

Framework for Patient and Public Involvement and Wider External Engagement and Relationship Building

Table of contents

Introduction	3
Definition of Engagement and Involvement	3
Proposed Engagement/Relationship Model	4
Internal and External Relationships	4
Proposed internal relationship model	5
Proposed External Engagement/Relationship Model	6
Proposed roles and responsibilities	7
Accountability	8
Communication Cycle for Patient Involvement.....	9
Communication Cycle for Wider Public Engagement.....	10
Communication Cycle for Engagement with Voluntary Services Organisations.....	11
Patient Reference Group – draft Terms of Reference.....	12

Introduction

The February 2011 NHS Constitution established the principles, values and commitments of the NHS in England, and emphasizes that the NHS belongs to the people. In June 2011 the NHS Future Forum recommended that the NHS Commissioning Board and commissioning consortia will be required to take active steps to promote the Constitution.

One of the seven key principles that guide the NHS and that is contained within the constitution states;

“The NHS is accountable to the public, communities and patients that it serves.... All NHS organizations will give patients and the public the opportunity to influence and scrutinise their performance and priorities; and patients, public and staff will be involved in relevant decisions about the NHS which affect them, either directly or through their representatives”.

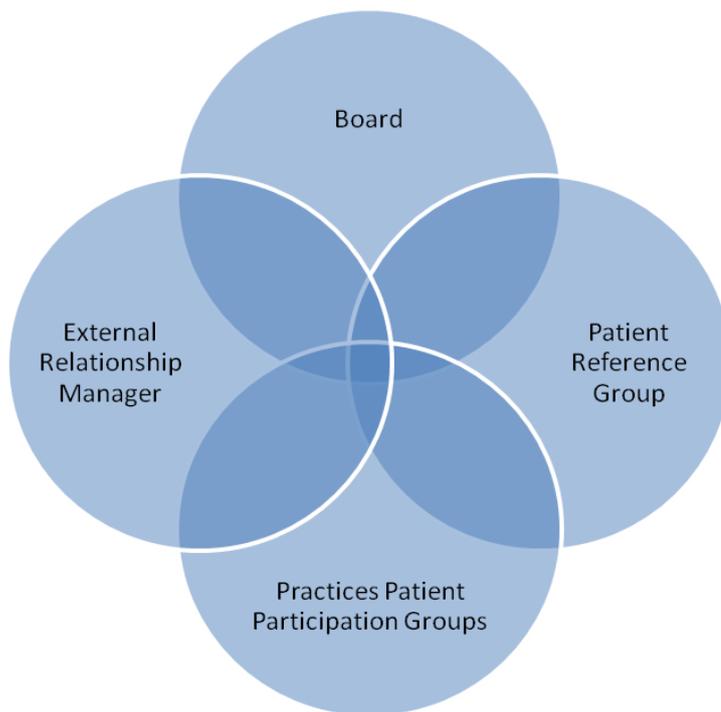
The constitution goes further to explain patients' *rights*,
“..to be involved , directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.”

Definition of Engagement and Involvement

For the purposes of this paper the terms “engagement” and “relationships” will mean the same – an ongoing and meaningful dialogue between interested parties, sharing information, opinions and ideas. The word “involvement” will be used when engaged parties become “involved” with the strategic planning, work and/or implementation of a specific project for NAME OF GROUP.

It is expected that Patient and Public Involvement will run, like a thread, through every aspect of work undertaken by I NAME OF GROUP. Their main points of reference will be the NAME OF GROUP Patient Participation Group and external health orientated groups. It is also expected that appropriate patient representation will be evident when working on disease specific pathways.

