



Vale of York
Clinical Commissioning Group

Patient & Public Engagement Strategy

The attached strategy has been developed by the VoYCCG PPE Working Group:

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Objective

We intend to allow everyone the opportunity to have their say, thus truly embracing the concept of ‘**no decision about me without me**’.

Background

The NHS Constitution states that the public:

“..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 services are provided, and in decisions to be made affecting the operation of those services.”

Proposed amendments to the Health and Social Care Bill indicate:

- Clinical Commissioning Groups will be required to consult on their annual commissioning plans.
- Clinical Commissioning Groups will have to involve the public on any changes that affect patient services.
- Shared decision making must become the norm and not the exception.

The draft “*Developing Clinical Commissioning Groups: Towards Authorisation*” indicates:

“Clinical Commissioning Groups need to be able to show how they will ensure inclusion of patients, public, communities of interest and geography, health and well being boards and local authorities in everything they do, especially their commissioning decisions.”

Patient and Public Engagement (PPE) is a core value for Vale of York Clinical Commissioning Group (VoYCCG). This strategy details how it intends to ensure PPE is included at all stages of the commissioning process.

Principles we will work to

The foundations of the strategy are based on the implementation of the following principles:

- **Inclusiveness** – participation of all who have an interest in or are affected by a specific decision.
- **Honesty & Clarity** – ensuring all involved understand how they can contribute and how decisions are made.
- **Commitment** – demonstrating a genuine attempt to understand and incorporate other opinions.
- **Accessibility** – different ways of engagement, ensuring people are not excluded.
- **Accountability** – respond within set timescales and report unambiguously on why contributions have/have not influenced outcomes
- **Responsiveness** – open to idea of changing existing ways of working.
- **Willingness to Learn** – those involved and those undertaking the engagement process must be willing to learn from each other.
- **Productivity** – at the start of any engagement process eventual outcomes for improvement must be established.
- **Partnership Approach** – co-ordinate engagement activity with other statutory and voluntary sector partners to avoid any duplication.

Areas for engagement

We want to involve people at every stage of the commissioning cycle using their knowledge and experiences of local health services. This will cover:

- **Assessing needs** of our population to help us determine what and where services need to be provided.
- **Reviewing existing service provision** to identify gaps in provision and potential for improvements.
- **Deciding priorities**, identifying which areas of work will be done.
- **Designing services** ensuring our community is engaged at the beginning of any service development.
- **Annual Plan** providing details of spend, future plans and how the public have been engaged.

- **Managing performance** and monitoring performance against plans.
- **Seeking public and patient views** on their experience of local health services.

How we will get there.

1) Assessing needs - the Joint Strategic Needs Assessment (JSNA) will be the main method for assessing current and future needs at a population level. VoYCCG will develop robust processes to ensure PPE in the development of the JSNA.

2) Reviewing existing service provision

- a. Complaints, concerns and experiences will be used to identify areas of development.
- b. Patient surveys of current services ensuring all specifications/contracts for new services include patient feedback as part of an evaluation process.
- c. Develop a system for accepting ideas (see Fig 1 for proposed PPE structure)
- d. Discussions with relevant 'joint working groups' e.g. mental health, older people, carers.
- e. Patient/Public Congress, open to everyone, will be held twice a year.

3) Deciding priorities

Decision about priorities will be a VoYCCG Board decision which will, include lay representation but needs to be transparent to the public and include

- a. An explicit review of alternatives.
- b. Discussions with relevant 'joint working groups'.
- c. Involvement of the VoYCCG Patient/Public Congress (see Fig 1).

4) Designing services

- a. Every service design process includes PPE, taking into account patients, public, interest groups and geography.
- b. PPE identified in initial project plans within Business Cases
- c. Discussions with relevant 'joint working groups' e.g. for mental health, older people, carers.

5) Managing performance of services

- a. Ensure all new services include patient feedback as part of the evaluation process.
- b. Robust links with Health and Wellbeing Boards.
- c. Discussions with relevant 'joint working groups'.

