

# Patient, Carer and Public Engagement

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*A strategy and guide for Havering Clinical Commissioning Group 2016 – 2019*



## **Foreword**

‘The NHS Belongs to us all. Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS. We put the needs of patients and communities before organisational boundaries. We speak up when things go wrong.’ The NHS Constitution

## Welcome

Here at Havering Clinical Commissioning Group (CCG) we plan, design, buy and improve the health services for the local population. Our aim is to ensure that all the services provided have people firmly at their heart. This means we need to involve local people every step of the way so that the services people receive are tailored to their needs. To ensure we are able to do this effectively we are very pleased to present this strategy and guide for patient, carer and public engagement.

Patient and public engagement is a legal requirement for the NHS but we believe it is also a better way to make sure local people get the services they need. The CCG is responsible for choosing and buying services on behalf of local people. To help us to write this strategy we undertook a process of co-design that involved a series of meetings with patients, carers, members of the public, representatives of the voluntary and community sector and staff. We know from talking to people about how we should engage patients, carers and the public that honesty is one of the most important things to get right and that this is particularly important when there is an increasing demand for services and less money available to spend.

We hope this strategy and guide will help us to use the experience, knowledge and creativity of local people to enable us to make the best decisions possible with and for local people. We would also like to thank everyone for their input in helping us to bring this strategy together.

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NB: The BHR CCGs have an action plan for this strategy which is regularly monitored

# 1 Introduction

This strategy and guide is set out in two parts.

In Part 1 '**The Strategy**' you will find information about our approach including:

- Who we are and what we do
- Our commitment to patient, carer and public engagement
- The ways we make sure we can be held to account for our decisions and actions
- The ways we involve and engage local people
- Knowing what good looks like and being able to check whether we are engaging patients, carers and the public to a high standard

We will produce and share an action plan outlining the actions that we intend to take for the coming year in May 2016.

In Part 2 '**The Guide**' you will find practical information including:

- Patient, carer and public engagement in commissioning, a step by step guide
- A plan on a page
- Methods and approaches
- Resources and contacts

NHS England has produced a framework for patient and public participation in primary care. You can view the document by [by clicking here](#). Our strategy and guide is aligned to this framework and should be read alongside it.

## **2 The Strategy**

### **2.1 Our Aim**

A strategy is a plan for how to achieve a long term or overall aim. The aim of this strategy is to set out a plan that will enable us to ensure patients, carers and the public are engaged in our work in a meaningful and effective way over the next three years. Using the action plan included at the end we will check ourselves against our strategy as we go.

### **2.2 Our Objectives**

There are lots of reasons why we want to engage patients, carers and the public, including that we are required in law, but more importantly we want to do this because our job is to plan and organise health and care on behalf of local people. We don't believe we can do that effectively if we don't understand what it is like to be on the receiving end or to be the person needing to use the service. Whilst this strategy is primarily to guide the Clinical Commissioning Group and staff employed within it, we also hope it will be useful and interesting for local people and others interested in our work.

### **2.3 The NHS Constitution**

The NHS Constitution sets out rights for patients, public and staff. It outlines NHS commitments to patients and staff, and the responsibilities that the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of the Constitution in their decisions and actions.

There are three specific rights that relate to people being involved in their healthcare and in the NHS.

1. You have the right to be involved in planning and making decisions about your health and care with your care provider or providers, including your end of life care, and to be given information and support to enable you to do this.
2. You have the right to an open and transparent relationship with the organisation providing your care.
3. **You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, 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.**

In our role as ‘commissioner’, we are charged with planning, organising, buying and monitoring the services that people ultimately use. **To that end, it is the third one of these rights that this strategy and guide is particularly focusing on.**

You can see the NHS Constitution by [clicking here](#) or you can telephone Tel: 0300 123 1002 to order a copy. There is also an accompanying handbook that you might find useful that can be accessed by [clicking here](#).

### **3 What is important to us about patient, carer and public engagement**

3.1 At a co-design event in February to help us put this strategy together, we asked people to tell us why patient, carer and public engagement was important. People told us, and we agree, that it is important to make sure services are planned and delivered in a way that puts people first, that is informed by different perspectives and that decisions are clear for all to see. A partnership between professionals, patients, carers and the public is the right approach and will help us to care, ensuring the right services are shaped to the needs of the people who need to use them.

