



**Ipswich and East Suffolk  
Clinical Commissioning Group**

# *Patient Partnership Conference*

**Tuesday, 31 May 2016**



**9.00am - 1.00pm**

**Kesgrave Conference Centre  
Twelve Acre Approach  
Kesgrave IP5 1JF**

On 31 May 2016, the Ipswich and East Suffolk CCG hosted our inaugural Patient Partnership Conference.

Members of the public had an opportunity to find out more about what the CCG has done in the past year and to find out about its plans and priorities for 2016/17. Invited guests from other local healthcare organisations including Ipswich Hospital NHS Trust, Norfolk and Suffolk NHS Foundation Trust and Suffolk Community Healthcare also presented at the conference and joined representatives from the CCG for a Q&A session.

The CCG has looked at all the comments and feedback from the event, which we will use when planning health care services.

This report documents the comments from the workshop discussions and the themes arising from those discussions.

## Workshop 1 – Comments and themes arising:

### How would you like to be engaged with the CCG going forward?

Engagement Methods	
<ul style="list-style-type: none"> <li>▪ Power of social media and phones</li> <li>▪ Communication – not just via the website</li> <li>▪ Some service users do not access the internet</li> <li>▪ Increase CCG proactively with public to bring them to events</li> <li>▪ Provide hard copies of Engage newsletter</li> <li>▪ Organisations should be encouraged to bring a service user along to events</li> <li>▪ Funding for respite and carers to be invited</li> <li>▪ Timing of an event – a 9am start is not easy to commit to</li> <li>▪ WSCCG Patient Revolution – 2 further slots later in the day</li> <li>▪ CCG minibus to attend? Have GP surgeries as pick up points?</li> <li>▪ How can we work more face-to-face with CCGs, GPs?</li> <li>▪ The CCG engages patients at the wrong point</li> <li>▪ Trusted information streams               <ul style="list-style-type: none"> <li>- Word of mouth</li> <li>- Newspapers</li> <li>- Groups</li> <li>- Go out together to share information and engagement</li> <li>- Too many acronyms</li> </ul> </li> <li>▪ Doesn't engage the public until after the services are designed</li> <li>▪ Need to look at the whole patient from the beginning of their healthcare pathway – “this is our problem, help us find a solution.”</li> <li>▪ Have real conversations, be open and transparent</li> <li>▪ Enable patients and the public to take ownership rather than doing things for them</li> </ul>	<ul style="list-style-type: none"> <li>▪ Attending more shows – not just Suffolk Show</li> <li>▪ Promoting CCG website on social media</li> <li>▪ Attend meetings at Rushbrook House               <ul style="list-style-type: none"> <li>- Guided tours</li> <li>- Introduction to staff/departments at the CCG</li> <li>- What do they do?</li> </ul> </li> <li>▪ Screens at schools having information</li> <li>▪ Communicating               <ul style="list-style-type: none"> <li>- Way of using words, language is important</li> <li>- Explain how CCG has made a difference, not just statements</li> </ul> </li> <li>▪ Feedback from GB meetings</li> <li>▪ Social media</li> <li>▪ Twitter</li> <li>▪ CCG needs to raise public face/profile</li> <li>▪ Realistic stories, get messages out to public</li> <li>▪ Be braver/bolder</li> <li>▪ Lay members to be more prominent and available</li> <li>▪ Cultural shift – attitudes need to be changed</li> <li>▪ get info about meetings too close to the event</li> <li>▪ As much notice as possible needed</li> <li>▪ West Suffolk               <ul style="list-style-type: none"> <li>- A lot more notice</li> <li>- More publicity</li> <li>- More info as to who the event is aimed at</li> <li>- What will be included</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>▪ Need for a culture change, the CCG needs to avoid having a “we know better” attitude</li> <li>▪ Communications – directory of contacts</li> <li>▪ Engagement needs to be in different ways</li> <li>▪ More of events like today's!</li> <li>▪ Leaflets or posters promoting CCG involvement</li> <li>▪ Questionnaires sent out by ambulance service</li> <li>▪ Libraries, surgeries, comms centres to enable access for low-tech people</li> <li>▪ More effort of publicity</li> <li>▪ Nurses – word of mouth</li> <li>▪ Communicating <ul style="list-style-type: none"> <li>- Way of using words, language is important</li> <li>- Explain how CCG has made a difference, not just statements</li> </ul> </li> <li>▪ Feedback from GB meetings</li> <li>▪ Social media</li> <li>▪ Twitter</li> <li>▪ CCG needs to raise public face/profile</li> <li>▪ get info about meetings too close to the event</li> <li>▪ As much notice as possible needed</li> <li>▪ West Suffolk <ul style="list-style-type: none"> <li>- A lot more notice</li> <li>- More publicity</li> <li>- More info as to who the event is aimed at</li> <li>- What will be included</li> <li>- More publicity in GP surgeries</li> </ul> </li> <li>▪ Coffee mornings in practices</li> <li>▪ Cultural shift – attitudes need to be changed</li> <li>▪ Lay members to be more prominent and available</li> </ul>	<ul style="list-style-type: none"> <li>- More publicity in GP surgeries</li> <li>▪ User groups going into hospitals – very helpful</li> <li>▪ Supermarkets used for publicity, as well as pharmacies</li> <li>▪ Easier to give feedback on hospitals/GP practices</li> <li>▪ Adapt a ward for user groups to go into</li> <li>▪ Make it easier and more joined up to give/receive feedback</li> <li>▪ Coffee mornings in practices</li> <li>▪ Trusted information streams <ul style="list-style-type: none"> <li>- Word of mouth</li> <li>- Newspapers</li> <li>- Groups</li> <li>- Go out together to share information and engagement</li> <li>- Too many acronyms</li> </ul> </li> <li>▪ cut the jargon</li> <li>▪ use plain English</li> <li>▪ make leaflets easy to understand</li> <li>▪ Needs to be a balance of both hard copy material and online material</li> <li>▪ Ipswich Hospital A&amp;E department often neglect to display any information on their screens</li> <li>▪ More translated materials should be made available</li> <li>▪ Make it easier and more joined up to give/receive feedback</li> <li>▪ User groups going into hospitals – very helpful</li> <li>▪ Supermarkets used for publicity, as well as pharmacies</li> <li>▪ Easier to give feedback on hospitals/GP practices</li> <li>▪ Realistic stories, get messages out to public</li> </ul>
--	--

