Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

Our Draft Patient and Public Involvement Policy Provisions

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1. The Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) was formed on the 1st April 2018; combining the skills and expertise from across the three areas of Bristol, North Somerset and South Gloucestershire. As a single CCG, BNSSG CCG recognises the importance of effective involvement, engagement and participation and the impact it can have. It ensures that people are at the heart of what we do, that we work with our citizens to co-produce and shape services, and that we apply the principles of values-based healthcare. This will help us to fulfil our goals, values and overall vision of: "*Healthy, fulfilled lives for everyone*".

2. The National Health Service and BNSSG CCG see the role of listening to and taking into account the experiences and views of all those who use NHS services as central to the way we work.

    - This commitment is set-out in the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), which states that citizens have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions affecting the operation of those services (including monitoring and review of services). This act and other legal duties are referenced in more detail in Appendix 1.1.

    - For the purposes of consistency and clarity in this policy, we use the terms involvement, engagement and participation throughout. These terms are intended to include the many different forms of patient and public involvement as described in the 'ladder of co-production' developed by Think Local Act Personal in 2016. For more information on the ladder of co-production please refer to Appendix 1.2. For a definition of these terms please refer to Appendix 1.3.

3. This policy sets-out how BNSSG CCG will ensure our citizens can expect meaningful involvement, engagement and participation in the development, implementation and review of healthcare and wellbeing policies and services across our region. It will also set out how we will ensure all information shared is accessible for all individuals and groups.

- This policy has been developed alongside several other policies such as our equality, diversity and inclusion strategy and our information governance policy. The policy will also be supported by resources to guide all CCG staff on how to apply the principal commitments and methods of involvement, engagement and participation outlined in this policy.

4. We define involvement, engagement and participation as giving all citizens of the BNSSG CCG area the opportunity to contribute to the development and review of healthcare and wellbeing policies and services in a way that is accessible and meaningful to them.

    - We define meaningful as complying with the principles and commitments set out below.

    - The principles and commitments of this policy will also ensure that every piece of involvement, engagement and participation we do is made known to everyone who may want to contribute and is fully accessible to them if they wish to take part.

5. All our involvement, engagement and participation work will be based on the following principles:

    - **Accessibility and inclusion** – ensuring that all who wish to contribute to discussions around policies and services are given the opportunity to do so; proactively addressing the barriers for some individuals and groups and ensuring all information is accessible in preferred formats.

- **Embrace diversity and respect and value the knowledge of all individuals** – all opinions, feelings and thoughts should be equally valued, regardless of culture, background, experience and knowledge; taking positive action to ensure the views from underrepresented individuals, groups and/or marginalised communities are heard and recognised.

- **Clarity, transparency and integrity** – building trust from the outset between all stakeholders; ensuring that all individuals and groups are clear on the purpose, process and outcomes of involvement, engagement and participation (in particular around the level of influence their feedback will have on the decisions to be made).

- **Timely and realistic** – ensuring that all involvement, engagement and participation is timely, realistic and planned around a clear timetable, giving all individuals and groups enough time to properly consider and respond.

- **'You said…we did'** – ensuring that the benefits of involvement, engagement and participation are clear for all by closing the feedback loop; providing clear and consistent feedback and reporting on the outcomes of involvement, engagement and participation. This will include how the CCG has acknowledged and acted upon the implications. If the CCG is not able to respond or act upon feedback received we will always explain why we have not been able to do so.

6. In all of our involvement, engagement and participation work we will make sure that:

    a. Involvement, engagement and participation will be part of every stage in the commissioning cycle (from strategic planning to commissioning services and including monitoring and evaluation).

    b. Every appropriate policy and service development, change or review the CCG has responsibility for must be informed by involvement, engagement and participation.

    c. All CCG staff are aware of their responsibilities and how they can obtain support for involvement, engagement and participation activities.

    d. We use equality impact assessments to identify at the start of the process any groups of individuals or organisations we especially need to hear from, and demonstrate how we will involve and engage with them.

    e. The involvement, engagement and participation process is planned around a clear and realistic timetable that is appropriate for the methods of involvement, engagement and participation and that enables all individuals and groups to take part. We will include a clear explanation of how this timetable was selected and what influenced this decision.

    f. We define what the involvement, engagement and participation methods are, including how and why they have been chosen and who chose those methods.

g. We make clear what the process of involvement, engagement and participation will be.

h. It is clear how the decision-making process will be influenced by the involvement, engagement and participation activities, including what the decision-making process will be following the involvement, engagement and participation phase.

i. There is a clear explanation of what can or cannot be changed as a result of the involvement, engagement and participation and why.

j. All parts of the involvement, engagement and participation process are fully publicised and fully accessible (wherever the relevant guidelines and regulations permit us to).

k. We review the process during and at its end to make sure we capture key learnings, identify what could be improved, and act upon these learnings in the future.

l. We summarise the outcome of the involvement, engagement and participation and demonstrate how the involvement, engagement and participation informed and guided decision making. This will include what we have heard, what we have learned and how we have acknowledged or acted upon feedback.

m. We respect the privacy and confidentiality of all individuals involved in our involvement, engagement and participation activities. We will ensure that we comply with data protection legislation and provide participants with appropriate details about how we will use their information.