3.2 Patient, carer and public engagement is important to:

- **Make sure services are consistent, equal and unbiased**
- **Make improvements based on learning from patient and carer experiences**
- **Learn about expectations – getting a balance between wanting the best/better and being realistic**
- **Value people and their individual role in good health and care**
- **Empowering people, to harness their passion and understand their needs**
- **Identify and work with communities and populations whose health needs are not being met**

3.3 Through the delivery of this strategy patients, carers and the public will become equal partners alongside clinicians and managers. This will help us to make sure everyone has access to all the services they need, at the right time and in the right place.



## 4 About Havering

4.1 Havering CCG is responsible, along with other health and social care professionals and patients, for deciding how most of the local NHS budget is spent.

4.2 GPs have always had a say in developing local health services, but since 2013 have taken on much greater responsibility to plan, buy and monitor NHS services. To do this, they joined together as Clinical Commissioning Groups.

4.3 All GP practices in the borough are part of the CCG. We have a governing body, which meets regularly, and is chaired by Dr Atul Aggarwal, a local GP.

4.4 We have developed a set of values and behaviours that describe how we conduct our business and how our staff conduct themselves. These values are the building blocks of our organisation.

4.5 They are: **honesty, responsibility, being caring, respect, professionalism, responsiveness, courage, collaboration and integrity**. These values are embedded in the NHS Constitution and in the CCG's commitment to promote equality and human rights.

4.6 We work very closely with our neighbouring CCGs in Barking and Dagenham and Redbridge with our local services providers and with our local Council to join up our services as much as possible and to help improve the health and care of local people.

## **5 Guiding Principles for Patient, Carer and Public Engagement**

5.1 To help us make sure we approach the way we do patient, carer and public engagement in the right way, we undertook some work to find out what principles people thought were important to guide us.

5.2 We started with a list of 20 principles and asked people to tell us the ones they thought were most important. Whilst all of the principles were seen as important there were some that stood out from the crowd. With additional help from those who attended the event, the following list are set out as a way to help us make sure we do a good, high quality job of engaging our patients, carers and the public.

- **Be open and honest about what is possible and what is not possible**
- **Involve people as early as possible, listen and act on patients and carer feedback every step of the way and tell people how their involvement made a difference throughout the process and at the end**
- **Be accessible, the way you engage people should be tailored to the people you are trying to engage, ask people what will work best for them**
- **Communicate clearly in easy to understand, plain English**
- **Allocate appropriate resources and support so that engagement can be effective**
- **Work hard to seek the views of people and communities who experience the highest health inequalities and the poorest health outcomes**
- **Base relationships on equality and respect, patients, carers and the public have an equal voice to professionals**
- **Work with relevant partner organisations**

5.3 It is not our intention that this is a definitive or ‘tokenistic’ list for us to follow but a set of principles to guide us on our way.

5.4 We expect all of our staff and Governing Body members to use these principles to guide them in their work, we will include them within staff induction and appraisal procedures and we will require all business cases presented for approval to include a patient, carer and public engagement plan that sets out how the commissioning of services will meet the expectations set out in this strategy and within these guiding principles.

## 6 Our Legal Responsibilities

6.1 The [NHS Act 2006](#) and the [Health and Social Care Act 2012](#) introduced two complementary duties for clinical commissioning groups with respect to patient, carer and public engagement.

6.2 They relate to a duty for **Individual Participation**, which means involving patients and carers in decisions that effect their care or treatment and a duty for **Public Participation** which is to ensure public involvement and consultation in commissioning processes and decisions. The part that relates to specifically engaging people in the process of commissioning is called **Section 13Q** – you can read more information by [clicking here](#).

6.3 We are also required in law through this Act to **report to NHS England** on how we are discharging our duties.

6.4 The Health and Social Care Act 2012 also amends the [Local Government and Public Involvement in Health Act 2007](#) and places a duty on us through our membership of the [Health and Wellbeing Board](#) to work closely with [Local Healthwatch](#) the independent consumer champion for health and care. In particular, “Health and wellbeing boards must involve the local Healthwatch organisation and the local community, and this should be continuous. When involving the local community, boards should consider inclusive ways to involve people from different parts of the community including people with particular communication needs to ensure that differing

health and social care needs are understood, reflected, and can be addressed by commissioners. This should recognise the need to engage with parts of the community that are socially excluded and vulnerable. Involvement should aim to allow active participation of the community throughout the process” NHS Act 2006 (as amended).