## Co-Ordination within the Community and with other Organisations

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Community transport             <ul style="list-style-type: none"> <li>- Cars share to PPG meeting</li> <li>- CRB checks for those transporting vulnerable/young people</li> </ul> </li> <li>▪ Voluntary sector/practice links</li> <li>▪ Volunteers – VASP</li> <li>▪ Local area co-ordinating</li> <li>▪ Working more with voluntary sectors e.g. VAS</li> <li>▪ Need someone on a full time basis to collect info to a central point so that volunteer services and GPs can find each other</li> <li>▪ Ambulance service patient group             <ul style="list-style-type: none"> <li>- 19 CCGs are covered by this patient group</li> <li>- Medical history container in the fridge (meds, DNRs etc)</li> <li>- “Message in a wallet” now being promoted</li> </ul> </li> <li>▪ IP3, IP4 and Sudbury all part of Integrated Care and health pilot             <ul style="list-style-type: none"> <li>- Taken over initially identified year but others coming on board now</li> <li>- SCH, ACS, CCG etc involved</li> <li>- Need names and contacts</li> <li>- CCG should identify contact points to enable networking and missing out vital contacts between services</li> <li>- 3 years delay to set up service due to lack of contacts and no clues as to who to contact</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>▪ Greater participation by charities – when the CCG commissions services it needs to have closer involvement with the voluntary sector e.g. young carers</li> <li>▪ Contract the CCG e.g. Suffolk Family Carers can contract the CCG, more joint working and co-operation between organisations</li> <li>▪ Knowing where to look. Hub on the website to look for other organisations/groups/patients/community groups to get involved with</li> <li>▪ More links with voluntary sector</li> <li>▪ Vulnerable people need a voice, it’s easier and less scary to go to a charity rather than the provider/CCG</li> <li>▪ Needs to be improved atmosphere for patients to come forward and voice their concerns or views.</li> <li>▪ One-stop shop – v. confusing as to who does what and where to go as so many organisations providing different services. CCG, Healthwatch all providers, voluntary sectors</li> <li>▪ District Council             <ul style="list-style-type: none"> <li>- ICN – leisure provider</li> <li>- 35 years – importance of communicating both ways</li> <li>- Learn about health priorities and CCG priorities</li> </ul> </li> </ul> |
|---|--|

