

## Meeting of Bristol Clinical Commissioning Group

To be held on Tuesday 25 March 2014 commencing at 1.30 pm in the Vassall Centre, Fishponds, Bristol

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### Title: Updated Patient and Public Involvement Strategy Agenda Item: 8

#### 1 Purpose

To present the final draft of a revised and updated PPI strategy for Bristol CCG, to the Governing Body for discussion and approval.

#### 2 Background

Bristol CCG started to develop its approach to patient and public involvement in the commissioning of local health services when it was in shadow form. The shadow board had an initial discussion at an “away day” discussion on 6 December 2011. Following this, there was a “question and answer” session on issues related to PPI for shadow board members and locality executive members on 9 February 2012.

It was felt to be important that there was explicit CCG ownership of the process of developing a PPI strategy. To enable this to happen, the CCG identified PPI “champions” at both shadow board and locality level to lead on this development across CCG. The group was charged with the responsibility of developing the PPI strategy. A first draft of aims and objectives of the strategy was discussed at a series of nine internal CCG meetings across the three localities to ensure that practice managers and clinical staff from across the city had the opportunity to influence the development of the aims and objectives of the PPI strategy. The strategy was approved by the shadow governing body in August 2012.

#### 3 Revising the strategy post CCG authorisation

Following authorisation the CCG put in place a process to ensure that the aims and objectives of the strategy would be delivered. This process has included:

- Setting up the PPI, Equalities and Communications (PEC) Group to oversee the development and implementation of a detailed PPI action plan
- Integrating PPI, Equalities and Communications activity in the CCG and identifying these three linked activities as enablers of effective, patient centred commissioning
- Taking the opportunity to discuss, revise and update the strategy through the PEC

**4 How have service users, carers and local people been involved?**

In order to give tangible form to the aspiration that the strategy should be informed by the views of public stakeholders and representatives of local service users and carers, the process of strategy development started with a workshop involving representatives from key third sector organisations – The Carers Centre, The Care Forum and VOSCUR, and the City Council. The views of these workshop participants were instrumental in shaping the first draft of the aims and objectives of the strategy.

**5 Implications on equalities and health inequalities.**

There is an explicit recognition in the strategy that all patient and public involvement activities need to be accessible and inclusive for those with protected characteristics, and that issues relevant to protected groups, who may have a weaker voice are heard, and that they influence CCG commissioning practice and decision making.

<b>Please indicate below the age groups covered by the by the issue discussed</b>			
<b>Children/Young People</b>	<b>X</b>	<b>Adults</b>	<b>X</b>

**6 Financial Implications**

There are no direct financial implications arising from the adoption of this strategy

**7 Legal implications**

The strategy provides the necessary framework for the CCG to discharge its legal and good practice obligations with respect to patient and public involvement.

**8 Risk implications, assessment and mitigation**

N/A

**9 How does this fit with Bristol CCG's Annual Work Plan or Strategic Objectives?**

The strategy is one of the three enablers of effective, patient centred commissioning.

**10 Recommendation**

The Governing Body of The Bristol Clinical Commissioning Group is requested to approve the updated strategy

**Tony Jones, PPI Lead Manager**

**Judith Brown, Director of Operations**  
**19 March 2014**



*Better health and sustainable healthcare for Bristol*

# Patient and Public Involvement Strategy April 2013 – March 2016

## A strategy for involving patients and the public of Bristol in the commissioning of local health services

<b>Please complete the table below:</b>		
<b>Strategy ref no:</b>	<i>to be added by corporate team once strategy approved and before being circulated</i>	
<b>Author (inc job title)</b>	Tony Jones, Patient and Public Involvement Programme Manager	
<b>Date Approved</b>	<i>to be added by corporate team once strategy approved and before being circulated</i>	
<b>Approved by</b>	<i>to be added by corporate team once strategy approved and before being circulated</i>	
<b>Date of next review</b>	December 2015. (In order to have a revised strategy ready for April 2016)	
<b>How is strategy to be disseminated</b>	To be placed on the CCG's website and shared directly with key patient and public partners including Bristol Healthwatch	
<b>Check list for Governing Body/approving committee</b>		
<b><i>To be completed prior to approval by author</i></b>		
Has an Equality Impact Assessment been completed?	No because EIA's are undertaken on policies and commissioning decisions	
Has legal advice been sought?	No	
Have training issues been addressed?	Yes, a training needs analysis of CCG staff has been undertaken and relevant training will be provided to support strategy implementation	
Are there financial issues and have they been addressed	There are no direct financial issues arising from the strategy	
How will implementation be monitored	The detailed action plan developed to implement the strategy will be monitored by the PPI, Communications and Equalities Steering Group	
How will the strategy be shared with: <ul style="list-style-type: none"> <li>• Staff</li> <li>• Patients</li> <li>• Public</li> </ul>	The strategy will be placed on the CCG's website and shared directly with key patient and public partners including Bristol Healthwatch. It will also form a key part of the training and support provided to CCG staff	
<b>Version Control <i>please remove this box once approved and finalised</i></b>		
Version	Date	Consultation
7	20 March 2014	