6.5 We are also required to meet expectations in law that relate to **reducing inequalities** of a person’s ability to **access health services** and the **health outcomes achieved** through receiving a service. This is reinforced and further strengthened for us in the [Equalities Act 2010](#) and the [Mental Capacity Act 2005](#).

6.6 Further information is available from NHS England within the guidance available [by clicking here](#).

6.7 Whilst these important duties are set out in law and we are keen for them to be visible in this strategy, we believe doing them for the right reason is as much if not more important than doing them because we are required in law.

## **7 The Compact**

7.1 The Compact is a joint agreement between voluntary groups and public bodies and exists to help the partners improve their relationship for mutual advantage and community gain.

7.2 This strategy complements the Compact and we hope it will strengthen the agreements set out.

7.3 You can search and view a copy of all the local Compacts at the following link: [by clicking here](#).

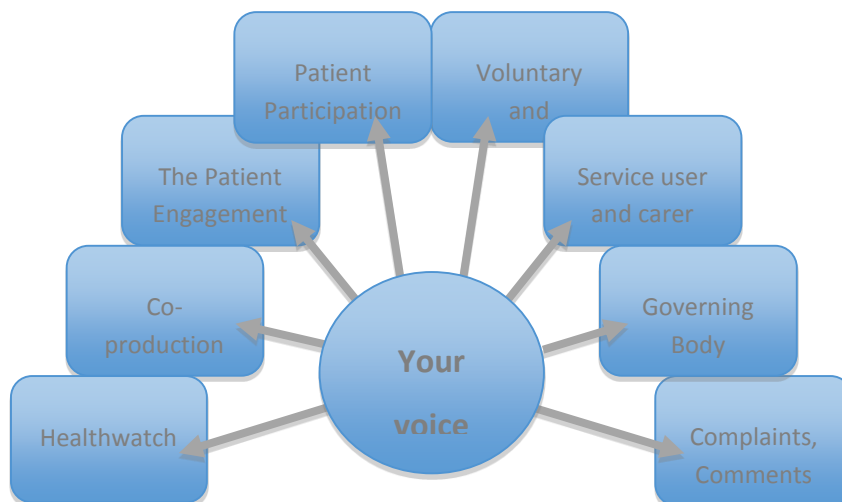
## 8 Governance and Accountability for Patient, Carer and Public Engagement

8.1 As a public organisation ‘**Governance**’ is the way we ensure the CCG is **run and managed effectively and within the law**. ‘**Accountability**’ is the way we take responsibility for the way **we do this on behalf of the people we are set up to serve**, and how we demonstrate that the decisions we make and take are in the best interests of the people of Havering.

8.2 We govern the CCG and make sure it is accountable to local people in a number of ways and central to the way we do this are the roles that local people play within our organisation, our structures and the day to day work that we do.

8.3 We don’t want to rely on one single way of doing this and aim to provide a full range of opportunities and approaches to patient, carer and public engagement that enable people to engage with us in whatever way suits them and in ways that support us to be effective in our role as the commissioner of services on behalf of our local population.

8.4 Set out here are ways that people can get involved with the CCG. It is not an exhaustive list and we will always aim to ensure the way we do this supports a meaningful contribution from all sections of our community.



## **8.5 Lay Members of the Governing Body**

The Governing Body is the group of people who are charged with taking overall responsibility for how the CCG is run and managed and the decisions it takes. The Governing Body is largely made up of GPs who have been elected to take up positions of responsibility including areas of special interest and expertise. One GP on the Governing Body takes particular interest in patient, carer and public engagement. To ensure the public has a voice at the heart of the organisation we have local members of the community who sit as 'Lay Members' alongside the GPs and other nurses and managers on the Governing Body. Lay Members are appointed by a selection process following an open advert and application that invites any local interested member of the community to put themselves forward. There is always a minimum of two Lay Members on the governing body, one of which takes a particular interest in patient, carer and public engagement. The Lay Member in Havering is Richard Coleman. The Governing Body is responsible for signing this strategy off and is ultimately responsible for making sure it is implemented.

## **8.6 Public Access to Board Meetings**

As a public body, all of our Governing Body meetings are held in public. We welcome members of the public to attend and there is allocated time for questions to be asked. The times, dates and venues of meetings are available in advance and the papers for the meetings can be accessed on our website <http://www.haveringccg.nhs.uk/>. Papers are available a minimum of five working days in advance.