Role of Patient Participation Groups	Educating the Public
<ul style="list-style-type: none"> <li>• Social connection with PPGs</li> <li>• Never seen posters at GP surgeries advertising the Patient Participation Conference or PPGs</li> <li>• Utilise the PPGs – these can work with the CCG via COO</li> <li>• The intention of the PPGs is great - but in some areas, it's not embraced as to what it could be doing, it focuses on more mundane matters. Do PPGs need to learn from each other?</li> <li>• Every month a PPG could send in one positive and one negative comment/patient story to gain feedback</li> <li>• PPG information evenings – success varies depending on the topic and times</li> </ul>	<ul style="list-style-type: none"> <li>▪ First aid for everyone - what to do in the event of seizures/diabetes</li> <li>▪ Pharmacy awareness – what can they offer young people?</li> <li>▪ Education – make patients aware of what is available OTC</li> <li>▪ Take responsibility for ourselves</li> <li>▪ How to use NHS resources</li> <li>▪ Education around what and where to go <ul style="list-style-type: none"> <li>- Pharmacy or dentist instead of GP</li> <li>- 111 service – NHS direct replacement for those seeking advice</li> <li>- Promote restricted prescribing</li> </ul> </li> <li>▪ Does there need to be more focus on prevention with the general public?</li> </ul>
Youth Engagement	
<ul style="list-style-type: none"> <li>▪ CCG &amp; YEAH! attending schools to deliver message</li> <li>▪ Trinity Park event – year 10s – repeat this</li> <li>▪ Distribution of newsletter to all schools</li> <li>▪ Promoting CCG website on social media</li> <li>▪ Much more engagement needed with schools</li> <li>▪ Make sure schools push help with mental health</li> <li>▪ School nurse needs to be introduced and awareness needs to be raised about who they are, where they are, what they deal with</li> </ul>	<ul style="list-style-type: none"> <li>▪ Can the school nurse signpost towards other areas i.e. mental health</li> <li>▪ Pharmacy awareness – what can they offer young people?</li> <li>▪ Drug/alcohol awareness in schools</li> <li>▪ YEAH! page on website needs to be more user friendly</li> <li>▪ Looking to liaise with toddler groups and ways in which to engage with youth and work with YEAH!</li> <li>▪ Peer group working in schools</li> </ul>

## Workshop 2 – Comments and themes arising:

### Your views on the big health questions – Stretching the CCG's £££

NHS Staffing Issues	Wastage of Resources/Time/Medicine
<ul style="list-style-type: none"> <li>▪ GP and nurse recruitment</li> <li>▪ Recruitment and retention – promote this issue as a very significant one that really needs to be addressed</li> <li>▪ Decrease of agency and bank staff</li> <li>▪ Decrease of education to degree level i.e. nursing should not have got rid of diplomas</li> <li>▪ To help retention of staff – standardise pay scales across the country</li> <li>▪ Fishing in a small pool – we need to pay attention to staff and are also looking at rotational roles for particular staff to keep them</li> <li>▪ Request for more community matrons</li> <li>▪ GP practice less attractive to newly qualified doctors – hospital environment more appealing</li> <li>▪ Regional training</li> <li>▪ Bad location – Cambridge, London, Norwich for training/uni, stay there and don't move to Ipswich</li> <li>▪ Subsidizing Cambridge Medical School and getting nothing in return</li> <li>▪ Grow the talent and lower level clinicians</li> <li>▪ New university could help devise the right courses locally</li> <li>▪ NHS 111               <ul style="list-style-type: none"> <li>- Now costing NHS more money.</li> <li>- Cost cutting – stopped using GPs to triage</li> <li>- Using nurses – further cuts using non-clinical professionals</li> <li>- People using algorithms that are very risk averse therefore more ambulances being called and more patients sent to A&amp;E</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Why do unused drugs that are returned to the surgery have to be binned?</li> <li>▪ Education should start early as to Medicines waste and what's not needed so patients don't grow up with unrealistic expectations.</li> <li>▪ Admission prevention               <ul style="list-style-type: none"> <li>- Are services being used appropriately?</li> <li>- Is this a consultant led service?</li> </ul> </li> <li>▪ Waste at IHT and waste in meds management</li> <li>▪ Should we be finding non-emergency operations or should there be a patient contribution?               <ul style="list-style-type: none"> <li>- i.e. gastric bands, smokers, ETOH</li> </ul> </li> <li>▪ Explore charging for DNAs to reduce waste               <ul style="list-style-type: none"> <li>- Overcome in some practices by on the day appointments</li> </ul> </li> <li>▪ Meds waste               <ul style="list-style-type: none"> <li>- Why pay more for a prescription than the medication costs?</li> <li>- Promote where you can buy an alternative over the counter medication to a prescribed one</li> <li>- Medication waste when patients are admitted to hospital – has this been explored?</li> </ul> </li> <li>▪ We need to ensure we provide the services that are most appropriate and are used for the right reason and working with EEAST to improve services.</li> <li>▪ Need the discussion about euthanasia, as we are keeping people alive and we should allow them to die with dignity</li> </ul>