Proposed Engagement/Relationship Model



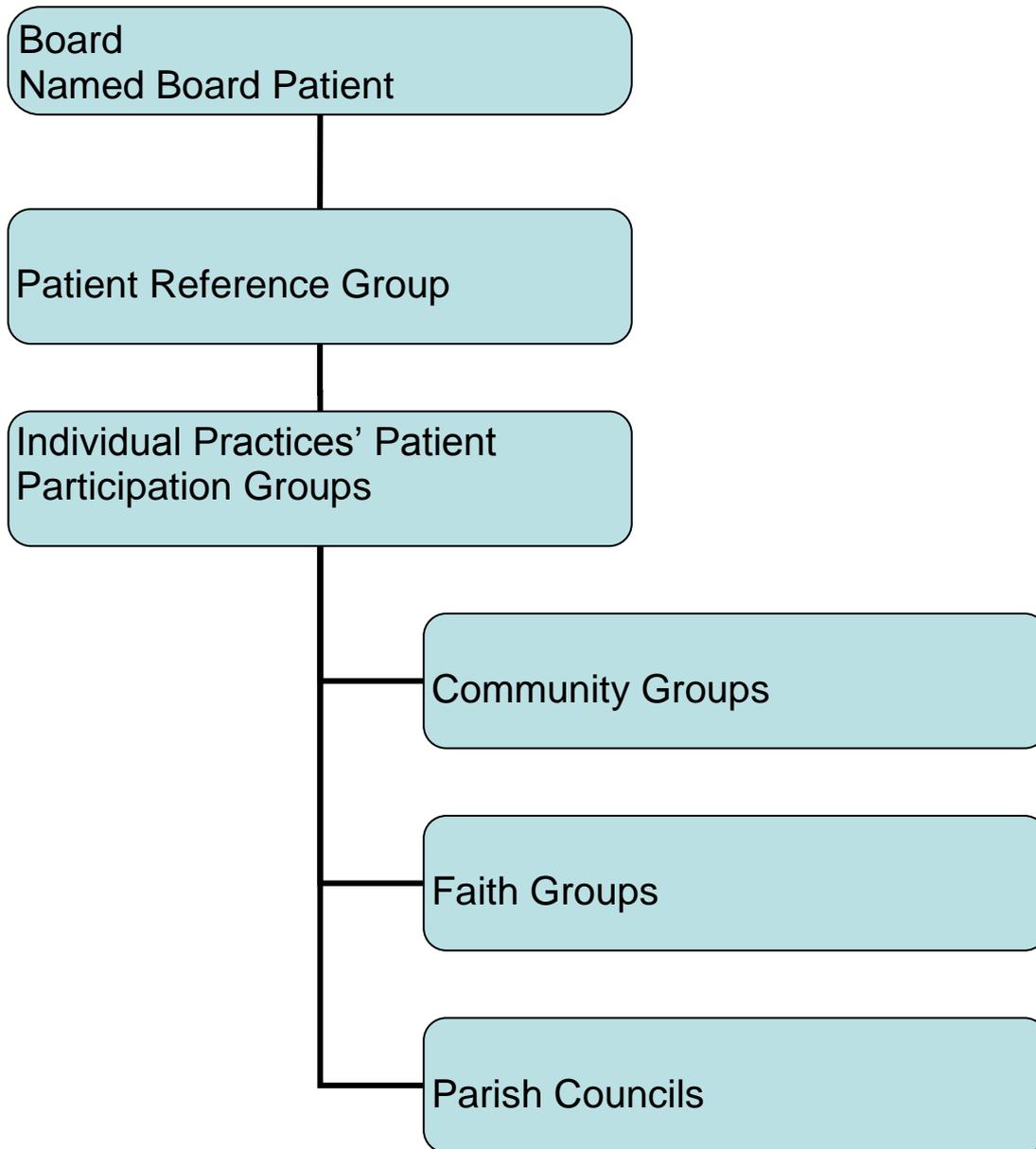
The shaded areas denote the sharing of information and opportunities for joint working.