## Contents

1. Introduction.....	1
1.1 <b>Our vision and values</b> .....	1
2. Background .....	2
2.1 <b>New organisation, new opportunities – new strategy</b> .....	2
2.2 Aims.....	4
2.3 Objectives .....	5
3. Actions.....	6
3.1 <b>Developing a new approach to involvement and local health service commissioning</b> .....	6
3.2 <b>Making it real – implementing the strategy</b> .....	6
3.3 <b>The engagement cycle</b> .....	7
3.4 <b>Action Planning</b> .....	7

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## **1. Introduction**

### **1.1 Our vision and values**

Bristol Clinical Commissioning Group's (CCG) vision for patient and public involvement is for a transparent, accessible process open to all, with the aim of ensuring that health service commissioning is informed by the needs and views of the people of Bristol. This strategy underpins a core CCG value – that we will put patients (carers and family members) at the heart of our decisions.

Therefore, for Bristol CCG, patient and public involvement (PPI) describes a range of involvement activities that ensure patient, carer and public perspectives actively contribute to, and inform the outcomes of, the range of activities that make up the commissioning cycle. PPI is active involvement, it creates different dialogues, partnerships and collaborations between public, patients, carers and the groups that represent them, and local health commissioners in order to promote commissioning that is informed by the needs and views of the people of Bristol.

## **2. Background**

### **2.1 New organisation, new opportunities – new strategy**

From April 2013, Bristol CCG took on responsibility for commissioning the majority of health care for Bristol residents. As a new commissioning organisation, led by local clinicians, the CCG has a unique opportunity to develop a dialogue with the people of Bristol about the future of NHS services in the city, and to make use of the rich feedback data provided to and by our member practices.

The NHS is changing. Healthcare is being provided by different organisations, patients have more choice about where and how they receive their healthcare and the money available for health and social care is reducing. At a national level, the NHS is undergoing significant change to respond to the challenges of this shifting environment. Key drivers include:

- NHS Call to Action – a national debate about the future shape of the NHS being led by NHS England. This includes ‘improving general practice – a call to action’ and the drive towards seven day services.
- The Francis Report, the Keogh Report and the NHS complaints review driving a culture of openness, transparency and respect. (This strategy acknowledges and responds to recommendation 135 of the Francis Report on public accountability of commissioners and their responsibilities for public engagement).
- The need to re-define the relationship between commissioners and consumers of healthcare. In future the approach will need to be one of partnership and co-production, utilising individual and community assets and supporting innovative approaches to involvement such as the “Patient Leader”
- Changes to the financial environment of the NHS, such as the introduction of personal health budgets.

Bristol is changing too – it is becoming a younger, more diverse city but one still plagued by significant health inequalities. At a local level, key drivers of change in the health environment include:

- The transfer of public health responsibilities to Public Health England and Bristol City Council
- The introduction of two, new and important local bodies, the Health and Well Being Board and Bristol HealthWatch.
- Changes within the acute sector, such as North Bristol NHS Trust’s foundation trust application and the reconfiguration of services between NBT and University Hospitals Bristol.
- Re-commissioning of mental health services across Bristol.

In this increasingly complex and fragmented world it is more important than ever that the money available for health care in Bristol is spent in a way that reflects the changing needs and views of the people of Bristol. The CCG

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recognises that it has to be pro-active in seeking out views and involvement from groups and individuals who are often marginalised, so that health service commissioning is informed by their views and experiences.