## Educating the Public/Encouraging Self-care

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ There should be something available like a website/booklet which signposts people to self-management, peer support groups, expert patient programme, voluntary organisations, hospital car service etc. This would be particularly helpful when a patient has come out of the hospital after having surgery.</li> <li>▪ What is going to be done around prevention? (e.g. obesity)             <ul style="list-style-type: none"> <li>- Education</li> <li>- Self-care</li> </ul> </li> <li>▪ What are the repercussions when you challenge your care?             <ul style="list-style-type: none"> <li>- Continuity of care with one person</li> <li>- Access to people who act as advocates</li> <li>- Boundaries when sharing info</li> <li>- “discovering” vs recovering</li> </ul> </li> <li>▪ Personal Health Budgets should be advertised better as the CCG doesn't seem to have put much information out there regarding these.</li> <li>▪ More information on how you keep number fit and healthy</li> </ul> | <ul style="list-style-type: none"> <li>▪ UTI Dipsticks - is there any reason why patients shouldn't be able to dip their own urine to find out if they have a UTI or not, this would free up both time from the clinician doing the dipping, and would also free up prescribing time if the patient is well informed about their own condition.</li> <li>▪ Patient contribution to cost of care – is thing being discussed?</li> <li>▪ Expert patients – someone who know about their own condition</li> <li>▪ Patients’ voices important – involved in care and making big decisions</li> <li>▪ Personal Health Budgets             <ul style="list-style-type: none"> <li>- Partnership</li> <li>- How to grow this partnership</li> <li>- On-going conversations</li> </ul> </li> <li>▪ Living well with conditions and emotional wellbeing</li> <li>▪ Self-help groups are not linked</li> <li>▪ Making it possible for people to increasingly self-manage their repeat prescribing requests</li> </ul> |
|--|---|

## GP Practice Issues

- Reduction in bureaucracy
  - In GP surgeries
  - Could this be achieved through a “super practice”
- Significant differences in the county for GP access – should this be the case?
- Changing demographics
  - Finding the resources
  - Community hubs in rural areas supported by health workers
  - Sign-posting GPs are the first point of contact
  - Spread the workload between HCP and voluntary sector
- What about economies of scope? Super practices
  - There would be issues in rural areas
  - Should work well in Ipswich
  - Mobile GPs? Home visits take so much time but OOH have much more mobile resources

## Improved Communication within and outside of the NHS

- Community transport
  - Cars share to PPG meeting
  - CRB checks for those transporting vulnerable/young people
- Importance of community healthcare to prevent need to go into hospital and return with relationship with social services
- Night-time discharges from hospital – CAT night cover is small, does this need to be expanded?
- How can the voluntary sector be used to manage less complex input?
- CAT is a thin bridging service
- Every level involved at meetings – patients, practitioners, providers and commissioners
- Investing in social care will keep people out of need for medical intervention
- Community based care for an aging hospital
- Hospitals have a lack of transfer of knowledge of patients
  - Example: orthopaedic cases – no communication between staff about patients
  - Case study: “one of the things I experienced is when I had hernia problems. Ipswich Hospital refused to operate on me because of a complex heart condition. I ended up having it done at the Royal Brompton Hospital under their supervision. It would be nicer for Ipswich to learn more about someone such as myself to save me traveling to London for surgery.”
- Father who was having end of life care had a continual stream of people visiting him and a community nurse needed a better bed. Couldn't transfer him to a better bed. Had to wait seven hours for an ambulance to lift him.

Those who attend the event were asked to complete a Feedback form about the event. The feedback is collated over the next few pages.