Internal and External Relationships

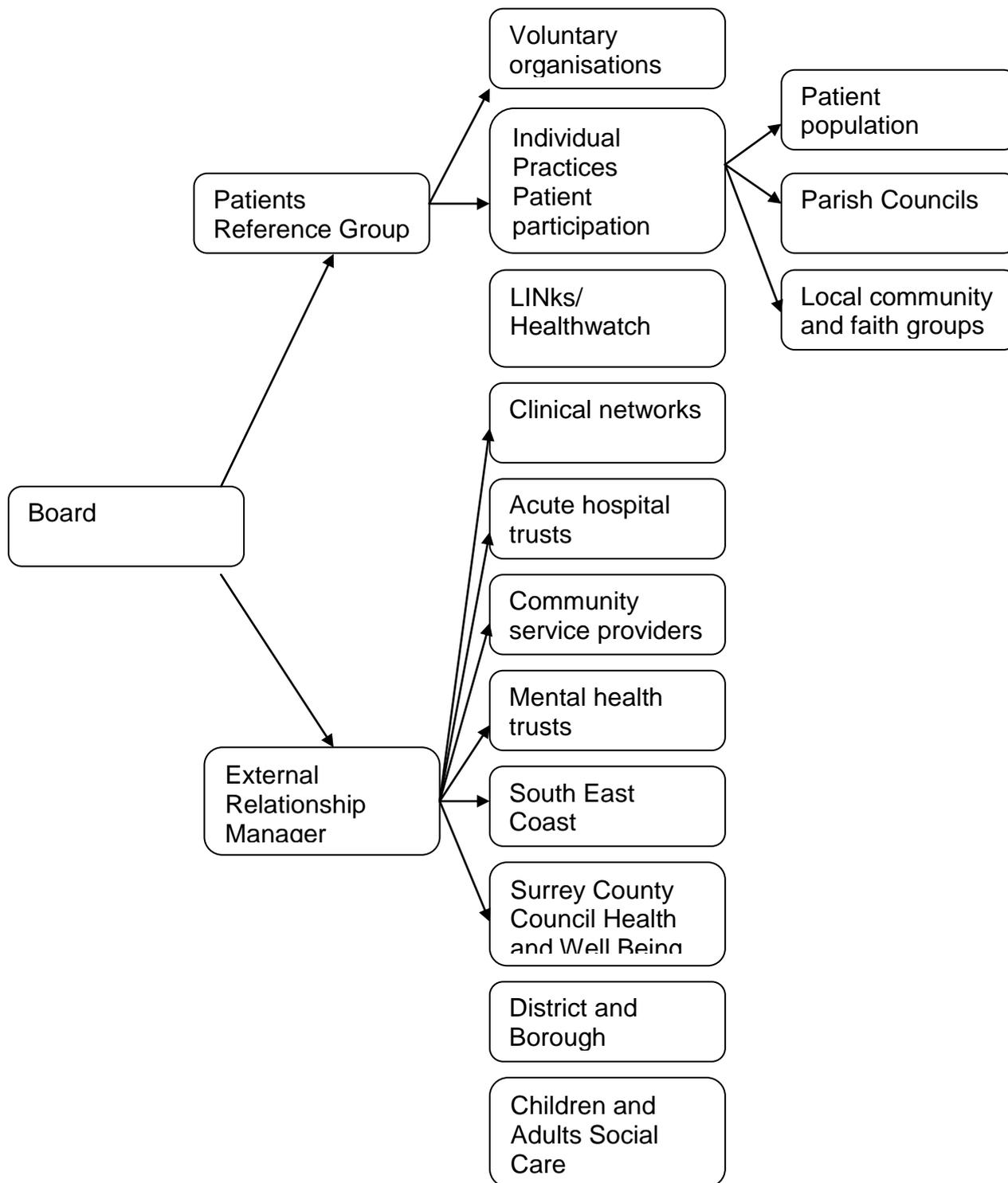
Internal patient engagement is an essential and integral part of any Clinical Commissioning Consortium. Building good relationships with the patients that use our services, and who have an active interest in service improvement and development is key. From the core group (s), adequate representation could be found to involve patients in testing new proposals and to feed patient views into commission decisions and performance management.

External engagement is equally important to gain a wider (or sometimes more specific and relevant) opinion. Good external engagement will ensure strategic fit with partners and stakeholders, prevent overlap of service provision, and provide an opportunity for greater community involvement.

Proposed internal relationship model



Proposed External Engagement/Relationship Model



Proposed roles and responsibilities

The External Relationship Manager

The External Relationship Manager will facilitate the Patient Reference Group and ensure that their comments, views and opinions are passed directly to the Board. Information from the Board will be passed to the Patient reference Group for cascading to the individual PPGs.

The External Relationship Manager will be line managed by the Managing Director of NAME OF GROUP It is likely that in the interim this role will be supported through NHS Surrey.

The Patient Reference Group

There will be close working between the External Relationship Manager and the Patient Reference Group. The overall co-ordination of external and internal engagement will be the responsibility of the External Relationship Manager, but attendance at external meetings or ongoing membership of a specific external group could be dependent on whichever individual (External Relationship Manager or member of the Patient Reference Group) is best placed to contribute. It is expected that membership of the Patient Reference Group will be drawn primarily from the individual practices' PPGs.