## **8.7 The Barking and Dagenham, Havering and Redbridge Patient and Public Engagement Seminar Series.**

The three CCGs, Barking and Dagenham, Havering and Redbridge work closely together, sharing some management and back office functions. When talking to people about this strategy and how it should be developed we

learned that it can be difficult for patient, carer and public feedback to be heard at the highest levels within the CCGs and for patient, carer and public feedback to influence strategic developments.

To address this gap, we plan to set up a series of seminars to support good practice and innovation in engagement on projects and initiatives that span the three CCGs. We envisage 2 - 4 seminars a year taking place around the three Boroughs or more frequently as required. We will be keen to work closely with our voluntary and community sector partners drawing on examples of good practice in engagement. This year we will specifically explore how we can work together across agencies to ensure local people are engaged in a seamless way and are able to influence new models of care for example the Vanguard Programme on Urgent and Emergency Care and the Sustainability and Transformation Plans.

Attendance at the Seminar Series might include but will not be limited to;

- CCG Lay members
- CCG Directors
- CCG PPE Clinical leads
- Patient Engagement (Reference) Forum Members
- Healthwatch
- Representatives of the Voluntary and Community Sector
- Representatives of Communities of Interest
- Representatives from the Local Authority
- Representatives from service provider organisations
- Regulators (CQC)
- CCG engagement advisor/staff

A terms of reference will be developed to include the Seminar Series remit and purpose.

## **8.8 Co-Production and Co-Design**

Co-production and co-design describe a way of working that means working together in an equal and shared way between professionals, people using

services, their families and their neighbours. This approach is particularly useful in helping to shape and design services every step of the way from beginning to end. In line with the Guiding Principles developed in discussion with local interested people and organisations we have recently used co-production and co-design as part of the [Vanguard Programme](#) (as a vanguard we are taking a lead on the development of a new care model for urgent and emergency care that will act as a blueprint for the NHS moving forward). Our co-design work has been cited as good practice and we are looking to build on it in the Urgent and Emergency Care transformation work in 16/17 and beyond. You can view a video that describes co-production in an accessible and fun way by [clicking here](#).

### **8.9 The Patient Engagement Reference Forum**

The Patient Engagement Reference Forum was set up when the CCG was formed in 2013. The purpose of the forum is to provide patients and the public the opportunity to give and receive feedback on the work of the Clinical Commissioning Group. The forum also gives local people the opportunity to influence commissioning decisions and to give GPs and their supporting teams the opportunity to receive direct feedback about peoples' experiences of using local health services.

With the support of a committed group of local members the Forum has provided an important way for the CCG to seek feedback and a patient, carer and public perspective on its work.

We see the Forum taking a lead role in ensuring this strategy is implemented in the local area and that the CCG delivers its commitment and duties of patient, carer and public engagement fully and meaningfully.

Membership is open to patients, carers and the public who are registered with a GP in the area and meetings are held regularly throughout the year. We are keen for the local community to be reflected in the membership of the Forum as far as possible. We also recognise it is impossible for all people and



groups to be directly involved in this way. If you have any questions about the work of the Patient Engagement Reference Forum or are interested to get involved with the group please contact Boba Rangelov on 020 8926 5048 or email: [boba.rangelov@onel.nhs.uk](mailto:boba.rangelov@onel.nhs.uk)

We will work with existing Forum members to review the membership of the group and to develop a clear membership structure with clarity about roles, expectations, responsibilities and support.

We will support the Patient Engagement Reference Forum to ensure it is able to support an active voice for all people across the Borough.

### **8.10 Working with Healthwatch**

Healthwatch Havering was set up in April 2013 and is the independent consumer champion for health and social care. Through its statutory remit and its specific powers such as having a seat on the Health and Wellbeing Board and its right to Enter, View and Observe services as they are being provided Healthwatch provides an essential opportunity for local people to influence the priorities and work of the CCG.

Healthwatch plays a unique and important role within health and social care locally. We see Healthwatch as an independent critical friend and will look to engage Healthwatch appropriately throughout our work as we do now.

We see Healthwatch as an early warning system. By spotting trends and themes in the issues they pick up from their conversations with local people. We will respond to their requests in a timely way and will provide information on any actions we take based on their recommendations and reports.

We will work with Healthwatch to agree an information sharing protocol so that we can share relevant information that will enable us to work effectively together across the Borough to develop a big picture of the issues that are affecting local people.

For more information, you can get in touch with Healthwatch in the following ways.