**What do you feel were the strengths of this conference?**

<p><b>Organisation</b></p> <ul style="list-style-type: none"> <li>- Well organised (x 3)</li> <li>- Well chaired and structured</li> <li>- Kept to the agenda</li> <li>- Very well organised</li> <li>- Timings throughout event was good</li> <li>- Presentations and Q&amp;A session a good length</li> </ul>	<p><b>Q&amp;A Session</b></p> <ul style="list-style-type: none"> <li>- Approach different departments in terms of producing Accessible Information</li> <li>- Liked the Q&amp;A</li> <li>- Q&amp;A session very good</li> <li>- Willingness of the speaker panel to respond to difficult questions</li> <li>- Gives a forum to voice opinion</li> </ul>
<p><b>Collaboration</b></p> <ul style="list-style-type: none"> <li>- Interaction between NHS staff and the public</li> <li>- Opportunity for discussion around the table</li> <li>- Table exercises were better than the presenters</li> <li>- Great diverse group</li> <li>- Being able to meet members of other PPGs</li> <li>- Communication around the table was excellent</li> <li>- Links between different parts of health service clearly demonstrated</li> <li>- Excellent range of speakers, especially YEAH!</li> <li>- Getting a good range of NHS professionals together</li> <li>- Getting various arms of the NHS and local services together</li> </ul>	<p><b>Special Mention to YEAH!</b></p> <ul style="list-style-type: none"> <li>- Ellie from YEAH! was exceptional</li> <li>- YEAH! presentation was a strength (x 2)</li> <li>- Youngsters were present and their perspectives of the healthcare system were included</li> <li>- The talks by the CEP, PPG and YEAH! representatives</li> <li>- Excellent speech by YEAH! presenter</li> <li>- YEAH! speaker was excellent</li> <li>- Excellent range of speakers, especially YEAH!</li> <li>- Eleanor Hardwick was very good</li> </ul>
	<p><b>Information</b></p> <ul style="list-style-type: none"> <li>- LOTS of information given in a short space of time</li> <li>- To hear about all the other organisations' work</li> <li>- Quality of presentations and bullet point display</li> <li>- Frontline practitioners in attendance who knew their subjects</li> <li>- Good overall information</li> <li>- Lots of detailed information</li> <li>- It explained a lot of things I was ignorant about</li> <li>- Found the conference very beneficial and informative</li> <li>- Content of presentations</li> </ul>

