
- Wanted to hear about SLHP outcomes, not be lectured about teamwork. We as a group of conference attendees are here to think about commissioning and providing partnerships – we're not a team!
- I'm not really sure what the aim of this was – it was not useful and I certainly did not feel that I have left with any useable tools to help collaboration.

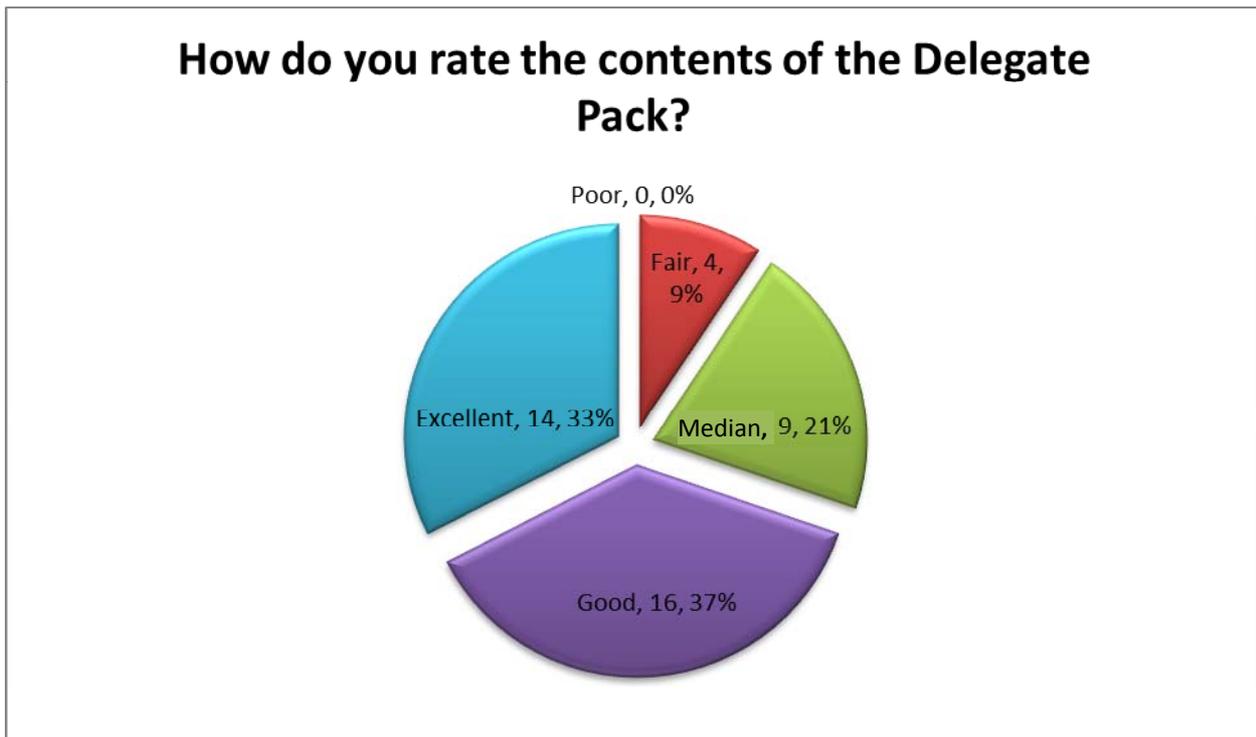
The Bigger Picture Evaluation Feedback

- No criticism of Stephen but good idea but wrong for the day. Would have liked to look more at the contents of the Bigger Picture Report. This took the focus away from SLHP results.
- SLHP – P = Partnership. Why have we sat through a presentation – sorry lecture on “Teamwork”? This was not relevant. I wanted to hear about outcomes – cost per client – results etc. I feel sorry for the presenter. The SLHP brings existing teams together to work in partnership. This is not a team
- Not relevant at all Who booked them, how much did this cost?
- Stephen Turner’s session good in context but not for a conference and taking up 25% of time. Cost? Waste of time.
- I thought it was a mistake to try to fit what was clearly a lengthy workshop into such a short period of time, and its inclusion allowed SLHP to avoid detailed reporting.
- Did not understand relevance.
- Misplaced – waste of time – the speaker did not judge his audience at all well.
- A little patronising! Too much management speak.
- Lacking organisation, partnership was mentioned and explained over and over again.
- I was a bit lost with this session, not sure how much it was meant to influence me/us.
- A little *rushed*.
- Too rushed – time.
- Last part of this session was very rushed.
- Not enough time.
- This session could have been longer.
- Again – a bit abstract. Would have liked more on cross-organisational partnership. Would have liked some exploration [illegible] e.g. cultural and power conflict.