6) Annual Plan

- a. Plan to be written in plain English
- b. Widely circulated using joint distribution where possible.
- c. Available online and in different formats.
- d. Discussed at Patient/Public Congress.

7) No decision about me without me

All services will ensure genuine patient centred care with patient participation e.g. implementation of informed decision making and encouraging use of decision tools where appropriate.

8) Future developments

This is a working document which will be reviewed on an annual basis taking into account relevant local and national issues e.g. personalisation.

Structure to deliver strategy (see fig 1)

➤ PPE Steering Group

Remit will be to oversee and monitor engagement, develop, implement and review strategy. Also to be available to provide guidance to VoYCCG commissioners thus ensuring PPE is embedded in all commissioning activities.

➤ Patient and Public Congress

Remit will be to hold a twice yearly meeting open to the public, all stakeholder and patient reference groups. It will receive reports from the PPE Steering Group on work being undertaken by VoYCCG as well as being encouraged to contribute to discussions on VoYCCG activities

We will be using the 'Patient Engagement Continuum' as a way of identifying a number of ways of engaging with the public (see Fig 2) and the Patient Experience and Engagement Commissioning Cycle will be used to identify at what points we work with patients and stakeholders in the commissioning process (See Fig 3 – for full details on the cycle and to download the presentation which breaks down each part of the cycle visit <http://www.inhealthassociates.co.uk/index.php/articles/>)