### **Healthwatch Havering**

<http://www.healthwatchhavering.co.uk/> Queen's Court, 9-17 Eastern Road, Romford RM1 3NH. Tel: 01708 303300

## **8.11 Working with GP Patient Participation Groups**

From 1 April 2015 it is a contractual requirement for all English GP Practices to establish and maintain a Patient Participation Group. The Practice must make reasonable efforts during each year for this to be representative of the practice population. The Practice must engage with the group throughout the year to review feedback about services. The purpose of the engagement is to identify improvements that can be made. Where the practice and PPG agree, the practice must act on suggestions for improvement. The purpose of the Patient Participation Group (PPG) is to ensure that patients and carers are involved in decisions about the range, shape and quality of services provided by their practice.

In our role to support continuous improvement and to monitor the effective delivery of contracts we will continue to undertake a programme of development and support for Patient Participation Groups across all practices in the Borough.

The support we provide will enable each Patient Participation Group to consider and agree its remit and purpose and using good practice guidance we will support the implementation of any actions required.

We will specifically support groups to look at ways to reach out to all patients within the practice population including those who would find it hard to engage in traditional ways such as at meetings.

## 8.12 Working with the Voluntary and Community Sector

The voluntary sector in Havering is rich and diverse, providing representation for a wide range of interests and groups.

In line with the Compact we would like to work increasingly closely with the voluntary and community sector as a way to reach out to the people of the Borough. We would like to build on existing initiatives including the funded post we have to support specific health and care related initiatives in Redbridge and the Voluntary and Community Sector Forum we host in partnership with the London Borough of Havering. The voluntary and community sector can be described in a number of ways: **by geography**, with organisations ranging from the very local (a walking club) to the national (e.g. Disability Rights UK) and international (e.g. Save the Children); **by type** - for example 'provider' organisations which offer a service (e.g. meals on wheels offered by local branches of Age UK), umbrella organisations which support or represent a range of organisations (e.g. the Neurological Alliance), or research focused organisations (e.g. Cancer Research UK); **according to whether they are generalist or specialist** (focusing on a particular health condition); by **beneficiary** – e.g. those focusing on young people, those which target the elderly; **or by size and income** – from a local volunteer-led peer support groups, to a multi-million pound organisation on multiple sites with paid staff, a management team and a board of governors.

We see value in working with the full range of voluntary and community sector organisations and agencies, we will:

- Invite representatives of the sector to attend the Patient, Carer and Public Engagement Seminar Series.
- Support the Patient Engagement Reference Forum to reach out to voluntary and community sector groups to ensure the interests of diverse local communities are reflected.
- Look to work more closely with the voluntary and community sector to enable communities of interest to feed into all stages of the commissioning process.

- Recognise that the involvement of the voluntary and community sector is not necessarily free

## 9 Widening Participation

9.1 There are groups who face specific barriers to participation in commissioning, and whose specific needs must be taken into account. Examples of these groups are children and young people, carers, and patients and service users with disabilities and long-term conditions. There are also groups that experience poorer access to primary care and poorer health outcomes, for example insecurely housed people, Gypsy Traveller groups, refugees, asylum-seekers, migrants, sex workers, and people with mental health problems, learning disabilities, low health literacy, and drug and alcohol problems. This includes people who may not be registered with GP practices or 'visible' in the primary care system. Havering CCG recognise the importance of taking into account all of these groups.

### 9.2 Our population

The people of Havering are generally fairly healthy. Life expectancy is long and residents and visitors to the borough benefit from plenty of high quality parks and open spaces.

There are 237,232 people living in Havering and 256,731 people registered with a Havering GP. It is estimated that by 2016, Havering's population will have grown by 5.4% (12,699 people) and by 11.5% (27,095 people) by 2021, a faster rate of growth than the London average.

The life expectancy for people living in Havering is 78.6 years for men and 83 years for women. While life expectancy overall is above the England average, there is a 7.4 year gap in life expectancy for men and 4.6 years for women across Havering, with life expectancy particularly impacted by where people live and the circumstances of their upbringing.

Havering has one of the largest older populations in London, with more than 23% of residents (40,000) over the age of 65. Between the 2001 and 2011, growth in the 85+ age group saw the largest percentage increase (at 43%, which is higher than for both London and England), and the size of this age group is projected to continue to increase, by 20.3% by 2020.

The borough has a large younger population too. It is estimated that around 23% (54,018) of the population in Havering is aged 0 - 19, similar to the England average of 24%. Future projections suggest that the 0 - 15 age group is estimated to grow by 8.2% by 2016 and 21.1% by 2026.

