Bristol, North Somerset
and South Gloucestershire
Clinical Commissioning Group

Patient and Public Involvement (PPI) Strategy

Shaping better health

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Patient and Public Involvement (PPI) Strategy

The PPI strategy forms part of a wider set of initiatives across the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG).

The overall vision for PPI within our CCG is to deliver a better understanding of the needs and desires of our citizens to help us make better decisions and ultimately to shape better health outcomes

1. Introduction

This document sets out how Bristol, North Somerset and South Gloucestershire (BNSSG) CCG will approach the engagement and involvement of patients, public and other critical stakeholders. We believe that if we are able to do this successfully, we will be able to ensure that services can be commissioned and improved based on patient experience, stakeholder feedback and community need. Bristol, North Somerset and South Gloucestershire CCG is the NHS organisation responsible for planning, buying and monitoring the majority of healthcare services for the 1 million people who live in our area. We are a membership organisation, led by GPs from the 85 General Practices in Bristol, North Somerset and South Gloucestershire (BNSSG).

Included within this document are the following:
- The key context which sits behind the strategy
- The aims and objectives of our Patient and Public Involvement Strategy
- Some key details about how our Patient and Public Involvement will work in practice

This document has been written by the Bristol, North Somerset and South Gloucestershire CCG's Insight and Public Engagement team and the content has been considered by the CCG's Patient and Public

Involvement Fora, which represent the patient and public views of citizens across our region.

2. Background

Bristol, North Somerset and South Gloucestershire (BNSSG) CCG was formed in April 2018.

Our responsibilities fall into three key areas:

- We work with patients and partners to plan health services for BNSSG residents, based on the identified needs of our population
- We commission (purchase) health services to meet these needs
- We monitor the quality of the services we commission, to make sure that they continue to meet local needs

The services we are responsible for include:

- Urgent and emergency care, such as NHS 111, A&E and ambulance services
- Planned hospital care, such as operations and treatments
- Community health services, such as community nursing and physiotherapy
- Rehabilitation for those recovering from illness and operations
- Maternity and new-born services
- Infertility services
- Children and young people's health services
- Mental health services
- Continuing healthcare for people with on-going health needs, such as nursing care

From April 2018, BNSSG CCG also took on delegated responsibility from NHS England for commissioning primary care services from local GP practices. Other primary care services such as dentists, pharmacists and opticians are commissioned separately by NHS England.

Our vision as a CCG

- Improve the health of the whole population
- Reduce health inequalities
- Ensure NHS services are fit for the long term

Our values

The CCG will be guided by the following values in all that we do. We will:

- Put people's needs at the heart of our decision making
- Ensure the voice of local people shapes what we do
- Be open and transparent, doing what we say we will
- Work as good partners and system leaders
- Value our staff

Organisational Structure

Since July 2016, we have been working together to create a single commissioning 'voice' for our area, building on our existing close joint working relationships. This reflects our ambition to use our collective resources more effectively following the NHS 'reset' in 2016, in which NHS England placed South Gloucestershire and North Somerset CCGs under legal directions. Subsequently, it was recommended that the two CCGs be directed to work with Bristol CCG to move towards a single commissioning leadership structure across the Sustainability and Transformation Plan (STP) footprint.

During 2017/18 we continued working to create a single commissioning leadership structure for the CCGs, including appointing a single Accountable Officer and Executive Team, heading up cross-BNSSG Directorates as follows:

- Nursing and quality
- Finance
- Medical (Clinical effectiveness)
- Medical (Primary care and commissioning)
- Commissioning
- Transformation
- Bristol area directorate

- North Somerset area directorate
- South Gloucestershire area directorate

Within this overall organisational structure, we have created a centralised Insight and Public Engagement team who are tasked with ensuring that the voice of the public and patients is placed at the heart of prioritising and decision-making. This team also works closely with Partnership and Engagement Managers within each of the individual area directorates for Bristol, North Somerset and South Gloucestershire.

3. What is Patient and Public Involvement?

Patient and Public Involvement (PPI) is about ensuring patients, families, carers and the wider public have the opportunity to shape the development of local health services. It encompasses a wide range of different activities: from engaging the public in prioritisation and planning, and getting feedback about experiences, to providing information to patients and others about services. Whatever form PPI takes, it needs to be relevant to the objectives of the engagement activity, and be accessible at the different levels that people engage with health care.

Patient participation includes involving individuals in decisions about their own care and treatment. Bristol, North Somerset and South Gloucestershire CCG is committed to PPI being at the heart of its work and is crucial to delivering high quality services. By continuing to listen and act upon patient and carer feedback at all stages of the commissioning cycle, we can ensure the services we commission provide what people need.

This commitment to patient and public involvement is also supported at a national level in legislation, and the CCG has a statutory duty to involve patients, carers and the public in the development of commissioning plans to change and develop local health services. The right of patients to be involved in the planning and development of health services is also set out in the NHS constitution. Details of the relevant national legislation can be found at Appendix 1.