Director Portfolio – Partnerships and External Relationships

There is a need for Board level support and lead for partnerships and external relationships. This could be led by an individual or shared between directors. The lead(s) will be an initial point of contact for GPs and other Primary Care Practitioners, drive the accepted models of engagement, and develop “expertise” in relationship building and partnership working. Their specific activities (either individually or shared) will include;

- Representing NAME OF GROUP (and shareholding practices) and building relationships with key stakeholders within the Local Strategic Partnership.

- Becoming the Director point of contact for external groups

- Membership of the Governance Group

- Acting as Board Advisor on partnerships and external relationships

- Developing proposals for partnership working that are appropriate and effective for NAME OF GROUP

- Developing a strategy for patient and public involvement for practices and the consortium

- Ensuring that NAME OF GROUP decisions have been adequately impact assessed for Equality

Board Membership

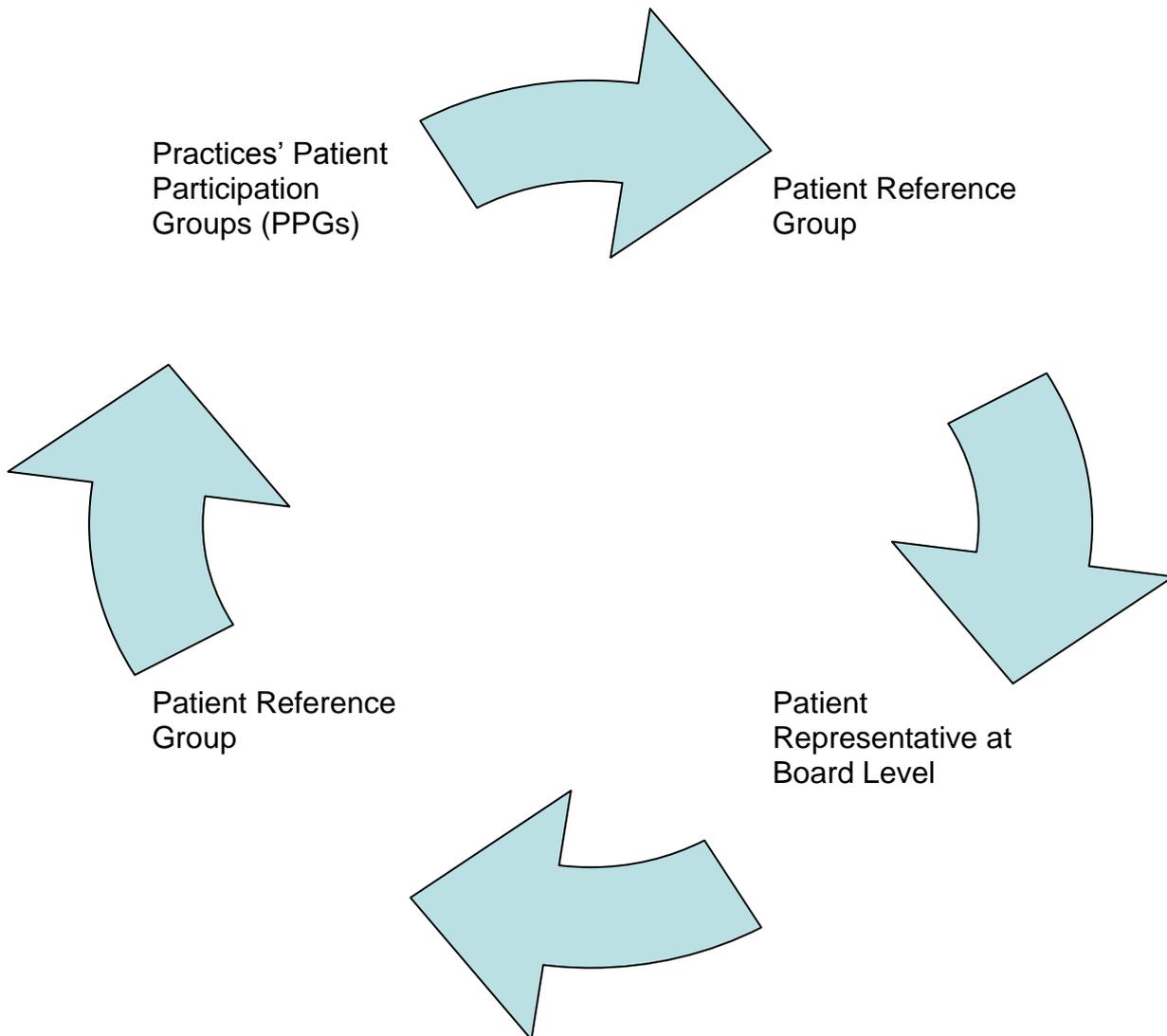
It has been agreed that a representative patients will sit on the NAME OF GROUP Board. The Patient Members will be elected by the Patient Reference Group, and will ensure that the patient experience is considered in every aspect of the Board's work. They will act as an advocate for meaningful engagement and will challenge decisions made without adequate and evidenced patient and/or public involvement.

