

Title of paper:	Principles of Patient and Carer engagement
Meeting	Governing Body 31 st January 2014
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Exec Lead:	Karen Parsons, Chief Operating Officer

Purpose	To Agree	
	To Advise	
	To Note	

Development:

Surrey Downs Clinical Commissioning Group (SDCCG) Principles of Patient and Carer engagement were developed by (SDCCG) two Lay Panel Representatives for Patients and Public and four locality patient representatives. Drafts were shared with SDCCG senior management and Heads of Service

Executive Summary and Key Issues

SDCCG Principles for Patient and Carer Engagement reflects the principles of the NHS Constitution and SDCCG Constitution, starting with our mission statement ***‘The mission of the Group is that through focused clinical leadership and patient engagement we will revolutionise the delivery of local healthcare’***, and based on one of our key values being ***‘patient engagement and involvement is at the heart of commissioning and patients are an integral part of the organisation’***.

The principles are designed to be used by SDCCG Executive Committees and Heads of Service in the development of our clinical strategy. The purpose is to ensure that our patient’s and carer’s voices are heard through active engagement and consultation where appropriate.

There remains a significant amount of work to do to change SDCCG culture to being an ‘active’ patient centred culture and ensuring the inclusion of patient and carers into developing our integrated commissioning strategies. We are currently piloting our Principles for Patient and Carer Engagement in the redesign of SDCCG Out of Hours service.

Recommendation(s):

To approve Surrey Downs Clinical Commissioning Group ‘Principles for Patient and Carer Engagement’

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Attachments / references: Final Draft of Surrey Downs Clinical Commissioning Group 'Principles for Patient and Carer Engagement'

Implications for wider governance

Quality and patient safety: The applied principles should ensure that patient quality and safety issues are addressed in the development of our commissioning strategies and therefore minimising any risks to our patients.

Patient and Public Engagement: The principles have been shared with Surrey Downs 'Patient Advisory Group' for information.

Equality Duty: The Principles of Patient and Public engagement take into account SDCCG Equality Duty

Finance and resources: None

Communications Plan: Includes as part of SDCCG Communications and Engagement Plan

Legal or compliance issues: Engagement with patients and the public is a requirement of the NHS constitution and relevant legislation

Risk and Assurance: CORP03 refers to risks around the CCG's related equality duty

Core principles of Engagement with Patients, Public and Carers

The delivery of the patient and public engagement agenda is an integral part of the NHS and Surrey Downs CCG (SDCCG) Constitution. Under the Health and Social Care Act (2012) Clinical Commissioning Groups are required by law to:

- Involve patients in decisions about their care
- promote choice
- involve patients and the public in service provision and planning
- engage patients, local people and stakeholders in the development of commissioning plans
- engage patients, local people and organisations (particularly local authorities) in the development of, and decisions about proposals for significant service change
- engage with Healthwatch to ensure the patient voice is represented

In order to make this part of 'everyday business' a set of simple principles have been developed to ensure that engagement with patients, public and carers is embedded in the culture of our organisation. Once agreed, these will form part of our Communications and Engagement Strategy.

Every member of SDCCG is responsible for good communications with colleagues, patients, carers and the public. The Executive and Heads of Service will use these principles when considering how and when to engage.

The **core principles for engagement** are:

- In the early planning stages it's important to consider what level of engagement is required and when

- Liaise early with the CCG's Lay Members for Patient and Public Involvement and the Communications and engagement team to discuss and help shape the programme of work. Remember there are a variety of mechanisms for engagement and our Lay Members and the communications team will be able to support and advise you
- Start appropriate and proportional levels of engagement as early as possible with patients and the public, Health Scrutiny Committee, Health and Well-being Boards, current and potential providers and clinical networks
- Always be clear from the start of what people can influence and what they can't influence. This will help to manage expectations early and focus people on what is required
- Create an environment for honest and open debate with opportunity to influence SDCCG decision-making, particularly around areas of proposed investment and disinvestment.
- Clear communication is essential that means "plain English" and clear messages. Demystify jargon and explain things clearly (Refer to SDCCG Communications and Engagement strategy 3.3 'Our standards')
- Ensure that any supporting paper work is sent out well in advance of meetings to enable the individual/group to understand the context and seek the wider views of local patients where possible.
- When planning a meeting/event check to see if there are any special requirements, particularly around access and people's availability. Remember, these individuals are giving up their time to support the CCG so where possible, dates should be arranged in advance with patient and carer representatives – they shouldn't just receive an email confirming the date
- Listen and be flexible to ensure that everyone gets the best from the engagement process
- Consider the individual(s)/group and ensure that they are supported and the process is inclusive. No one should feel they have just been invited to 'tick the box' for engagement or consultation
- Ensure any feedback we receive is fed back to the right people in an open and transparent way and that these views are taken into account when making commissioning decisions.

- Tell patients/ carers how their views have been taken into account – what has changed as a result of their feedback?
- Continue to build and maintain good relationships and develop trust among the local NHS and the wider community

Adhering to the above principles will ensure that we involve our local population in the right way and that service planning, quality improvements and changes to patient pathways take into account the views of local people. It will also ensure we meet our legal responsibilities to engage and involve local people.

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