7. BNSSG CCG understands that the type of involvement, engagement and participation will be different on each issue, depending on the issue being consulted about. The following are just a few examples and additional case studies will be available with the supporting resources:

    - The decision to close a GP practice due to financial difficulties is a good example of a change that cannot be avoided but will have a significant impact on citizens. In this situation we would embark on a consultation exercise before closing the practice to ensure that we listen to and recognise any concerns of our citizens and work to mitigate or address these concerns.

    - The decision to relocate the podiatry services commissioned by the CCG is a good example where citizens can influence the impact and consequences of change. In this situation we would conduct a public engagement exercise, to understand the priorities of our citizens and collect feedback, comments and preferences on the proposed changes.

    - Planning for the commissioning of a new diabetes education service is a good example where citizens can influence the design of a service or policy as an equal stakeholder right from the start. In this example we would co-produce the design of the new service in equal partnership with citizens and people with lived experience.

8. BNSSG CCG will always listen to and take into account what is said but may not be able to fully respond to, and act upon, all the feedback received through involvement, engagement and participation. There will be different reasons for this and we will always explain why we have not been able to do so. We accept that some citizens may be unhappy with the outcome if they feel their views have not been acted upon.

9. BNSSG CCG will develop a clear action plan to show how this policy will be delivered. The action plan and the policy will be monitored by the CCGs Patient and Public Involvement Forum (PPIF) and our GPs patient participation groups (PPG).

10. The role of the patient and public involvement forum and the public participation groups is outlined below:

   - The BNSSG PPIF is a non-statutory sub-committee of the CCG Governing body and the chairperson is the lay member for patient and public involvement.

   - The CCG Governing body is made up mostly of GPs and clinical representatives and its role is to ensure that we function effectively and economically.

   - In contrast, the BNSSG PPIF is made up mostly of representatives from the public and voluntary organisations and includes representatives from Healthwatch BNSSG, the chairperson of each of the three area PPIFs, and representatives from anchor organisations reflecting BNSSG CCG strategic priorities including mental health, children and young people, older people, accessibility, equality and inclusion.

   - The role of the BNSSG PPIF is to provide strategic leadership for patient and public involvement and equality and inclusion in the CCG. The BNSSG PPIF monitors that the CCG is meeting its statutory duties for these two areas and reports back to the CCG Governing Body. BNSSG PPIF meets every two months, rotating localities and venues across the BNSSG area. The BNSSG PPIF feeds into and is informed by the three area PPIF groups.

   - The PPIF area groups reflect and represent our three areas: Bristol, North Somerset and South Gloucestershire. These groups support the BNSSG PPIF by acting on local area patient and public involvement needs, as well as strategic patient and public involvement needs as informed by the BNSSG PPIF. The chairperson of each area group feeds into and is informed by the BNSSG PPIF.

- Patient participation groups (PPGs) are independent groups who work with their local GP practices to act as a forum to monitor how the practice is run and share suggestions and ideas for improvements. The chairperson of each of these groups feed into and is informed by the three area PPIF groups.

11. This policy will be reviewed annually. The action plan will be reviewed on a bi-annual basis.

Appendix:

1.1. Legal Duties and National Policy Guidelines

Section 14Z2 of the NHS Act 2006, as amended by the Health and Social Care Act 2012 sets out what clinical commissioning groups must do to make arrangements to involve and consult patients and the public in:

- The planning of commissioning arrangements and provision of services.
- The development and consideration of proposals for changes in the way services are provided.
- Decisions to be made by the clinical commissioning group that impact or affect how services are run.

Section 3a of the NHS Constitution for England 2012 gives the following right to citizens and service users: *"You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services."*

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the ground of the following 'protected characteristics'