While the population is predominantly White British, it is becoming increasingly diverse. It is estimated that around 12% of Havering's working age population is of non-white ethnicity; however the school census reported that nearly 23% of school pupils in Havering were from non-white ethnic groups.

The borough is generally fairly affluent, being ranked 177th overall out of 326 local authorities for deprivation, but has pockets of deprivation. Two small areas of the borough (situated in Goodmays and South Hornchurch) fall into the 10% most deprived areas in England. When compared with other London boroughs, Havering has a relatively small proportion of children living in poverty; however this has risen in recent years (bucking the trend seen in most other London boroughs of declining levels of child poverty).

9.3 We are keen to ensure that as far as possible the diversity of our community is reflected in our engagement activity and that no person or group is excluded from becoming involved due to their age, disability, race, religion and beliefs, gender identity or sexual preference. This is in line with the Equality Act 2010 and the Equality Delivery System

<https://www.england.nhs.uk/about/gov/equality-hub/eds/>

9.4 We will undertake the following actions to make sure all people who want to can become involved in our work:

- Include a specific section on Engagement in our revised Equality and Diversity Policy
- Ensure any communication whether written or face to face is made available in alternative formats and languages where required and that meetings and events are held in accessible venues
- Work with Healthwatch and the Voluntary and Community Sector to ensure specific communities can be engaged in our work in appropriate ways

9.5 We are also keen to ensure as many people from across our community can get involved in our work. However, we recognise that for many people, getting involved by attending meetings or groups is not convenient, appropriate or accessible. As one way to address this, we will look to establish an e-network that will provide an alternative way for local people to be engaged in our work. People will be invited to join the e-network by providing their email address and expressing interest in specific areas of interest. We will build on the information and offers made by people at the co-design event held to help bring this strategy together. The e-network will provide a platform for people to receive updates about the CCG, information about specific projects that are taking place and an opportunity to get more involved if they wish. For example, by attending a focus group, event or by responding to an on-line survey.

9.6 We also see the value of social media as a cost effective way to connect further with people across the Borough.

We will increase our use of Twitter and other forms of social media as a communication tool and to alert people to projects that are taking place and to seek feedback when appropriate.

9.7 At our co-design event held to get input to this strategy we were very pleased to receive a significant number of offers to help provide support in accessing different communities across our Borough.

We will develop a database of the offers and look at how we can co-design this over time to create a way to share and swap ways to engage with our

patients, carers and the public. We will follow up on these offers to explore how we can take them up.

## **10 Reward and Recognition**

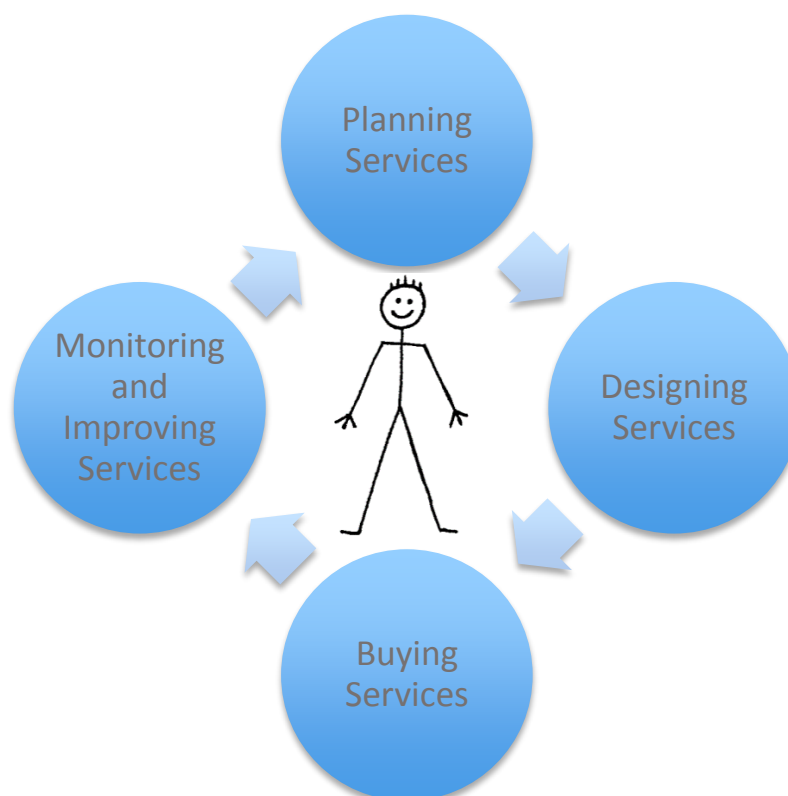
10.1 We sincerely value the contribution that patients, carers and the public make towards improving health and care services. We do not think anyone should be financially out of pocket when they get involved in our work.