In response to these challenges, the CCG has developed a strategic approach to patient and public involvement which will:

- Ensure that the needs and views of Bristol residents inform the local health service commissioning cycle
- Communicate our priorities for patient and public involvement to partners, communities and residents
- Enable the CCG to align its priorities for resident involvement in commissioning with those of partner organisations e.g. the Health and Well Being Board
- Fulfil the CCG's legal duty to involve the public in the commissioning process, and its obligations under the NHS Constitution. (S14Z2 of the NHS Act 2006, as amended, places a duty on CCGs to ensure that there is patient and public involvement throughout the commissioning cycle. This would include involvement in needs assessment, developing models of care and service specifications, as well as in any proposed changes to local health services that might impact upon patients)
- Help to ensure that commissioned health services deliver the highest quality of care and patient experience within the resources available
- Support the CCG in delivering its statutory and good practice obligations under equalities legislation.
- Maximise the involvement of our member practices
- Make best use of the rich data provided by the Joint Strategic Needs Assessment – a document jointly developed by the CCG and Bristol City Council and approved by the Health and Well Being Board.

## Aims and Objectives

### 2.2 Aims

- To recognise that the CCG is a new organisation, in a changed world of new organisations and that productive relationships will need to be created with a range of partners based upon open and transparent communication. This communication should reflect, support and be informed by:
  - The NHS's communications principles to be: clear and professional; cost-effective; straightforward; modern; accessible; honest; and respectful;
  - The Open Government Partnership's commitments to openness and transparency; and
  - 'Putting Patients First' – NHS England's business plan to improve quality and outcomes for patients and provide best value for taxpayers.
- To develop excellent partnership working, which will be essential to achieving better health service commissioning
- To encourage a dialogue, with the help of our partners, that will engage residents in strategic conversations about e.g. the Health and Well Being Strategy and the CCG's Commissioning Intentions.
- To ensure that Bristol citizen's experience of NHS services directly informs commissioning and, in so doing, improves health and patient experience for the residents of Bristol. However, anecdotally, and from national and international research, we are well aware that many protected groups experience barriers to healthcare and struggle to get their voices heard in order to influence improvements. To address this, we will ensure that local NHS strategies, policies and practices concerned with patient and public involvement are specifically designed so that:
  - all patient and public involvement activities are accessible and inclusive in terms of reflecting the protected characteristics
  - issues of relevance to protected groups who have a weaker voice are heard, and influence organisational policy, practice and the wider health system
  - intelligence gathered is shared amongst strategic partners for the purpose of improving service planning, commissioning and delivery
- To recognise the unique opportunity the CCG has to communicate with residents, all of whom have access to a GP
- To ensure that the strategy becomes a living document by inviting partner organisations to help us to review and update it on a regular basis

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- To be consistent with related and relevant CCG strategies e.g. the communications and equality, diversity and human rights strategies
- To ensure that “post Francis” the CCG places patients at the heart of all commissioning activities

### 2.3 Objectives

- To ensure that the CCG is in a position to develop, and sustain a new approach to patient and public involvement in the commissioning process. This strategy is one of a number of enabling work streams which will support the development of this new approach to local health service commissioning. In order to achieve this, the CCG will, in conjunction with its Commissioning Support Unit (CSU), design an approach to health service commissioning which encourages and enables lay involvement throughout the commissioning process
- To ensure that the CCG, and its supporting CSU, have the structures, processes and organisational culture in place to become “involving” organisations
- To ensure that CCG governance and quality systems reflect a commitment to promoting public involvement in the commissioning process
- To ensure that the CCG develops a new approach to understanding and responding to patient experience information – both good and bad
- To enable the CCG to measure progress in developing effective public involvement in the commissioning process. In particular, the CCG will need to be able to demonstrate the effectiveness of lay involvement in commissioning
- To support Practices in enabling them to gain patient insight which will contribute to CCG commissioning
- To encourage Practices to develop links with local community groups and organisations, for example by working with their Neighbourhood Partnership, so that these links facilitate the involvement of voluntary and community groups in CCG commissioning.