4. Aims, Objectives and Key Principles

At an overall level, we are looking to achieve the following:

- To ensure the views and experiences of patients, families, carers and the wider public are placed at the heart of decision-making and prioritisation within the CCG
- To ensure that those views are delivered in a way which drives more effective decision-making and enables better health outcomes for our population
- To improve patient experience as a result of engaging patients, families, carers and the wider public
- To support all staff within the Clinical Commissioning Group to harness the power of patient and public involvement at every stage of the commissioning cycle

We will measure how successful our strategy has been against three key objectives:

- Encouraging greater participation – specifically, by demonstrating:
    - We have heard and taken into account the voice of patients and public
    - That key insights from public and patient involvement have been shared across the organisation
    - That we have demonstrated what impact these insights have had in our activity
- Tailoring engagement to suit different needs - reviewing engagement plans for any gaps to provide opportunities for the entire population of Bristol, North Somerset and South Gloucestershire to influence local health services
- Working collaboratively across our network - to share feedback with our system partners and make sure that patient voice influences the development of high quality local health services

The key principles of our Patient and Public Involvement are as follows:

- Create an organisational culture that welcomes, encourages and enables public involvement throughout the commissioning cycle from the earliest possible stage and utilises feedback to improve services.
- Ensure opportunities for engagement are well planned, proportionate, and tailored appropriately.
- Be inclusive; using a range of methods and approaches to engagement in order to best meet the needs of the entire population, recognising that for certain groups and individuals we will need to be proactive in breaking down barriers to effective involvement and participation.
- Respect the commitment people make when they engage with the CCG, by providing accessible opportunities for involvement, and reimbursing participant expenses
- Operate in a transparent way, and make decisions that take account of the feedback we receive.
- Recognise the importance of providing appropriate feedback to people who have given their time and effort to make their views known.
- Recognise that, from time to time, different interests and perspectives may give rise to differences of opinion between organisations, groups and individuals. The CCG will work constructively and positively to use these as opportunities for creative dialogue, leading to better decisions and outcomes.
- Work in partnership with other agencies, including local Councils, to ensure a coordinated approach and avoid duplication when approaching the public.
- Recognise the importance of staff in developing a culture that embraces the challenge and opportunities of patient and public involvement, and provide support and training for staff to equip them for this role.

5. Specifics around how we will engage

5.1. Areas for Engagement

This is not a complete list, but gives an idea of the kinds of things we might talk to people about:

Community engagement to identify the health needs and aspirations of local people
These should be used to inform the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

Public engagement to develop priorities, strategies and plans
This includes asking for views on our future commissioning priorities, as well as specific strategies such as the Mental Health strategy.

Patient, carer and public involvement to improve services
We engage with people on specific service developments, such as the procurement of Adult Community Health Services, to make sure their views are heard.

Patient, carer and public engagement to procure services
We include lay representation in the procurement process, for example in the procurement of the 3Rs service. Patient and public feedback is also fed into the procurement process.

Patient and carer engagement to monitor services
We invite participation in thinking about how we will monitor services when they are commissioned, so that we can be sure they deliver the benefits patients, public and commissioners want to see.

5.2. Who we will engage with

- Service users
- Families and carers, including young carers
- The wider public

- Equality and ‘Seldom Heard’ groups
- Groups and individuals representing local communities
- Patient and carer groups
- Local Council Authorities, including elected Councillors through the Health Scrutiny Committee
- Healthwatch
- The Voluntary Sector, particularly those with an interest in health and social care
- Patient Participation Groups attached to each GP surgery

5.3. How we will engage

We will commit to utilising a full range of methodologies and approaches to communicate, involve and advise patients, the public and other stakeholders in our work at the CCG. The approaches outlined below are not exhaustive, as we will always seek to be innovative in choosing the channel of engagement which is best suited to the needs of the target audience identified.
There are many different methods we can use when engaging with service users, carers and the public and it is important that we choose the right methods at the right time for the people we are trying to engage with. We recognise that there is no ‘one size fits all’ approach to engagement and that our plans need to be proportionate and appropriate to the needs of those we are engaging with, taking into account a range of factors:

Face to face

- Public events / meetings
- Partner listening events
- Focus groups
- Visits to specific identified groups
- Depth interviews
- Presentations
- Workshops/working sessions/’Conversation’ events around specific topics

Online

- CCG website (and those of our partners)
- CCG social media channels
- CCG stakeholder bulletins
- My NHS database
- CCG weekly newsletters to GP practices
- Online surveys (on our website or through selected third parties)
- Our own Citizen’s Panel

Written communication

- Engagement reports for CCG Governing Body
- Marketing collateral – e.g. posters, leaflets etc.
- Media advertising /featured articles in local media
- Paper surveys
- Analysing complaints and compliments received

Structures

- Practice manager meetings
- CCG patient groups
- Patient and Public Involvement Forums for total BNSSG and for individual localities
- CCG staff sessions
- Engagement by CCG involvement contract partners and community groups
- Feedback received by Healthwatch
- Lay member representation on specific groups or on specific projects

5.4. How we will respond to the feedback received

Patient and public feedback is central to our work, and forms a key part of the evidence base required when we are thinking about planning or making changes to services.
The CCG also has a duty to ensure continuous improvement to the services it commissions, reduce inequalities, enable patient choice, promote patient involvement, integrate health and social care, and support innovation and research.