Our response

Using our own experience and mindful that others will indeed have very different experiences, when SLHP was remodelled, a significant emphasis was placed on the realities of partnership working. Not surprisingly we found that just bringing multiple agencies into a partnership did not mean they could instantly work well together. So SLHP committed a proportion of its time to developing and making its partnership work using the tools, techniques and models outlined in this presentation. We felt it was important to show the processes that SLHP has worked through for participants interested in setting up their own similar partnerships

The Bigger Picture Evaluation Feedback



We also received these comments:

- Very good.
- Excellent report – The Big Picture
- Very good pack with well presented materials which are very informative.
- The delegate packs were very well put together but the benefits could have been explained to increase delegate benefit. Generally there was a missed opportunity to sell and promote the benefits of the SLHP. I still have many unanswered questions on provision providers, care pathways and met and unmet need.
- The report was good to have. Would have liked other materials from the partnership in there.
- Why is Ergo allowed to advertise their company and services in this pack? Why not the organisations that provide the services: First Point, THT etc.
- Not sure about company advertising – Bristol Myers Squibb, Ergo – assume they sponsored the costs of the Conference? Like the look of the report – wanted to be taken through it. Would have liked more on finances and commissioning processes.
- Too expensive. Used to advertise Ergo! Not appropriate!
- Looked pretty but ultimately useless and expensive.
- The final report is useful. The pack as a whole looks expensive – suitable in the current economic climate?
- Looked fantastic and well organised, but missing crucial information on outcomes, impact of VFM.
- It would have been great to include the PowerPoint presentations.
- Many of us wanted more detailed reporting in the Delegate Packs.

The Bigger Picture Evaluation Feedback

Our response

As part of our environmental and value for money commitment, we took the decision to make individual service information available from the stands at the conference and the “Up close and personal” sessions where participants talked directly with providers. This meant that participants could pick up the printed information they wanted and information they did not want was not wasted by being inserted into packs.

As is typical for conferences, we needed some kind of pack to make information available to participants and again, as part of our value for money commitment, all of the pack contents were fully sponsored. This meant that there was no cost to the NHS for the conference pack. Specifically Ergo paid for the entire cost of the reusable conference folder and none of its cost was covered by NHS funds.

Other comments received on the day

- Very useful as a team building exercise and useful to meet others in the partnership.
- It was great putting faces to the familiar names and also discussing with the different organisations within the partnership.
- Can we have the presentations please? *Yes they are available for download from the SLHP website www.slhp.org.uk*
- There was some very interesting data that was presented. Based on the data, there was lack of African representation.
- Some stronger data would be useful e.g detailed breakdown of point of service user referral; financial details etc (value for money of the programme of work.) *This data is available in the Data Network chapter of the Bigger Picture Report. The focus of the next SLHP report will be more in-depth information on both Outcomes of the partnership and VFM modelling, available early in 2011.*
- I think there could have been much more about sharing the actual outcomes of the partnership. Perhaps some service users could have presented? I also, from the meet the providers’ session, established some real holes. It would have been good to hear more about lessons learnt from the front of conference as well as next steps. I thought some of the questions in the interactive session were a bit presumptive and bordered on heterosexist.
- Peer Support Group(s) should have had a bit of time to explain how they work and what they do.
- Empirical examples were needed but not provided. Too much of a self-congratulatory exercise – not enough time for questions. Patients’ voice was absent from the event. £6bn govt spending cuts are being announced – this event was a waste of good money that could have been better spent elsewhere.
- Patronised! I don’t think the day was value for money.