### **3. Actions**

#### **3.1 Developing a new approach to involvement and local health service commissioning**

This involves recognising that the commissioning cycle is a dynamic and complex process that should incorporate community engagement and patient experience activity. When it is working well, the commissioning cycle should:

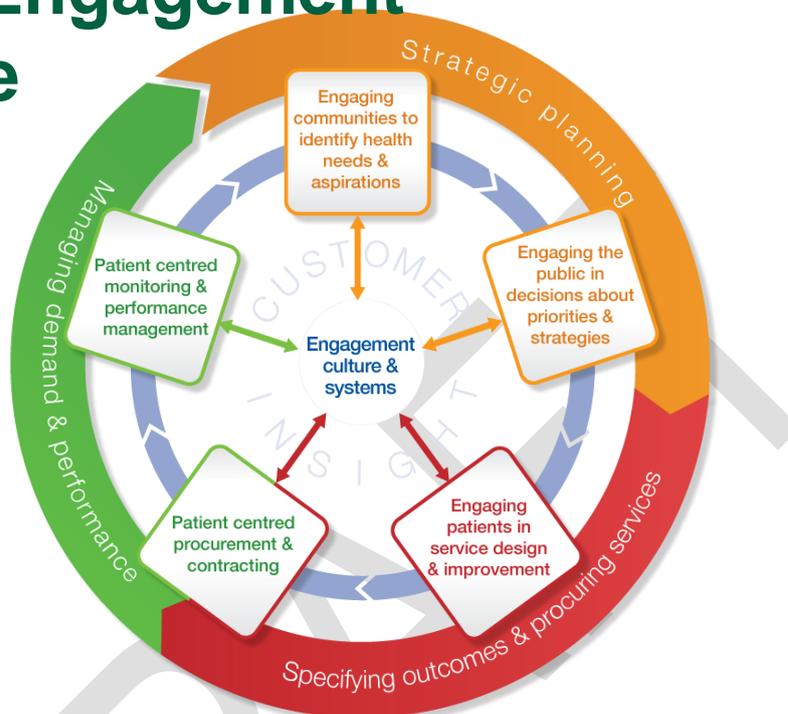
- Start by involving and understanding the needs of the many, not the few
- Embrace involvement throughout the cycle. This means people being involved in different ways, at different points in the process
- Provide check points in the commissioning process to ensure that this involvement does actually happen and that the CCG is able to demonstrate that commissioning decisions are influenced by the process of involvement
- Ensure that feedback to public and stakeholders is integral to the commissioning process
- Respect the contribution of groups, individuals and communities by working with partners to minimise any duplication of involvement activity across health and social care commissioning
- Pro-actively seek out the views of those from seldom heard groups or communities
- Take place in a corporate culture which gives priority to listening, understanding and responding positively to patient experience/public views.

#### **3.2 Making it real – implementing the strategy**

- The CCG will work with Bristol Health and Well Being Board to ensure that our common responsibility to involve local people in setting the strategic objectives for health care in Bristol is co-ordinated and shared
- The CCG will invite partners, including HealthWatch, to help it review this strategy on a regular basis
- The strategy is for three years, with a review built in after 18 months

- The CCG will develop a detailed action plan for this strategy. This plan will build on existing Partnerships and PPI activities, will include member practice involvement and will ensure that patient experience, quality and safety is at the heart of all commissioning activities

## The Engagement Cycle



### 3.3 The engagement cycle

The engagement cycle provides a graphic representation of the stages in the commissioning process and how patients and the public can be involved in the different aspects of that cycle.

### 3.4 Action Planning

A detailed action plan will underpin this strategy, it will be agreed and implemented through the PPI, Equalities and Communications Group and monitored through the Quality and Governance Committee (quarterly report) and the Governing Body (annual report plus specific activities relating to the business of the CCG e.g. development of commissioning intentions, procurements, service redesign etc).

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A copy of the CCG governance structure reflecting these reporting arrangements is attached as appendix 1