When we are planning changes or considering developments to our services we will listen to the views of patients and the public as outlined in this strategy. We will provide feedback via “You Said, We Did” reports which will be made available on our website and which will be taken into account as commissioners proceed with planning and commissioning of services.
All such change will be clinically-led and underpinned by a clear evidence base which includes involvement feedback as well as clinical evidence, national and local policy, and the views of the local clinical community and health and social care partners.

6. PPI Governance and Leadership

Our Patient and Public Involvement will be subject to scrutiny from the following key internal governance groups:

Governing Body
The Bristol, North Somerset and South Gloucestershire CCG Governing Body has overall responsibility for Patient and Public Involvement and there is strong PPI leadership at this level. The CCG Governing body includes two lay members, one with responsibility for Patient and Public Involvement and Equalities.

Patient and Public Involvement Forum (PPIF)
The Patient and Public Involvement Forum (PPIF) is a formal sub-committee of the CCG Governing body chaired by the Lay Member for Patient and Public Involvement. Its role is to provide strategic leadership for patient and public involvement and equalities in the CCG and to provide assurance to the Governing Body that the CCG is meeting its statutory duties for these two areas.

Insights and Public Engagement team

All Clinical Commissioning Group and Commissioning Support Unit staff have a responsibility for PPI. In order to support this there is a dedicated Insights and Public Engagement Team, comprised of a Head of Insights and Public Engagement, Insights and Engagement Managers, and an Equalities Coordinator. This team is also further support by Partnership and Engagement Managers in each of the three Locality Development teams to ensure there is sufficient focus on this area across the organisation.

The Strategy is intended as a high level document which sets out Bristol, North Somerset and South Gloucestershire CCG's aims, objectives and approach to patient and public involvement. It should not be viewed in isolation, but should be seen as part of the broader strategic framework within which the CCG operates.

To help us achieve the objectives we have set for ourselves in this strategy, an implementation plan will be developed and agreed. We will continuously review an ongoing engagement plan with our Patient and Public Involvement Forum (PPIF) on a bi-monthly basis, to ensure that we are fully aligned with this group.

7. Appendices

7.1. Appendix 1 - Legislation – Our statutory Requirements

NHS organisations are required to ensure that public and patient involvement ensures opportunities to influence any improvements or changes to services.
The process for involving people requires a clear action plan and audit trail, including evidence of how they have influenced decisions at every stage of the process and the mechanisms used.
The CCGs obligations are:

Equality Act
Section 242 of the NHS Act 2006 sets out the statutory requirement for NHS organisations to involve and consult patients and the public in:

- The planning and provision of services.
- The development and consideration of proposals for changes in the way services are provided.
- Decisions to be made by NHS organisations that affect the operation of services.

Section 244 of the NHS Act 2006 requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) on any proposals for a substantial development of the health service in the area of the Local Authority, or a substantial variation in the provision of services. The Act also places the patient at the heart of the NHS.

Section 3a of the NHS Constitution gives the following right to patients:
“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 Gunning Principles are also key for any public consultation, and state:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response
- Adequate time must be given for consideration and response
- The product of consultation must be conscientiously taken into account

The CCG will adhere to these principles when undertaking public consultation exercises.

7.2. Appendix 2 – Our Community: An overview of the region we serve

Bristol, North Somerset and South Gloucestershire has an estimated resident population of 1m people with 441,300 of this total living in Bristol which is the largest city in the South West, and currently the 8th largest city in England. Since 2001, the population of Bristol is estimated to have increased by 13.2%. This growth is double the average estimated increase for England.

The population of North Somerset at the 2011 Census was record as 202, 600 people. This represents an increase of 13, 766 (7.3%) from the 2001 Census. The current resident population of South Gloucestershire is around 271,600 people according to a 2014 mid-year estimate from the Office of National Statistics.

The CCG serves a diverse population across Bristol, North Somerset and South Gloucestershire (**Appendix 3),** with some population highlights as follows:

Age:

Bristol's Joint Strategic Needs Assessment shows that Bristol has a relatively young age profile compared to the national average with higher proportions of people aged 16-24 years and lower proportions of people aged 45 and over.

By contrast North Somerset and South Gloucestershire's population is slightly older when compared to the rest of England which currently stands at 17.6%.

Ethnicity:

BME (Black and Minority Ethnic) communities in Bristol make up 17% of the total population, with 28% of all school pupils coming from BME backgrounds. For North Somerset and South Gloucestershire, BME communities make up 2.7% and 5% of the population respectively.

Religion & Belief:

Christians represent the largest religious group in Bristol (46.8%), North Somerset (61%) and South Gloucestershire (59.6%). The second largest group stated that they have no religion making up 37.4% of the population of Bristol, 30% of North Somerset and a third of the South Gloucestershire population.

Disability:

The proportion of people with life limiting long term illness or disability make up 17.6% of the population of Bristol, 19.2% of the population of North Somerset, and 18% of the population of South Gloucestershire.