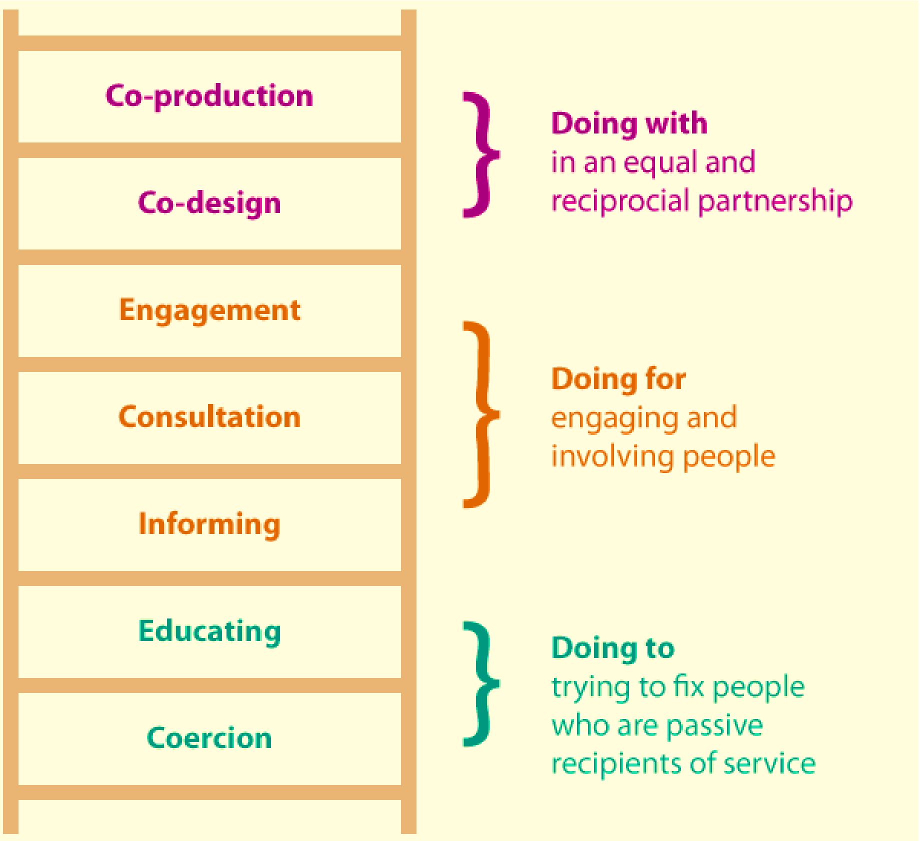
- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex and sexual orientation

The public sector equality duty as outlined in section 149 of the Equality Act 2010 requires clinical commissioning groups to have ‘due regard’ to the need to:

- Eliminate discrimination that is unlawful under the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

1.2. Ladder of co-production

The ladder of co-production describes a series of steps towards co-production in involvement, engagement and participation activities in health and social care.



It was created in 2016 by members of the National Co-production advisory group and more information on the ladder can be found here: https://www.thinklocalactpersonal.org.uk/Latest/Co-production-The-ladder-of-co-production/

1.3. Jargon buster

The following jargon buster has been adapted from the Think Local Act Personal Jargon Buster (https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/).

Please see below for the following definitions of the key terms used in this policy:

Commissioning - **The process of planning services for a group of people who live in a particular area**. It does not always mean paying for services, but making sure that the services people need are available in that area.

Commissioning cycle – the diagram below helps to identify ways in which patients and the public can engage and participate in the different stages of the commissioning cycle:

Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

Examples of commissioning activities include:

- **Planning**: The development of a CCG policy for the commissioning of diabetes services
- **Proposals for change**: Development of options for the reshaping of A&E services in a particular area
- **Operational decisions**: Making changes to the services or the location of services e.g. the closure of a fracture clinic

Clinical commissioning group (CCG) - A group of GP practices in a particular area that plans and designs health services. Each CCG is given a budget from NHS England to spend on a wide range of services that include hospital care, rehabilitation and community-based.

Statutory – Information and guidance from the Government explaining how specific laws such as the Health and Social Care Act 2012 should be put into practice and what they mean for people.

Non-statutory – If something is non-statutory, it is not required by law and such information, guidance or decisions are based on customs or precedents.

Involvement - **The involvement of people who use services in the way that those services are designed, delivered and run**. It may be an opportunity to use your experiences to make a particular service work better, and to be involved in decisions about things that affect you. User involvement takes different forms in different organisations, from voicing your opinion to getting actively involved in the way a service is run.

Engagement - Where you have the opportunity to express your own views to professionals and say what you need, as well as being properly supported through the process.

Participation - **Taking part in decisions about things that affect you and other people**. This may be about your own day-to-day life, such as what to eat or how to spend your time, or about how a service or organisation is run. It is more than consultation: you should not just be asked your view, but should be able to have an influence over the final decision.

Consultation - **An invitation to express your views and opinions about a particular service or proposed change, before any final decisions are taken**. Your local council, NHS and organisations that provide services may consult you before making a change that will affect you. You may be able to give your views in writing or in discussion at a meeting.

Co-design - **When you are involved in designing and planning services, based on your experiences and ideas**. You may expect to work with professionals to design how a new service could work, or to share your experiences in order to help a service improve.

Co-production - **When you as an individual are involved as an equal partner in designing the support and services you receive**. Co-production recognises that people who use health and social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need health and social care.