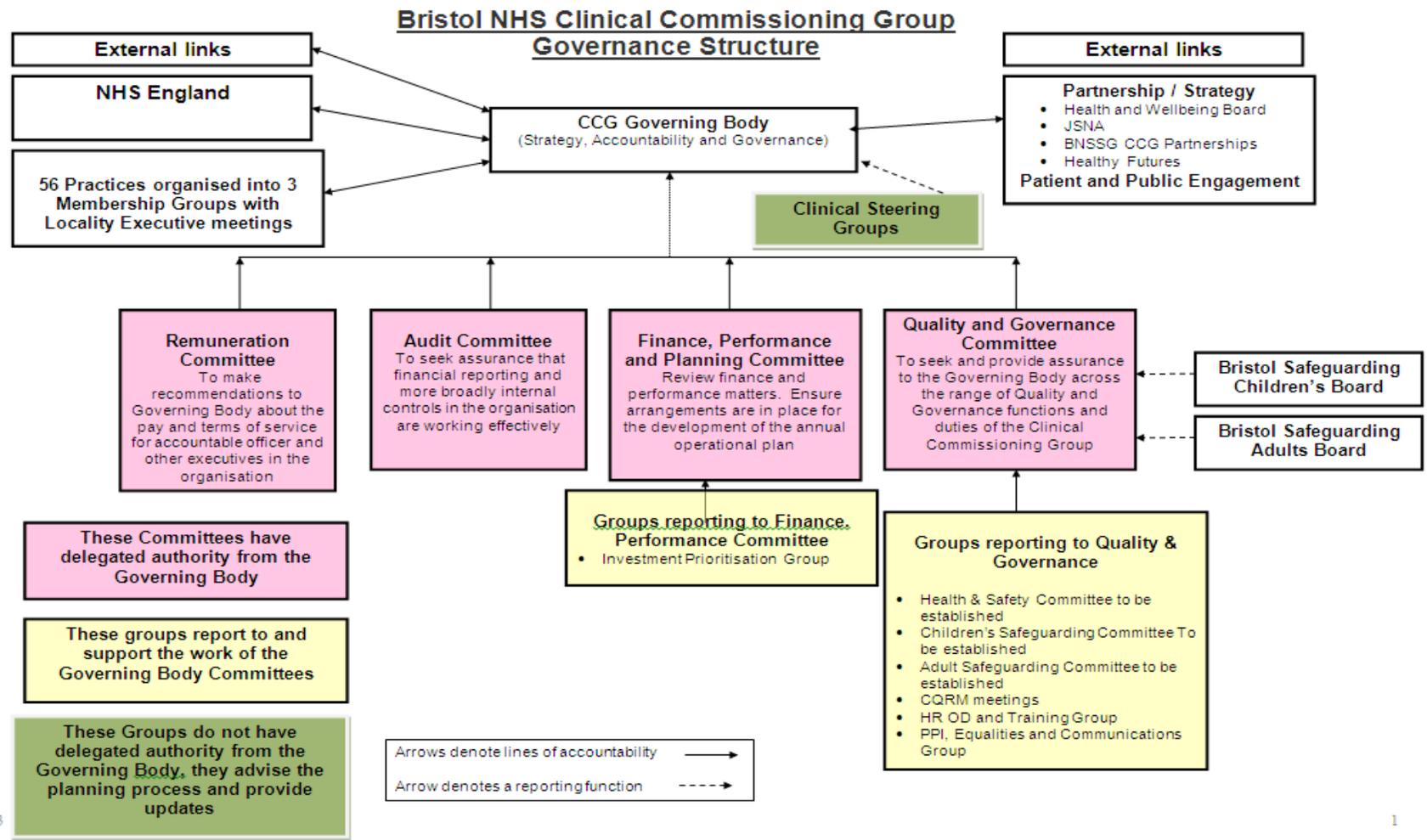
The action plan will include specific detail of PPI activities relating to the engagement cycle above and will;

- Ensure that relevant CCG governance and quality structures and processes are designed to facilitate the involvement of Bristol residents in the commissioning process
- Building upon PPI activity and successes to date, ensure that the outcomes from the various stages of the commissioning cycle are informed by lay involvement
- Align the organisational development work of both the CCG and CSU to enable the creation of “involving” organisations and, in particular, develop staff skills and experience in PPI so that involvement becomes “everybody’s business”
- Set up systems and processes in both the CCG and the CSU to ensure that there is a consistent approach to capturing patient experience information, and pro-active use of that information in commissioning
- Develop specific measures to demonstrate the effectiveness of lay involvement in commissioning
- Provide specific support and encouragement to Practices to enable them to use their contacts with patients to gain valuable commissioning insight
- Encourage Practices to make contact with organisations and groups in their local community, so that they can hear the views of local organisations about commissioned health services.

NB it is important to note that the CCG is developing its approach to self-management, shared decision making, personalised care planning and personal health budgets through the Long Term Conditions Steering Group and continuing healthcare work-streams.



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