The Bigger Picture Evaluation Feedback

- Got to spend time with some people I needed to catch up with. Good venue, if a bit out of the way. Good food.
- Very slow, repetitive and duplicated. All theory, no practice. Expensive PR exercise?
- A well organised event, delicious lunch – I was disappointed in the gap in representation of the black communities in the actual conference, yet they form the bigger part of users.
- The day seemed expensive, questioning value for money.
- Location quite a distance but facilities good. Questionable whether benefit of the event warranted the expense of staging the event. Rather sadly I feel I've wasted my day as I've not got much from the day. Wasted time and money.
- I struggled to see the relevance of it and it provided no benefit to me or my job. Why are we giving adverts for Ergo?
- Thanks for organising, difficult to please everyone and well worth having.
- The timekeeping went a little awry. I felt that "conversations" at 11 am, 12 and 15.35 felt like a dull political debate and could have either been a Q&A session individually or more interactive in their presentation – the information was itself of interest, just a poor way to deliver it.
- A missed opportunity Given the turnout of delegates. A boring non-aspiring [sic] day. What was the aim of the day? What objectives did you want to achieve? Include more partners, commissioners etc in setting the agenda next time.
- Great to share best practice and gain insights into partnership working in South London.
- Fruitful day, wonderful.
- Most if not all of the attendees went to the event out of interest about the partnership provision and how it works. People would have wanted detailed information about -service provision - work streams (I appreciate that the walk around the providers was intended to offer that but too little time was given to that) -data on the reach of the programme in terms of clients served (some of this is in the report but this needed to be shown as part of the conference and data explanations given) -what clients are saying about the service and information about the service user involvement function -future developments We heard alot [sic] about how good the partnership is but with little information as to why and how and frame of reference as to what went before. The sentiment was that it was hoped that the programme was cost effective but we had no evidence presented in support of that One of tye [sic] most frustrating things was that we heard that there is so much data available and yet none was shared as part of the conference!
- It was a scandalous waste of public money which failed to share anything about the outcomes for service users of the SLHP. The conference appeared to be a shameless promotional vehicle for Ergo Consulting.
- The presenters of the team working session had no idea about their audience. How could anyone ask this audience if they "had kids and had taught them to ride a bike". Way off the mark guys.
- Why money was wasted on plastic folders and A4 inserts which gratuitously promoted Ergo: a private company of consultants?

The Bigger Picture Evaluation Feedback

- I feel really sorry for the guys who were asked to do a presentation on "team working" - team working and partnership working are two very different things. The SLHP is a partnership. Why were METRO allowed to talk about themselves and not about the outcomes for the service users? What value do Ergo actual bring to the SLHP? Id [sic] love to know the cost of the conference including how much it costs to have three different companies of consultants take the stage throughout the day. How much did it cost to print the glossy report? A complete waste of money. A summary on a few sheets of A4 and an online PDF to view in advance would have satisfied. People living with HIV, who live in South London and are struggling to make ends meet, would be angered to hear us talk about whether or not the SLHP would consider debating covering service user travel expenses when the SLHP has no problems whatsoever squandering money on this conference. Let's stop the NHS throwing cash at money-wasting conferences like this - get rid of the consultants and their fees and instead focus on the people that matter - the people living with HIV in South London. Let's help them help themselves. Let's NOT help Ergo line their own pockets at the expense of people living with HIV in South London.
- Why were none of the providers asked to submit materials which promoted their services and allowed to put those in the folders?

Several of the above comments relate to cost which we agree are of critical concern and we can happily correct a number of these issues. The conference was sponsored by several private organisations who provided delegates with free resources. Had we needed to purchase these, this would indeed have been a significant cost to the NHS but by having them fully funded by supporting organisations and negotiating hard for substantial savings on venue and support costs, we saved considerable money.

The primary aims of the conference were to encourage other groups of health commissioners and providers to collaborate more closely in their own field so they can improve the quality of service for service users and reduce the overall cost of delivery. The potential for improved services for people living with HIV and the opportunities for saving substantial amounts of money of just one authority adopting this approach far outweighs the tightly managed cost of the SLHP conference. We are pleased to say that, as a result of attending the Bigger Picture conference, a number of major authorities in England are already developing their own partnership programmes adapted from the learning and experience of SLHP.