Fig.1

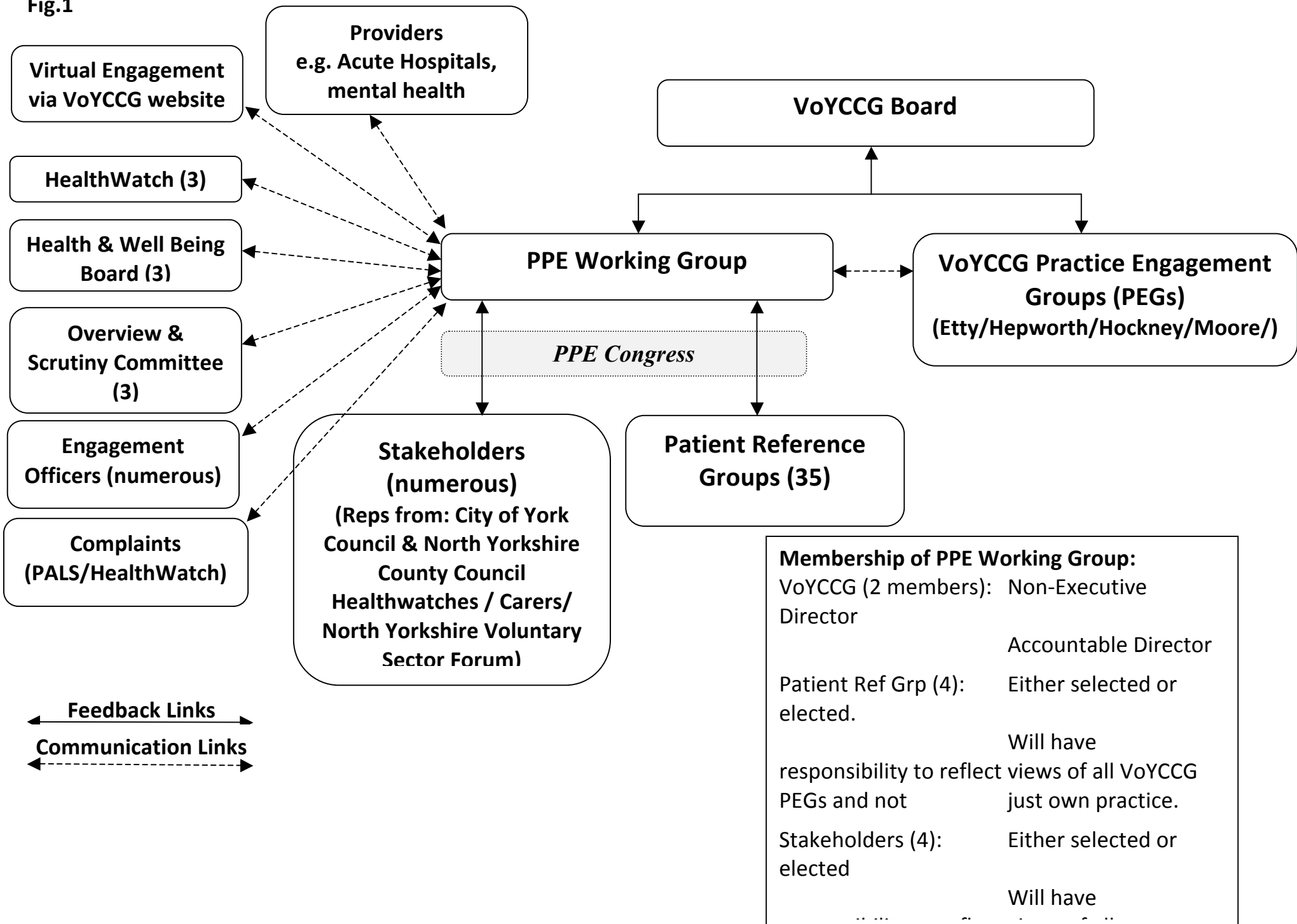
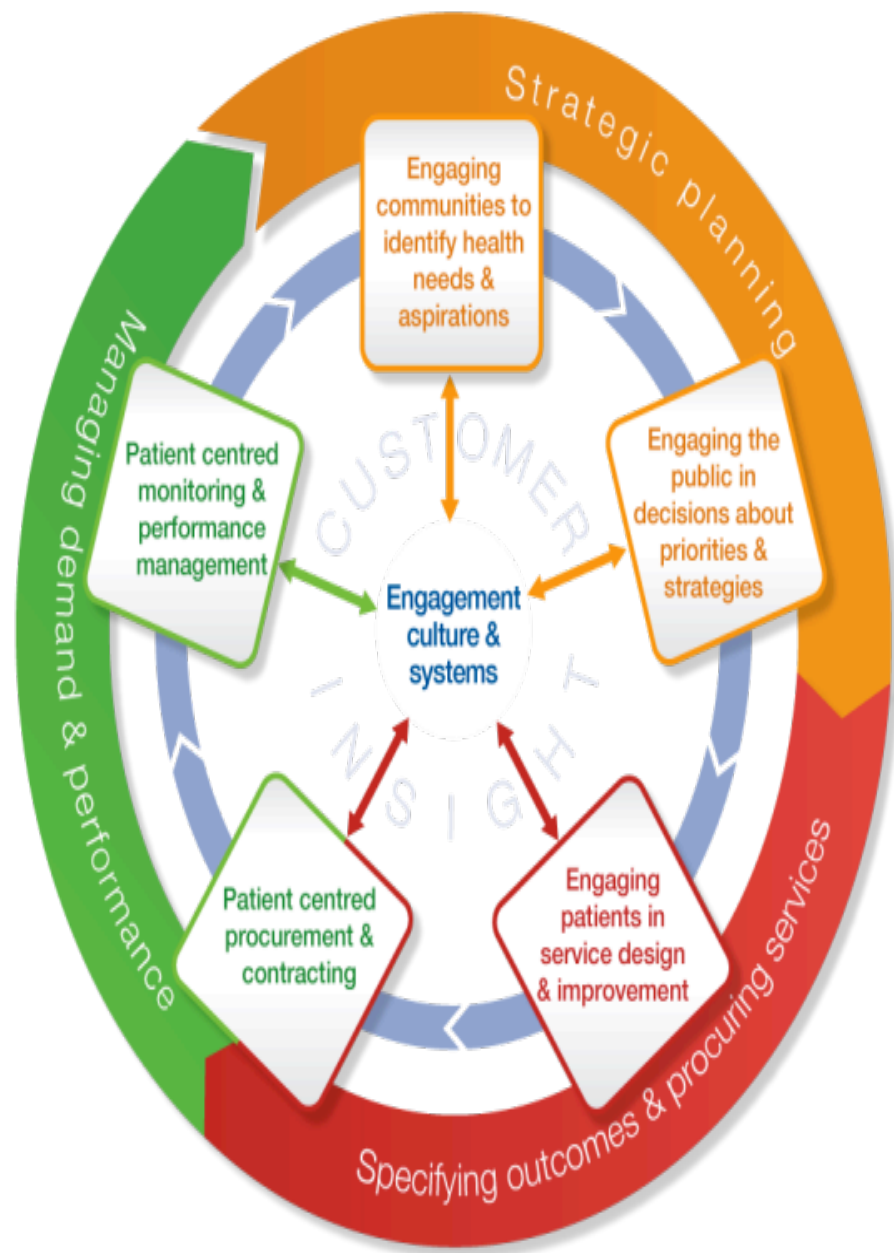