## Will you do anything different as a result of this conference?

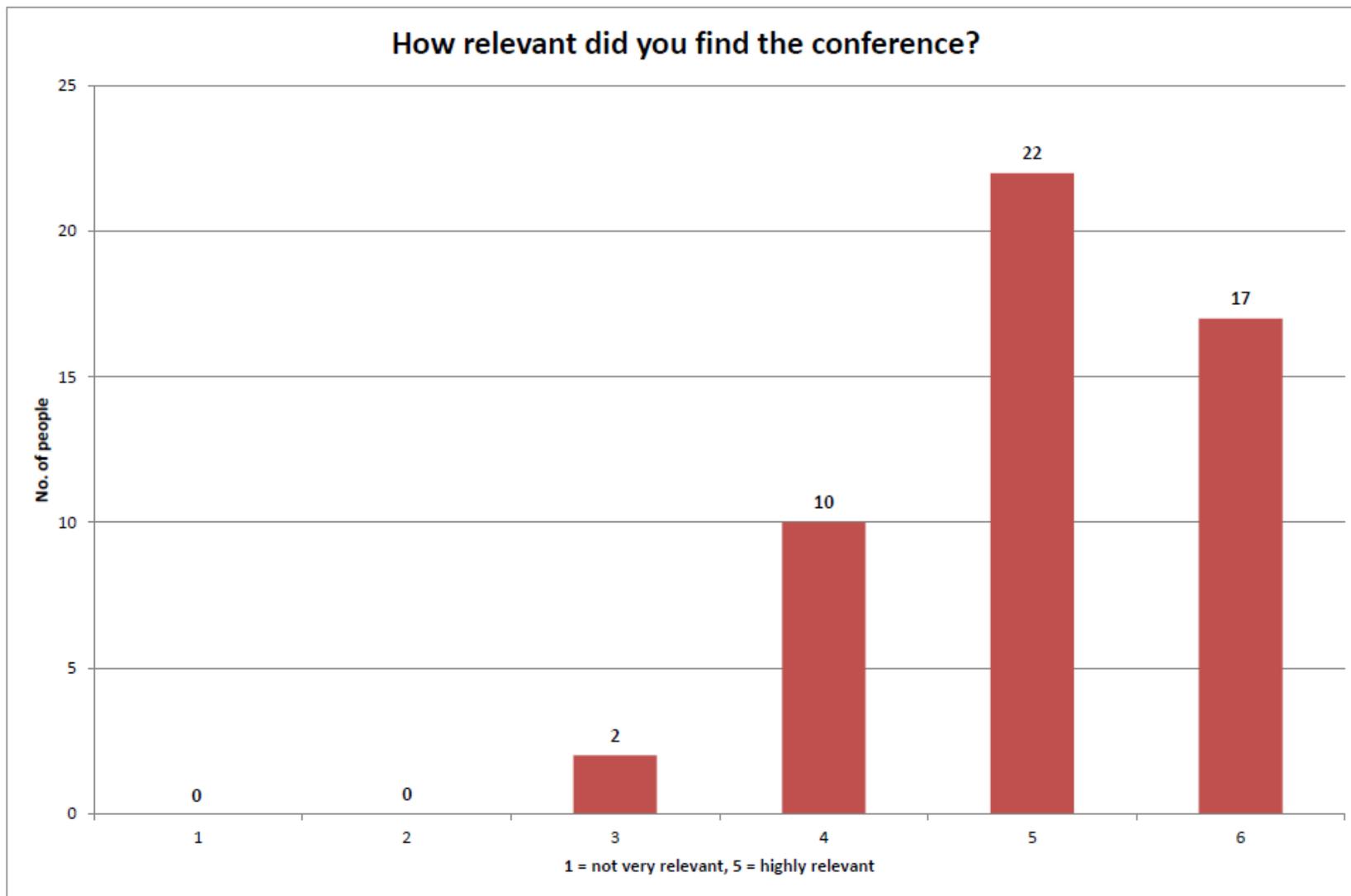
<p><b>PPG Membership</b></p> <ul style="list-style-type: none"> <li>- Check PPG arrangements at GP practice and consider participating/becoming a member</li> <li>- Find out more about my local PPG and how to get involved</li> <li>- Continue on the PPG rather than retiring</li> <li>- Recruitment of younger people – can YEAH! help?</li> <li>- Encourage more PPG members to attend</li> <li>- Feedback to my PPG – recommend their attendance at future conferences</li> </ul>	<p><b>Inter-sector Communication</b></p> <ul style="list-style-type: none"> <li>- Approach different departments in terms of producing Accessible Information</li> <li>- Endeavor to share and collaborate with other sector’s information</li> <li>- To work more with the CCG</li> <li>- Look out for results i.e. EPP, signposting in partnership with the CCG</li> <li>- Dwell more on communication at my PPG group (Wickham Market) and work with Integrated Care, Health &amp; Social Wellbeing project</li> </ul>
<p><b>Patient and Public Involvement</b></p> <ul style="list-style-type: none"> <li>- Look for “real” patient involvement</li> <li>- Look up expert patient details</li> <li>- Obtain more patient and public feedback</li> <li>- Promote patient partnership with members</li> </ul>	<p><b>PPG Operations</b></p> <ul style="list-style-type: none"> <li>- Look into hosting a family carer workshop that supports them to self-administer medication that would take pressure of GPs</li> <li>- Found out about a good idea from another PPG group that we will try using at our PPG</li> <li>- Consider preparing less wordy leaflets</li> <li>- Work on information for LD community regarding cancer screening programmes</li> <li>- Inspired to communicate more with our patient group – maybe publish our own newsletter?</li> <li>- I will seek to have a “simple NHS family tree” in every GP/hospital reception area</li> </ul>

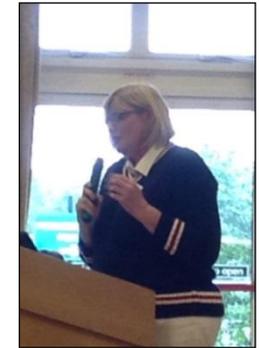
## How could this conference have been improved?

