



Surrey Downs Clinical Commissioning Group

Title of paper:	Patient and Carer engagement update
Meeting	Governing Body 31 st January 2014
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Purpose	To Agree	
	To Advise	
	To Note	

Brief summary:

Clinical Commissioning Groups are required by law to ensure that health services are provided in a way that promotes the NHS Constitution.

Two key principles outlined in the NHS Constitution are:

- NHS services must reflect the needs and preferences of patients, their families and their carers (principle 4)
- The NHS is accountable to the public, communities and patients that it serves (principle 2)

Setting aside legal requirement, services which are designed, planned and delivered in partnership with patients and carers are more efficient, effective and appropriate. If Surrey Downs CCG intends to commission health services which are relevant, high quality and cost effective it needs to involve patients and carers in its work.

The CCG has a range of stakeholders and external audiences with which it needs to engage through formal processes as well as more informally. This paper does not address wider engagement issues but focuses specifically on how as a CCG we plan to ensure that patients and carers are involved in our work as a commissioning organisation.

A recent workshop held with patient representatives identified a number of concerns regarding current arrangements for patient and carer involvement. In particular it was felt that the CCG's approach was not clearly outlined, that staff and governing body members were unaware of legal responsibilities to involve patients and carers, that there was a lack of guidance for staff on expectations for involvement and insufficient resourcing to make engagement effective. This paper seeks to address these concerns.

It is recommended that the governing body

- Approve the approach to engagement outlined in the attached paper
- Approve the delegation of a budget for patient / carer involvement
- Agree to a staff / governing body briefing on the legal requirements to involve patients / carers
- Approve the patient engagement principles under the related agenda item

Quality and patient safety issues: Involvement of patients and carers both in providing feedback on NHS services and through contributing to the planning and commissioning of services helps the CCG to ensure that local services are both safe and of high quality.

Financial issues: Most patients and carers who provide feedback and contribute to decision making within the NHS do so on a voluntary basis. However, there are resource implications in involving people effectively and this paper proposes that a budget be designated to cover some of these costs.

Patient and Carer Involvement: This paper outlines arrangements to improve and embed patient and care involvement in all aspects of the CCG's work. The content has been developed following an independently facilitated workshop with Locality Patient representatives.

Statutory compliance: The need to involve patients and carers has been part of NHS guidance, policy and good practice for many years. The proposals outlined in this paper will contribute towards the CCG's duty to comply with the NHS Constitution and with the most recent legislation in the form of the Health and Social Care Act.

Conflicts of interest: None.

Risk and assurance: None.

Accompanying papers (please list): Principles for Patient Engagement



Surrey Downs Clinical Commissioning Group

Paper for NHS Surrey Governing Body on Patient and Carer Involvement

1. Introduction

Engaging with and involving patients and carers in decisions about their own health care, in providing feedback on current services and in planning and designing future services has long been an aim of the NHS. Despite directives, policy guidance and indeed legislation, the rhetoric has often not been backed up by action. The most effective examples of engagement involve patients and carers participating in processes as equal partners.

Engaging and involving patients and carers is not an exact science and different methods and approaches are needed to reflect different situations and circumstances. In order to ensure that patients and carers are involved in all aspects of the CCG's work Surrey Downs will adopt a flexible approach using a variety of mechanisms. These arrangements are in addition to any formal public consultation processes required by law in relation to significant service change and are in addition to the other forms of communication / engagement which take place as part of the wider work of the communications and engagement team e.g. consultation on annual commissioning intentions.

2. Patient / Carer involvement in relation to the commissioning of services

Surrey Downs CCG has appointed two Lay members for Patient and Public to its Governing Body in recognition of the significance of this work. The Lay Panel members have a specific remit to ensure that the concerns of patients and carers are taken into account in the work of the CCG. There is Lay member representation on all formal committees. Each Lay panel member has an agreed workplan and meetings are being scheduled with the Chairman on a bi monthly basis

At Executive Committee level patient views and concerns will be represented through regular meetings of the two lay members for patient and public involvement with the Chair and through attendance (in an advisory capacity) at some executive committee meetings where service changes or developments are discussed.