Finally we received a number of questions during the conference and below we reproduce the responses (some questions are grouped together for ease of reference):

- 1 As Dr Mark indicated, evidence has revealed that people with most complex needs are better supported by grass-root community organisations that receive referrals not only from First Point but other major NHS Trusts, why is it then that most of the Commissioning services ensure that budgets are narrowed down at this level?

The Bigger Picture Evaluation Feedback

Within the current system, clients have a choice of being referred to services within the South London Partnership directly from NHS care providers who have already assessed needs or clients can self-refer for assessment through First Point.

- 2 Is it possible to apply a bottom up approach in order to effectively address need; especially in funding terms?

The SLHP model is based on a continuous assessment of need, so we offer every service user at every contact the opportunity to provide feedback and tell us of met and unmet needs. Our view (and of course there are other views) is that this is a good way of getting 'bottom-up' input from existing service users. But this misses people who are not currently using services and we are setting up stronger processes to get input for this group.

As well as service users, we also think it is important to get bottom-up input from service providers and other stakeholders and SLHP has run a number of communications and live events (including the Bigger Picture Conference) to do this. SLHP takes soundings from individuals and groups at all levels and acts on this wherever practical.

- 3 Dr Mark Pakianathan. We are hearing a lot of sanctimonious, patronising, tokenistic crap about 'putting clients at the centre'. St George's has a Patients Forum – would you please outline how this brings the patients' voice into clinical practice, and to what effect.

St Georges Healthcare NHS Trust takes its responsibility to our HIV patient forum very seriously and act on feedback where improvements in patient care can be achieved. We are proud of working in partnership with our patients. Our numerous achievements include direct influence of patients on the Trusts' HIV management meetings; changes in the way home delivery of antiretroviral occur for our clients who further improved confidentiality; improvement in pharmacy waiting times; and improvement in the clinic environment. Our patients also run a website providing information to other patients. We are therefore able to respond quickly with information e.g. during the swine flu outbreak. Our closer working relationship has also brought the clinic closer to the community with St Georges Healthcare NHS Trust staff contributing to peer support meetings where some clients have had opportunities to ask questions they may not have felt comfortable asking in a clinic environment. The patient voice, far from tokenistic, has true impact at St George's.

Staffs at St Georges and our patients are at the start of our journey of working in partnership. There is a lot further to go and more to achieve and we acknowledge that this will continue to challenge us all. Thankfully we haven't been stifled by cynicism and continue to be inspired by a commitment and passion for working together in partnership to improve our services.

The Bigger Picture Evaluation Feedback

- 4 How do you bring the voice of service users / patient's voice into commissioning and delivering services: is consultation just lip service?

There are over 10,000 people living with an HIV diagnosis in South London and the SLHP aim is for every one of these people to have a direct say in their own treatment and care services. We have set up ways in which service users can easily give input and we contact every person registered with SLHP who consents to this and take their feedback. Most importantly we always go back to the person who raised issues with us and discuss the outcome with them. Sometimes we can change things, sometimes it is not feasible to make a particular change, so for us consultation is real, responsive and critical to the future of commissioning and service provision.

- 5 Why did you choose to lecture us on teamwork rather than report on the actual outcomes of SLHP? Not what I came here for! What a missed opportunity. Are you saying teams are the same thing as partnerships?

Teams and Partnerships

One of the reasons we think SLHP has worked well in many areas without some of the problems of other collaborations is that SLHP spent a lot of effort on building effective partnerships and teams who can work together even if they are not from the same organisation. We have used many of the tools and techniques presented at The Bigger Picture for building teams and the Partnership as a whole. Partnerships work best when teams are developed to undertake specific pieces of work to deliver the whole.

Outcomes and achievements

The Bigger Picture Report details many of the outcomes the Partnership has achieved so far particularly in the data sections on pages 34 to 41 but also written right through the report. Everything from implementing the SLHP data network with a client group where most people said it would be impossible to get anyone to register, yet we have over 2,000 services users registered and that number is growing daily; building the collaborations between third sector and clinical providers; carrying out combined strategic commissioning; bringing together a range of service providers to all work toward an integrated set of client objectives: these are some of the achievements we have detailed in The Bigger Picture Report.