Accountability

Anticipating the outcome from the White Paper consultation, it is likely that evidence of adequate stakeholder engagement (including Patient and Public Involvement) for commissioning decisions will be requested by;

- Healthwatch
- The Health and Well Being Board
- The NHS Commissioning Board
- and must be in accordance with section 242 of The Health and Social Care Act, the new equality Act and other relevant legislation.

Communication Cycle for Patient Involvement

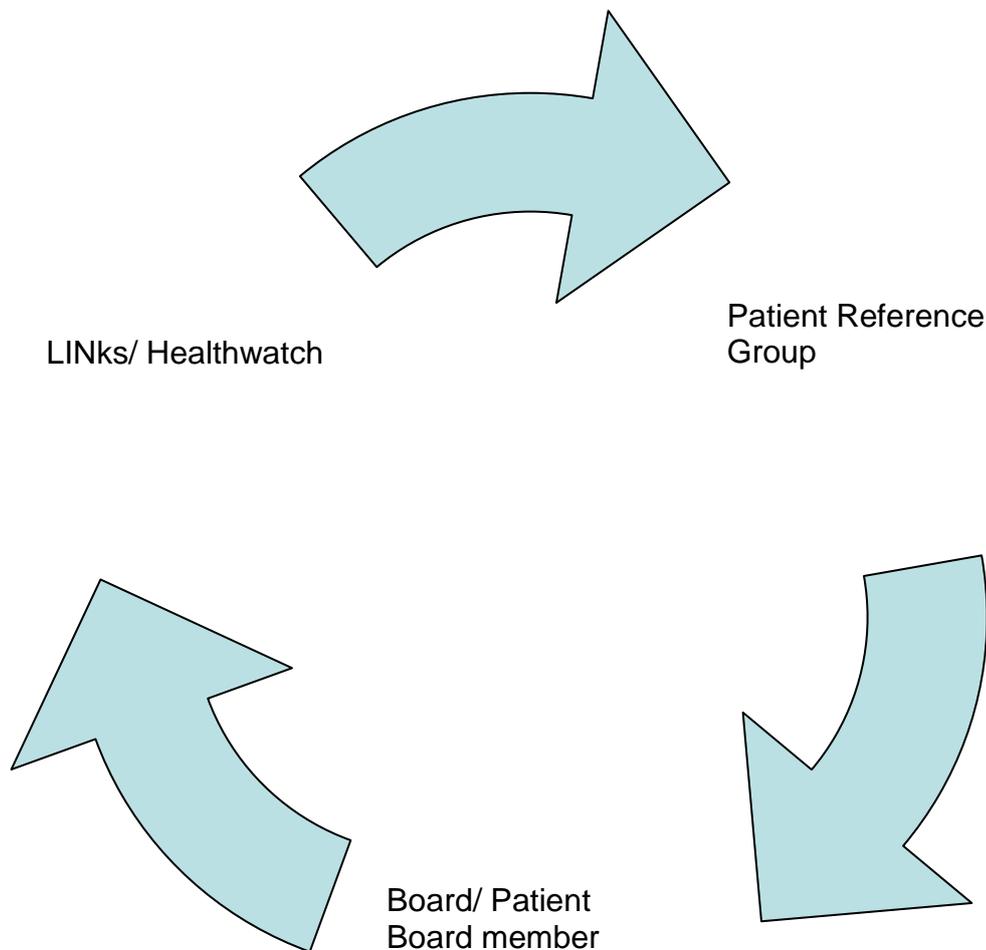


Individual PPGs will be invited to nominate 2 representatives to join the Patient Reference Group

Other members of the Patient Reference Group will include;
Founder members who may not necessarily belong to an active PPG
Patients of a Practice who do not yet have an up and running PPG

Willing and appropriately skilled members from the Patient Reference Groups may also be asked to sit on other NAME OF GORUP/wider consortia groups as a public representative e.g. contract/performance management, governance, interview panels. The Patient Reference Group may also be asked to proof read patient information for accuracy and understanding.