Fig 2

1. INFORMATION GIVING	2. INFORMATION GATHERING	3. CONSULTATION	4. PARTICIPATION	5. COLLABORATION
<p>Purpose: To provide people with information to assist their understanding</p>	<p>Purpose: To collect information about attitudes, opinions and preferences that will assist understanding and as a consequence decision-making.</p>	<p>Purpose: To obtain feedback on specific policies, business cases or proposals</p>	<p>Purpose: To involve people actively at all stages to ensure their concerns are understood and considered, and to give them some influence on and ownership of decisions.</p>	<p>Purpose: To bring people into active partnership[and agree sharing of resources and decision-making</p>
<p>Examples: Fact Sheets Newsletters Websites</p>	<p>Examples: Surveys Questionnaires Focus Groups</p>	<p>Examples: Consultation papers Public meetings Subject surgeries</p>	<p>Examples: Workshops Stakeholder dialogue</p>	<p>Examples: Local Strategic Partnerships Advisory Panels</p>

Fig 3



Glossary of terms.

Business Case

A document explaining a project, why it should be done and how much it will cost.

Clinical Commissioning Group

A group led by GPs that will, from April 2013, be responsible for how NHS funding in their community will be spent.

Commissioning

A means of getting best value for the local population through translating aspirations and need, by documenting service requirements and then buying those services.

Commissioning Cycle

A series of activities required to commission (see above).

Engagement

Developing and sustaining a working relationship with the local community in order to help understand and act on the needs or issues that arise.

Health and Well Being Board

A forum for local representatives from the NHS, public health and social care, councillors, and HealthWatch (see below) to discuss how to work together to improve the health and wellbeing outcomes of the people in their area.

HealthWatch

This will be an independent consumer champion for the public - locally and nationally - to promote better outcomes in health and social care.

Joint Service Needs Assessment (JSNA)

A process that identifies current and future health and well being needs, which informs service planning.

Lay Representative

A member of the public who is not employed by any of the local health-related organisations.

NHS Constitution

A document that sets out the rights and pledges for the public.

Overview and Scrutiny Committee

Responsible for monitoring and regulating key service integration. Health organisations are required to consult with the Committee with respect to any proposed and significant changes to the pattern or location of local services.

PALS (Patient Advice and Liaison Service)

Offers confidential advice, support and information on health-related matters to patients, their families and their carers.

Patient Reference Group

Group organised within a GP practice to ensure that patients are involved in decisions about the range and quality of services provided by the practice.

Personalisation

A new way of thinking about care and support services. This means starting with the person as an individual with strengths, preferences and aspirations. The individual drives the process of identifying his or her own needs and aspirations, making choices about how and when to seek support.

Practice Engagement Group

A group of GP practices coming together to discuss clinical commissioning issues.

Specification

A document describing the requirements of a particular service.

Stakeholder

A person, group, or organisation who affects or can be affected by an organisation's actions