We will work with the Patient Engagement Reference Forum and the Patient, Carer and Public Engagement Seminar Series to develop and adopt a policy that is appropriate and clearly sets out when and what support is available to patients, carers and the public who become involved in our work. We will draw on existing work completed by NHS England available to view [by clicking here](#).

## **11 Service Improvement and Commissioning**

11.1 Every year the Clinical Commissioning Group (CCG) receives funds from Government and undertakes a range of activities to ensure local people have access to and receive the right health care, at the right time in the right place. This includes arrangements with large services providers such as hospitals, the London Ambulance Service and mental health trusts as well as smaller local service providers such as community pharmacies and community health services. By co-commissioning with HS England the CCG also takes some responsibility for commissioning GP services. Commissioning can involve setting up new services or new ways of providing services as well as improving existing services.

## Commissioning Services Together



11.2 To make sure we set up new services or improve existing services in a way that meets the needs of those who use them, we will:

- Require each commissioning business case that goes to our Governing Body for approval to include a statement of Patient, Carer and Public Engagement that sets out how patients, carers and the public have been or will be engaged in service planning, service designing, procurement and service monitoring
- We will expect each contract we let with a service provider to demonstrate through key performance indicators how the views of service users will be gathered and how this insight will be used to ensure continuous improvement in the way the service is delivered
- As commissioners we will monitor this aspect of performance to ensure service user feedback is embedded in all services for which we are responsible as commissioner



- As commissioners we will ensure the insight gathered through patient experience is used to inform and improve the services we plan going forward and any future business cases we may propose

11.3 A template to support the above actions is available in **Part 2 - 'The Guide'**. Commissioners will take responsibility for developing and carrying out and documenting clear plans for patient, carer and public engagement.

The Patient and Public Engagement Seminars and the Patient Engagement Reference Forum will also be available as a resource for commissioners to seek advice and or guidance in developing and implementing their plans and business cases.

## 12 Formal Consultations

12.1 If a service is likely to change significantly in the way it is provided, in addition to undertaking on-going engagement in line with our Guiding Principles and this strategy, we would expect to undertake a formal process of consultation with those who will be effected by the change.

12.2 In line with the Compact agreement with the voluntary and community sector we will:

- **Consult voluntary sector groups on issues of interest to them using mechanisms that support and enable as many responses as possible**
- **Invite relevant groups to work with us from the start of planning consultations and give early notice of forthcoming consultations**
- **Conduct 12-week formal consultation exercises, with clear explanations and rationales for shorter time-frames or less formal approaches where these are necessary or more appropriate (and longer, where possible, particularly when the 12 weeks covers a holiday period)**
- **Have a cross-agency consultation calendar to facilitate co-ordination, avoid overload, and make key information accessible**

- **Seek to ensure fair access and engagement opportunities for all, including consideration of all Equalities categories**
- **Seek to ensure that people feel that their views will count and that they are valued by decision makers**
- **Present consultation choices clearly and realistically, including where there is a preferred option. Alternatives should be invited, whilst making clear what can and cannot be changed as a result of consultation and engagement**
- **Give feedback to respondents on what has been heard and what will be happening. Consultation results should be made publically available**

12.3 In following the strategy as set out here, we would not envisage needing to consult on a significant service change in this way without there having been substantial prior patient, carer and public engagement activity.

## **13 Complaints, comments and compliments**

13.1 As an organisation we value the opportunity to learn from the experiences of those who come into contact with us. To that end we see complaints, comments and compliments as a positive way to learn from others to improve the way we carry out our work.

- We will improve the information available on our website and in our literature so that the ways that people can easily know how to make a complaint, comment or compliment about our work
- We will regularly review complaints, comments and compliments and look to make changes to the way we do things based on the feedback we receive. We will report this to our Governing Body.

13.2 Whilst we don't directly provide health and care services, we do commission others who do. We will therefore ensure each contract we commission includes key performance indicators that set out how complaints,

comments and compliments will be gathered and analysed and will seek evidence of how services are improved as a result through our contract monitoring role.