Communication Cycle for Wider Public Engagement

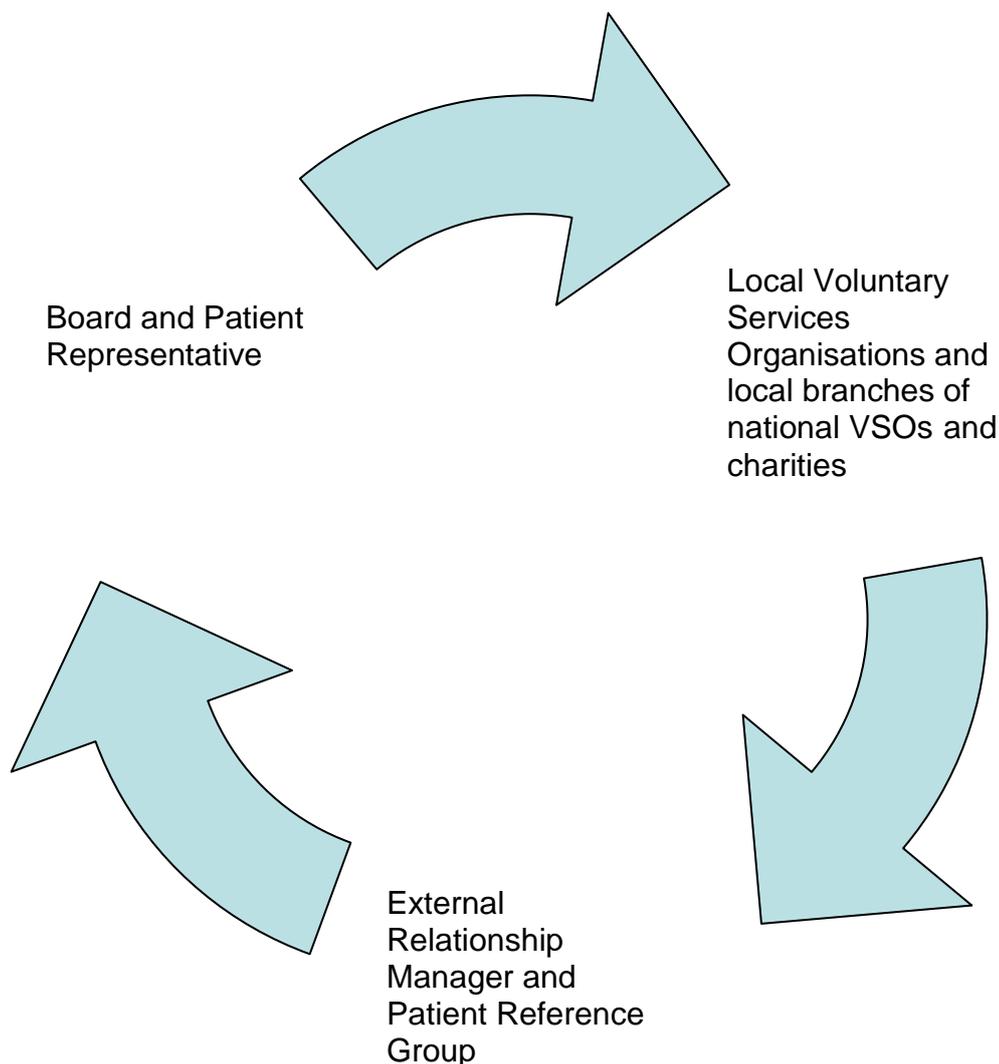


LINks/Healthwatch will have a special and statutory relationship with the Board and Patient Reference Group.

The exact relationship will need to be decided once the role of Healthwatch has been more clearly defined. It is possible, for instance, that Healthwatch will have a role in hearing appeals against commissioning decisions, patient advocacy, complaints and a much greater role as a scrutineer. In which case, to be directly involved with Pb commissioning decisions (which the Patient Reference Group will be) may be entirely inappropriate.

Healthwatch may commission larger county/ region/national public surveys which could be used by NAME OF GROUP to help to inform both commissioning intentions and decisions.

Communication Cycle for Engagement with Voluntary Services Organisations



NAME OF GROUP may, in the future, commission voluntary organisations and charities to be providers of local services or be responsible for funding grants. For this reason it may be inappropriate to have VSOs sit within the Patient Reference Group and have direct influence over commissioning and funding decisions.

