



**Warrington**

Clinical Commissioning Group

# Patient and Public Involvement Why?

Katie Horan  
Engagement Manager



- Why we should engage and involve?
- Legal obligation
- Consequences of NOT
- How
- Examples of engagement and not engaging

# Why is public involvement in commissioning important?

*“The NHS belongs to the people. It is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill, and when we cannot fully recover, to stay as well as we can to the end of our lives”*

***NHS Constitution enshrines public ownership of the NHS as a fundamental value***

*“One of the great strengths of this country is that we have an NHS that – at its best – is of the people, by the people and for the people.. we need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services.”*

***Five Year Forward View***



# NHS Standard for Patient and Public Voice in Commissioning



Excellence for  
Warrington

# Is there a legal obligation to involve and engage with the public?

Yes!

NHS organisations that have a responsibility for commissioning or providing health services must make arrangements to involve users under the Health and Social Care Act 2012 section 14Z2 and now 13Q (for primary care)



# 14Z2 and 13Q

The CCGs must make arrangements to secure that individuals to whom the services are being or may be provided are involved

- a) In the planning of the commissioning arrangements by the group
- b) In the development and consideration of proposals by the group of changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them and
- c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact



# What Does This Mean?

- The duty is a lot wider than just consultation
- As a CCG we need to be able to show how we have involved patients in the planning and development of services, change to services and proposals and decisions about services



# How?

- Involved in our Governance Process  
Health Forum  
Patient Representation on Governing Body  
Quality Accounts  
Primary Care Commissioning Committee

Need:

To involve patients in other governance meetings Quality Committee etc





# How?

- Public involvement in commissioning/  
business plans

Specific to our commissioning priorities and intentions

Engagement/ consultation process for commissioning of criteria based clinical treatments

Need:

To involve patients in our 'house' priorities



# How?

- Plans to reconfigure, transform/ improve services  
Need to involve patients when scoping, developing new models of care.

At the earliest possible stage

This also includes public involvement in any development that will need a consultation (consultation itself is not enough)

Need:

Use PALS, complaints, Healthwatch data, patient representatives on steering groups, Health Forum, Third Sector groups.

Specific engagement activities undertaken



# How?

- Procurement

Considering or developing service specifications

When commencing a procurement process

Need:

Specific engagement with relevant patients to develop the spec

Patient representative on the procurement panel (use trained Patient Reps or approach specific Third Sector/ patient group)



# How?

- Advance equality and reduce health inequalities  
Should be able to demonstrate how we have tried to ensure participation activity:
- reaches diverse communities and groups
- The protected characteristics under the Equality Act 2010
- People who lack capacity and protected and empowered

## Need:

- To continue and increase our Equality Impact Assessments



# Consultations

## Substantial Variation

- Are there proposed changes in the accessibility of services?
- What is the impact on the wider community and other services?
- How many patients are affected by the proposed change? *(If it affects a small group of patients it may still be 'substantial' especially if patients need to continue to access that service for many years)*
- What are the methods of service delivery? Is a particular service moving from an acute hospital setting into a community setting?

## Gunning Principles

- 4 principles that all consultations must adhere to



# How do we engage/ involve patients?

- Health Forum – need to use more at the start of any service change/ review etc. To be involved in the COG process
- PPG Network – if specifically related to primary care
- Working with Healthwatch Warrington and Halton for their intelligence
- Use of Family and Friends Test information, patient survey results, PALS, complaints
- Patient Representative Policy
- ✓ Patient on Governing Body
- ✓ Patient representatives trained
- Use of Third Sector organisations (Compact)
- Specific engagement activities



**If you don't consult  
and engage...**



Most importantly there is the potential to have services that don't meet the needs of the community.





# Judicial Reviews

Decisions by government bodies (including local NHS bodies) can be challenged in the courts through a Judicial Review.

The Judicial Review process is not that interested in what the actual decision was, but in how that decision was made

An important aspect is - does someone/a group have a “legitimate expectation they should have been involved/consulted”?



We need to start to think of patients like our clinicians

We wouldn't usually start any piece of work without our clinician leads involvement, Commissioning PLT to engage and CSDC – we need to start thinking the same for patients!