Pleasing all of the people ...

In drawing up any conference, stakeholders said very clearly they did not want the conference to repeat content from the Bigger Picture Report which they could read for themselves. Given the wide interests and backgrounds of the 130+ people attending we can appreciate not every person gets exactly the conference experience they would like. We distributed an agenda with full details of each of the sessions so everyone could know the day's content in advance and the conference was oversubscribed on that basis.

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6a Pg. 36 of The Bigger Picture Report. *There are 1,036 registered 'Black' clients of which 840 are Africans.* The membership of the partnership and set up of today has not reflected this.

6b Why hasn't this conference balanced out by having speakers / evidence from the Black clientele?

6c Are we talking 'tokenism' here?

Of the nine major presentations during The Bigger Picture Conference, five were delivered by or included presenters who describe themselves, in their own words, as 'black' or 'non-white.' which is in line with the number of SLHP services users who identified themselves 'black'. Our plan is certainly to ensure that The Bigger Picture represents the target population although we do recruit expert presenters from their areas of specialism rather than selecting them on their demographic profile which we agree would be tokenism.

7 In building partnerships there is a danger of eliminating small but representative organisations due to their lack of capacity. Where is the partnership / representation evidence from this user group which forms the majority of the clientele?

We agree that it is important for all relevant groups to be represented and served by partnerships. For SLHP service users this means that services are delivered across South London and are open to anyone with an HIV positive diagnosis regardless of the age, gender, sexuality, ethnicity, disability status or any other demographic analysis.

For provider organisations, as far as commissioning is concerned we have been particularly aware of the disproportionate effect submitting service applications can have on smaller organisations. For this reason we made our original service specifications and application processes as clear and as streamlined as possible. Perhaps most relevantly, SLHP is trialling a hub-and-spoke model of peer support which gives access to SLHP funding to even the smallest of organisations that have something to offer SLHP service users. There are more details on this in The Bigger Picture Report (pages 31-32). We also suggest to commissioners outside SLHP (The Bigger Picture Report page 63) that developing the capacity of smaller organisations to join a partnership is a vital part of building sustainable partnerships.

8 What proportion of SLHP service users enter the service via First Point now and can people still enter services directly through the provider work streams i.e. counselling, Peer Support?

9 Can people access SLHP not via First Point?

Yes certainly service users can enter the Partnership via any partner member or indeed from referral from outside the Partnership. We do think there is real added value to the majority of clients in entering the Partnership via First Point, so we give every new service user the opportunity to talk through their range of needs with First Point, but this is optional and is never a barrier to entry to the Partnership.

The Bigger Picture Evaluation Feedback

- 10 What is the process for cascading information about new service provision ie how was the information about the Hub and Spoke model for Peer Support cascaded to Local Authority and wider services?

SLHP has and is continuing to develop its own internal and external communications strategy which is designed to let everyone within the Partnership know about service provision and then for our external communications to reflect what is currently happening. SLHP reports every quarter to a commissioning executive group that represents all funding organisations and disseminates information to its representative locality.

As we say in The Bigger Picture Report (page 62) we don't see that it is ever possible to say communication is now 'done' we can stop, there is always a need to communication and consult, communicate and consult and then communicate and consult some more.

- 11 What proportion of SOPHID caseload in SL are using SLHP?

There are approximately 10,000 people currently living with an HIV positive diagnosis who are in contact with health services in South London. At the time of writing (June 2010) SLHP has just over 2,000 registered clients, so 2 out of every 10 SOPHID reported individuals are receiving services from SLHP.

- 15 When will the evaluation be available? The outcomes? The impact? And value for money information?

SLHP continually carries out and evaluates its service: this is an intrinsic part of the SLHP 'model.' Every quarter SLHP's Monitoring, Evaluation and Verification arm reports to commissioners on the previous quarter's delivery. Importantly MVE also reports directly to Partnership members each quarter so they can see trends, identify weaknesses and take swift action to respond to service user needs. It is not perfect, but we think continuous evaluation is significantly more helpful than waiting to the end of a year or 2-year programme.