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At locality level four patient representatives have been appointed (one per locality) to be members of the locality sub committees and to contribute to the discussion and decision making which takes place at locality and CCG level.

The lay panel members for Patients and Public and locality patient representatives now meet on a monthly basis to enable:

- shared understanding of the emerging strategies and what the most appropriate methods to ensure patient and public engagement is at the heart of service redesign
- discussing and agreeing joint communications to patients, public and carers
- assign leadership roles to key delivery strategies
- offer support for each other

This does not detract from the local identity of each locality in engaging with patients and public.

At an operational level we need all managers to consider how patient, public and carer involvement will be achieved for any project, procurement, service change or redesign. Projects will need to have a discrete patient / carer involvement plan. A set of principles have been designed for Executives and senior managers to refer to. This is for discussion and approval under 22.

The **key areas of work** for our team are:

- Developing wider patient, public and carer engagement mechanisms across and within our localities
- Out of Hours service and procurement (including prison medical cover)
- Development of local carers strategies for inclusion in 2 – 5 year commissioning plan
- Continuing Health Care
- Community hospital X-Ray services across Surrey
- Communication and engagement of Commissioning Intentions
- Members of the Individual Funding request panel
- Developing the role of Patient and Public liaison
- Completion of 'Principles for Patient, Public and Carer engagement

3. Patient / Carer involvement in relation to provision of services

Where Surrey Downs CCG provides a service directly to patients (e.g. Continuing Healthcare assessments, Referral Support Service, Individual Funding Requests Panel) in addition to ensuring that patients and carers are involved in strategic decision making, it will ensure appropriate mechanisms are in place to seek

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feedback from patients and carers who receive that service in order to inform future planning and delivery.

4. Patient / Carer involvement in relation to commissioned services

Surrey Downs CCG expects that services it commissions will incorporate similar principles of patient / carer involvement to its own in the planning and delivery of services. Organisations will be asked to demonstrate how they involve patients and carers in decision making as well as how they respond to and incorporate direct feedback from patients and carers in their service delivery. This will be part of the contracting process and will form part of the contract monitoring meetings.

In addition Surrey Downs CCG has a Patient Experience Manager who provides information and advice to individual patients and receives feedback on local health services that the CCG commissions. The role of Patient Advice and liaison is currently being reviewed to ensure we develop wider links (outward facing role) with patient involvement groups, carers and complaints officers within commissioned services to share learning and to ensure that issues regarding the quality of services are fed into the work of the quality team.

5. Ensuring representation

Patient representatives and the lay members for patient and public involvement within the CCG are appointed not elected. They do not therefore have a “constituency” which they officially represent. Whilst they bring an important individual perspective, it is also important that they act as a voice for a wider group of patients / carers. The CCG has appointed lay members / patient representatives partly because of their existing networks, links with the wider community and groups of patients through for example patient participation groups, voluntary sector organisations and service user / carer networks. In addition the CCG has established a Patient Advisory Group with representatives from a range of voluntary organisations, Healthwatch, service user and carer groups to inform the work of the Lay members on the board. The Communications and Engagement Team will shortly be organising a recruitment campaign to develop a database of patients and carers willing to provide views and feedback to our locality patient representatives to help them in their task of seeking and representing patient views.

6. Resourcing

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Patient representatives working at the locality level are voluntary roles and representatives are not paid for their time. However, the CCG will pay expenses (e.g. mileage, parking) to enable them to undertake their role. The expenses policy is to be approved at the Remuneration Committee on Friday 31st January 2014 which will confirm the process and amount to enable locality and other agreed patient representatives to claim.

Individual project plans for patient / carer involvement associated with a particular procurement or area of service development or redesign may require additional resourcing e.g. room hire for meetings, facilitator costs etc. We recommend that costs should either be built into the overall project budget where there is one (as has happened with the CHC review for example) or should be covered by a separate budget set up for patient and carer involvement.

SDCCG is confirming a locality budget for 2014/15 to support membership practice clinical engagement and patient and carer engagement. This budget will include a nominal sum protected for patient engagement in support of service redesign.