## 14 Reporting Back

14.1 We believe it is essential for those who we engage in our work to know how their contribution has made a difference. We will feedback to people about any changes that are made and any reasons for why changes are not made. We hope this will nurture a culture that values the contributions of patients, carers and the public throughout our work. We will use a range of different ways to feedback to people including:

- [The website](#)
- The Patient Engagement Reference Forum
- The Patient and Public Engagement Seminar Series
- Face to face meetings and events
- The e-network
- Social media
- Newsletters including those of voluntary and community sector partners
- Network meetings, forum and events
- Personal contact
- Letters of thanks

We will support commissioners to ensure they go back to people who they have engaged and to develop an on-going relationship with patients, carers and the public throughout the process of service planning, design, procurement and monitoring.

We will keep good records of our approaches to patient and public engagement with a particular emphasis on the impact or difference made as a result of patient and public engagement and use these to report to NHS England against Section 13Q of the Health and Social Care Act 2006.

## 15 Evaluating Progress

15.1 It is important that we aim for continuous improvement in the way we undertake patient, carer and public engagement.

The Patient Engagement Reference Forum will be invited to oversee the implementation of this strategy and resulting action plan.

15.2 In addition we will look to undertake an independent peer review within the three year period of the strategy. To achieve this we will look for a peer review partner and aim to do a review mid-term and one at the end of three years.

15.3 Annually in line with our reporting requirements to NHS England we will produce and publish an annual report on patient, carer and public engagement. This report will demonstrate how we are doing against our action plan and what actions we need to take to make improvements. We will work with our local partners to co-produce our annual report and plan and work with the Patient, Carer and Public Engagement Seminar Series to co-design a series of 'test questions' that we can apply. We will also invite Healthwatch to make an independent statement.

15.4 We will draw on existing work in this area developed by NHS England and available at <https://www.england.nhs.uk/ourwork/patients/participation/>

## 16 Further Resources and Support

**NHS England: How do I get involved in primary care commissioning? Information for patients and the public.** [click here](#). An easy read version is available [here](#).

**NHS England: Framework for Patient and Public Participation in Primary Care Commissioning.** [click here](#).

**NAVCA – find your local Council for Voluntary Service Searchable Directory** [click here](#).

**NHS England – Transforming Participation [click here.](#)**

**The Consultation Institute: training on consultation and engagement methods [click here.](#)**

**Scottish Government Community Engagement Pages – more detail on engagement methods and techniques [click here.](#)**

**Participation Compass – practical advice and guidance on planning community engagement [click here.](#)**

**Acronym Buster NHS Confederation - [click here.](#)**

**Other patient, carer and public engagement related documents and articles - [click here.](#)**

## **17 Thanks and Acknowledgements**

We would like to thank everyone who has participated in helping to bring this strategy and guide together. We are committed to making sure patients, carers and the public are equal partners in the way services are planned, designed, procured and monitored. We would like to receive any feedback you might have on the strategy and guide and invite you to send your comments through to [marie.price@onel.nhs.uk](mailto:marie.price@onel.nhs.uk)

## **18 Other Formats**

*This document is available in other formats – please advise if you would like a copy in another format.*

## 19 Words and phrases used

**Clinical Commissioning Group** - is the term given to a form of commissioning that is clinically led by a group of GPs. Each GO in the area is a member of the Clinical Commissioning Group.

**Commissioning**: the process of planning, specifying, buying and monitoring services to meet peoples' needs.

**Commissioners**: in this document this refers to people who work for Barking and Dagenham, Redbridge and Havering CCGs on planning, specifying, buying and monitoring services.

**Co-production**: The design and delivery of services by citizens and professionals in equal partnership.

**Governing Body**: this is the group who are responsible for leading and managing the Clinical Commissioning Group on behalf of its members.

**Health and Wellbeing Board (HWB)**: Local authorities have established a Board that lead on improving the strategic co-ordination of commissioning across NHS, social care and related children's and public health services.

**Healthwatch**: an independent organisation that is the local consumer champion for health and social care

**Local Authority (LA)**: refers to the local council

**Patient**: Someone who is receiving medical care or treatment, whether in a health or care setting (such as a hospital, GP practice or care home) or at home.

**Public**: for the purposes of the strategy, this means the residents of Barking and Dagenham, Redbridge and Havering.

**Voluntary and community sector (VCS)**: VCS is a common umbrella term for organisations known variously as charities, third sector organisations, not for profit organisations, community groups, social enterprises, civil society organisations and non-governmental organisations.