Historically the retendering of the South London HIV Partnership has been a cost effective exercise collaboratively commissioning health and social care services across a larger geographical map, avoiding duplication and replication of services and providing services according to need. The budget has been reduced and more effective outcomes for clients achieved which are measurable and quantifiable.

- 16 How does (do) the partnership (providers) give feedback on emerging trends and unmet need?

SLHP providers meet more than 8 times per year as a complete group and groups within SLHP meet more frequently for specific subject areas. At these sessions partners report on issues they are facing and trends they are identifying. SLHP also uses data from the data network and particularly from the MVE function (see above) to gather information on where

The Bigger Picture Evaluation Feedback

we are not fully meeting needs or where there are unmet needs. We are also implementing a wider user-involvement plan which will cast a much wider net to capture needs that SLHP is not currently aware of or meeting satisfactorily.

- 17 What does your information sharing protocol look like? Did you develop it from scratch or 'borrow' it?

Our information sharing protocol has been exclusively developed for the Partnership to address service delivery through our varying providers and, taking into account how we share and use information within and beyond the Partnership, no patient identifiable data is shared unless informed consent is given by the individual to do so. This protects confidentiality but also allows providers to give holistic attention based on need to deliver the best service to the client.

- 18 Can you clarify the first table on page 34 of the report. Is the 1818 figure the number of people registered with SLHP?

Yes the 1818 is the number of people registered with SLHP broken down by Borough. At time of writing (June 2010) this is now over 2,000.

- 20 What are the care and support needs of the growing diagnoses (writing difficult to read) of HIV+ population in the 21st century? AND are we confident these are met through the SLHP?

Unfortunately we could not read all your writing, but, if we have understood the gist of your question, SLHP's view is that it is not possible for anyone to fully 'know' what the treatment and care needs are of everyone living with HIV. The SLHP model includes a way to offer every single service user an easy way to let us know of unmet need and we analyse this data and share it among partners. Of course what this misses are the needs of people **not** using SLHP services. This is even more complex to assess but we are looking into ways we can begin to get this kind of feedback. 47% of people who responded said that their needs were 'fully met' and a further 34% said they were 'partially met'. An 81% positive response rate is encouraging but certainly no cause for complacency. It still leaves 19% of people who do not feel their needs are well met and as we said above we do not yet know what the needs of people who do not currently use SLHP are so we are aware there is a long way to go.

- 22 Can you please accurately and in detail define the outcomes you are mentioning. What they are?

How they are measured?

And who measures them (ie collects the data)?

We collate a lot of outcomes based data according to service provision using tools like CORE scores and life checks. We are able to measure a client's pre and post service delivery intervention score and measurable change following intervention. The data is collected by each individual provider and reported to the commissioning group. The Partnership is

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hoping to present all its outcomes data in our next report which will be available early in 2011.

23 What do you mean by outcomes – measured – reported?

The section on pages 34 to 41 of The Bigger Picture Report gives some information on the Partnership's outputs, outcomes and other measurements such as coverage, match with SOPHID data etc. SLHP's ultimate outcomes will be to measure things like the number of late HIV diagnoses (decreasing) and the number of people achieving specific clinical objectives. You could easily say that SLHP is miles from this now, and we would be the first to agree. This is a critical part of the SLHP model. We know it is impossible for anyone to get this kind of perfect data so we have built our data network to start capturing this information so we can analyse the trends over time and we started out with outcomes based on the best evidence available. As we say on page 56 of The Bigger Picture Report *'The outcome measures we have in place this year are already better than those we had in place last year, and the ones we are developing for next year are even more refined.'*

24 THT and NAM. Nowhere did we hear that patients had been consulted, let alone involved, in any decision to bring THT/NAM 'health support' into clinics. THT said that there has been some resistance from clinics; might this institutional arrogance be the reason why?