Equipment	Conference Structure
<ul style="list-style-type: none"> <li>- Clearer presentations (on the screen)</li> <li>- Better microphone and speaker system (we were individuals who have hearing loss)</li> <li>- Better PA system</li> <li>- Better microphone</li> <li>- Improve the sound</li> <li>- Some speakers kept moving the microphone and spoke too fast making it difficult to understand</li> <li>- Improve lighting levels so that presentation is brighter and clearer to read</li> <li>- Laptop computer/tablets on each table to show websites of interest</li> <li>- Having the presentations available either as hardcopy or electronically</li> <li>- Badges printed in big print which stay attached!</li> <li>- Microphone</li> <li>- Better audio equipment</li> <li>- For non-digital attendees, a hard copy of the slide presentations would be useful</li> <li>- Have more than one microphone available for the Q&amp;A session</li> <li>- A lot of the facts could have been delivered as a fact sheet for people to read</li> <li>- Possible brief handouts could be provided by individual speakers containing salient points of their presentations</li> </ul>	<ul style="list-style-type: none"> <li>- It would have been better to talk about each presentation after it had finished</li> <li>- One presentation after the other can be too much to take in – BEWARE DEATH BY PRESENTATION!</li> <li>- Would have been nice to ask questions during the presentations</li> <li>- Questions could maybe have been submitted in advance</li> <li>- Sitting and listening was a little bit tedious</li> <li>- Fewer speakers</li> <li>- Have presentations at the beginning so that discussions could take place before the break and have activities afterwards</li> <li>- Allow more time for attendees to think up questions for the panel</li> <li>- Hold conference later in the day</li> <li>- Have more chance/time allocated for networking</li> <li>- Hold later in the day</li> <li>- Allow possibility for more interaction between the tables rather than just focused on whoever is at your table</li> <li>- Could possibly do with having more time</li> <li>- Q&amp;A session after each speaker</li> <li>- Would like to have had a chance to question individual speakers after they had finished their presentations</li> <li>- Not enough time to view displays at the back of the room</li> <li>- Conference should be held monthly/annually</li> </ul>

<p><b>Patient Involvement</b></p> <ul style="list-style-type: none"> <li>- Could have included patient stories and case studies</li> <li>- More focus on the patient experience</li> <li>- The event could have been more helpful if it had been delivered as a two way conversation, gaining ideas from patients</li> <li>- Focus on getting patients as well as professionals to attend, it was mainly partners and PPG/CEP members. Think about how to engage patients who are not on the CCG's radar</li> <li>- Have a patient speaker give talk about their experience/journey through the healthcare system</li> <li>- To listen more to what the audience are doing</li> <li>- More diversity reflecting the population of Ipswich and East Suffolk</li> <li>- More patient input into the agenda</li> <li>- More patient stories</li> <li>- Pair the interests of people on the tables to representatives from the CCG so that they can have a more productive discussion</li> </ul> <p>The information that was delivered in the presentations could have been given to us as a booklet or leaflet. We could then have spent more time focusing on genuine engagement. I acknowledge the need for showing how well we are meeting targets but today would have been a great opportunity to explore if patient experiences reflect these statistics or if there is more to be done to achieve genuinely good patient experience</p> <ul style="list-style-type: none"> <li>- Also, instead of consultation and engagement etc. look at and use co-production as a way of achieving goals</li> </ul>
<p><b>Language</b></p> <ul style="list-style-type: none"> <li>- Presentations were dull and in particular difficult to understand for some of the attendees</li> <li>- Language too technical</li> <li>- Would like more relevant information, not stats</li> <li>- Clearer focus on service provision and delivery</li> <li>- Language use – using the word “them” to refer to patients and referring to information going “up and down” – this contributes to making it not feel like a partnership</li> <li>- Use PLAIN ENGLISH</li> <li>- Too much jargon, keep it simple</li> <li>- Presentations interesting but not necessarily easy to follow and understand if you're not involved in the sector</li> </ul>







## involving people ... improving health

### Contact us

There are lots of ways to get in touch with us and to get involved with local healthcare.

NHS Ipswich and East Suffolk CCG  
Rushbrook House  
Paper Mill Lane  
Bramford  
Ipswich IP8 4DE

Tel: 01473 770000

Email: [ipswichandeastsuffolk.ccg@nhs.net](mailto:ipswichandeastsuffolk.ccg@nhs.net)

Online: [www.ipswichandeastsuffolkccg.nhs.uk](http://www.ipswichandeastsuffolkccg.nhs.uk)



### Find out more

Our website features the latest news and an up-to-date events calendar - to keep you informed and involved in our decision-making. The website also has local practice job vacancies, and tips on how to stay living well in Suffolk.

[www.ipswichandeastsuffolkccg.nhs.uk](http://www.ipswichandeastsuffolkccg.nhs.uk)

© NHS Ipswich and East Suffolk Clinical Commissioning Group 2016