However, it is extremely important that NAME OF GROUP develop/maintain close and harmonious working relationships with this sector.

The main point of contact for VSO will be the External Relationship Manager who will attend local groups and be responsible for developing an effective network of contacts. VSOs and charities.

Patient Reference Group – draft Terms of Reference

The name

Initially named the Patient Reference Group (The group may decide to rename themselves) will be a group of people drawn from the practice populations of the GP practices which constitute the INSERT NAME Clinical Commissioning Consortium

Purpose

The purpose of the Patient Reference Group is to act as a planning tool, to help the Board make decisions about the services they commission, and ensure that these services meet the health needs of the locality population they serve.

The Patient Reference Group will ensure that these services are;

- Safe
- High quality
- Affordable
- Value for money
- Patient focused
- Fair

Duties, roles and responsibilities of the Patient reference Group

The members will seek to act, as far as they are reasonably able, in the best interests of public and patients within the INSERT AREA COVERED population. Best interests will be identified by:

- Being representative of wider patient views and opinions
- Being accessible to the population through the individual member practices and working closely with existing practice based patient participation groups (PPGs)
- Encouraging the formation and development of patient participation groups within the individual/group GP practices
- Working with patient representatives of local service providers
- Working with existing voluntary health and social care networks, including LINK/HealthWatch
- Scrutinising Public Health data provided through the Joint Strategic Needs Assessment (JSNA) and other sources

In helping to inform decision making the Patient Reference Group will:

- Communicate with the Board patient and public views, ideas, opinions and areas of concern
- Help support the Board by providing information from and to community groups
- Check decisions for equity and fairness
- Challenge the consortium if it is perceived to be acting contrary to the best interests of the local population
- Ensure that any conflicts of interest are declared and accounted for.
- Give feedback on NHS consultations

Additionally individual members of the Patient Reference Group may be asked to help with:

- Monitoring contractual arrangements with providers
- Monitoring budget allocation
- Monitoring performance of provider organisations
- Reviewing and revising these duties regularly so that they evolve to meet changing needs.
- Liaising with other Consortia Patient Participation Groups in the area
- Checking patient information/literature for accuracy and understanding

Duties of INSERT NAME OF GROUP to Patient Reference Group

In order to carry out the above duties the Consortium shall support the Patient Reference Group and provide:

- All necessary documentation in a timely manner
- Reimbursement for all reasonable out of pocket expenses
- Administrative support, including a note taker at meetings, circulation of meeting documents, including paper copies where needed, meeting arrangements, venues, refreshments etc
- Access to and funding for training as necessary.

Membership

Members will be drawn from the individual practices' Patient Participation Groups, to ensure fair representation from across the INSERT AREA COVERED geographical area.

Initially members will also include – those patients who informed local commissioning intentions and who contributed to the original commissioning plan, and patient representatives from practices who do not yet have an active PPG.

Members will be volunteers and representative of a diverse population, accounting for age, gender, ethnicity and ability/disability.

Members should have some experience and knowledge of the workings of the NHS and an interest in local health matters. However, most important is the ability to consider the health needs of the wider community and to have a network of contacts that enables the member to distribute news and gather local intelligence.

Meetings

The main meetings will accommodate between 20 and 40 members plus guests and invited speakers. It anticipated that the main focus of the work will take place outside of the meetings (either electronically, through specific targeted working groups and/or by representing the EsyDoc patient voice on associated groups/committees). The main meetings will be an opportunity for PPGs to share good practice, to decide on appropriate project work, allocate volunteers, feedback and collate information.

Meetings will be held quarterly – it is recognised that initially this may need to be more frequent. Additional meetings will be scheduled if necessary.

The initial meeting will be facilitated by the Managing director of NAME OF GROUP with a Chair and Deputy being elected once the group is established.

Ground Rules

1. This meeting is not a forum for individual complaints and single issues	5. Silence indicates agreement – speak up but always go through the Chair!
2. Open & honest communication - & challenge between individuals	6. All views are valid and will be listened to
3. Be flexible, listen, ask for help & support each other	7. No phones or other disruptions
4. Demonstrate a commitment to delivering results, as a group	8. Start & finish on time, stick to the agenda.

Members' code of conduct

Although volunteers, members of the Patient Reference Group will be expected to act in accordance with the *Nolan Principles of Public Life*

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.