There was a long and detailed consultation and involvement process with clinical staff and with service users before taking the health trainer model into clinics. Could it have been much better: yes absolutely! The feedback to date points to two key issues, first the initial coordination service, which was commissioned by SLHP, failed to meet its targets and was decommissioned. This meant that many of the strong relationships that are so important to build early on were not well developed and only when the new coordination function was appointed (First Point) did these relationships begin to fully develop. First Point say more on this in The Bigger Picture Report pages 12 - 15. Second many front-line clinic staff later told us that, while the senior clinician in their clinic may have been consulted, this information was not always cascaded onto all members of staff so sometime it was a surprise for an individual member of staff to find out about SLHP. The need for even more, even better communications is something we cite in a number of places in the report. We have never wanted to say that SHLP got everything right or has everything in place now: we still have miles to go and we hope The Bigger Picture Report provides some inspiration for others to set up and run their own partnership that work even better than SLHP does.

25 Questions for NAM. Given the NAT Report on HIV and poverty – how many positive people can join [the presenter] in the hotel lounge? And what is NAM doing to increase the percentage that can join [the presenter] in the future? (Editor's note, the presenter set the scene for this interview-based presentation by humorously asking participants to imagine they were sitting in a hotel lounge).

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The NAT and CRUSAID report Poverty <http://www.nat.org.uk/Our-thinking/People-in-greatest-need/Poverty.aspx> and HIV from 2006 (if this is the one you are referring to) does indeed cite poverty as a major factor in HIV and health outcomes - a point made in our second presentation at The Bigger Picture conference from NHS Croydon's Deputy Chief Executive. To make sure that poverty is not a barrier all SLHP services are provided free of charge to anyone with an HIV positive diagnosis in South London. Services are delivered in a range of locations across South London limiting the need for people with HIV to travel long distances to appointments and assessments are available over the phone or in a service user's home if they have specialist needs. NAM provides its specialist HIV treatment information free of charge to individuals living with HIV, and through its website www.aidsmap.com the most up to date HIV treatment and prevention information is available to anyone who has internet access.

- 26 How do smaller organisations access SLHP + funding?
Every commissioner is aware that applying for funding can be disproportionately demanding on small organisations. SLHP developed very clear service specifications and cast a wide net in seeking organisations to bid wanting to include a number of smaller organisations. SLHP is also trialling the hub-and-spoke peer support model which is specifically designed to bring smaller organisations into the Partnership. On the other hand commissioners have a responsibility to manage public money effectively and organisations that cannot demonstrate strategic and financial capabilities and be able to meet NHS procurement guidelines may not be suitable for commissioning. If you represent a small(er) organisation and have ideas on how commissioning can be made more smaller-organisation-friendly, we would love to hear from them.
27. Can you say how many service users are currently using commissioned services?
28. Using the data network how many service users are registered with SLHP?
As of early June 2010, there are over 2,000 service users using commissioned services.
The data published in The Bigger Picture report shows 1818 clients registered.
- 29 Does your Single Point of Access do follow up assessment? How do you work issues of contact and consent?
Clients can come back to First Point for an update assessment any time they choose. We think this is critical because over time services change and perhaps more importantly people's needs change too. For those service users who have **actively consented** (i.e. opted in) and said they would like SLHP to follow up with them, First Point also carries out active follow up. This helps bring people like Joseph (page 15 of The Bigger Picture Report) back into services even if they have been out of touch for some time. We do not have a single point of access but for the client to get the best services from SLHP we encourage all

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providers to promote and drive clients to first point for a full needs assessment, ideally a single point of access would be most beneficial but as a partnership we understand that the client is the best judge of which service they require and are able to access accordingly.

30 Can you make a copy of your common assessment available?

Again, our common assessment framework is very specific for managing the health and social care needs of PLWH in South London and was developed specifically for the Partnership to deliver service provision. We are currently looking at making our policies and protocols available on our website as an ongoing partnership development.

31 What involvement did your Providers have in developing your common assessment?

This was an early task for the Partnership and every provider was invited to contribute. We went through many interactions to produce something that was sufficiently detailed to give enough information and sufficiently easy to fill in that people would want to complete it. It was difficult to get right and a good test of our partnership working.

32 What proportion of your investment/spend is on your data network?

It varies over time. Naturally we spend less running it now than we did in setting it up but on average it represents approximately 5% of the total budget.