NHS

North West Coast
Strategic Clinical Networks

Patient & Public Involvement Strategy

June 2016
Version 0.2

THE NHS CONSTITUTION
the NHS belongs to us all

Contents Page

1. Introduction

The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006. Specifically, it introduced two new legal duties, requiring Clinical Commissioning Groups (CCGs) and commissioners in NHS England to enable:

- patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission;

- the effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.

However, participation is not only about legal requirements. It underpins everything that the NHS in England does. The first annual planning document of the NHS Commissioning Board (now NHS England), Everyone counts: planning for patients 2013/14, outlines the incentives and levers that will be used to improve services and is accompanied by other documents to help local clinicians deliver more responsive health services, focused on improving outcomes for patients, addressing local priorities and meeting the rights people have under the NHS Constitution.

‘Everyone counts’ sets out clear expectations of how participation is central to achieving these improvements.

The North West Coast Strategic Clinical Networks and Senate will ensure that public, patient and carer voices are at the centre of everything we do, from planning to delivery. All our activities will be informed by insightful methods of listening to those who use and care about health and wellbeing services.

‘We must put citizen and patient voice absolutely at the heart of every decision we take in purchasing, commissioning and providing services.’

Tim Kelsey
National Director of Patients and Information, NHS England

2. North West Coast Strategic Clinical Networks & Senate

Following a national review of NHS England services, the number of Strategic Clinical Networks (SCNs) has been reduced and new footprints have been established nationally. The Cheshire & Merseyside and Lancashire & South Cumbria areas now form the North West Coast SCN. The SCN will cover the following workstreams:

- Cancer
- Diabetes
- Maternity and Perinatal Mental Health
- Mental health and Dementia
- Urgent and Emergency Care

In addition to the mandated SCNs, there are two managed Clinical Networks for Palliative and End of Life Care within Cheshire & Merseyside and Lancashire & South Cumbria.

The purpose of the SCNs is to provide a model through which professionals, organisations and service users collaborate across organisational boundaries to deliver programmes which result in improved health and wellbeing outcomes and improved quality of patient care.

Working with their stakeholders and constituent organisations, including the Clinical Senate, the SCNs will act as a vehicle for achieving continuous improvement where:

- A whole system approach is required to achieve improvement across a complex pathway of care involving multiple professionals and organisations;
- A co-ordinated, combined improvement endeavour is needed to overcome healthcare challenges, which have not responded to other improvement efforts.

3. Purpose of the PPI Strategy

This Patient and Public Involvement (PPI) Strategy has been developed to ensure that the services provided by the North West Coast Strategic Clinical Networks and Senate:

- place the patient at the centre of everything we do;
- promote a culture of meaningful engagement at all levels of the Networks and Senate;
- support the delivery of our vision, values and objectives; and
- is underpinned with partnerships with key stakeholders

This strategy is intended to ensure patient and public involvement is approached in a strategic and meaningful manner. It outlines the way in which patients and public will be involved in future developments within the Networks and Senate, identifies the responsibilities of all staff, and ensures partnership working with key stakeholders and service providers of both health and social care.

4. Definition of Patient and Public Involvement:

Our definition of patient and public Involvement is:

- individual participation – people in control of their own care
- public participation – communities with influence and control
- insight and feedback – understanding people's experiences

The abbreviation PPI is used throughout this document to encompass all involvement work across the North West Coast SCNs and Senate, patients, carers, service users and members of the public.

5. Partnership working:

We are committed to ensuring that public and patient voices are at the centre of shaping our healthcare services. To do this successfully we need to use the most effective and efficient approaches to participation, including working in partnership with other organisations, at national, regional and local levels.

Through working with partners such as local Healthwatch and voluntary groups, we can ensure the effective participation of patients, carers, stakeholders and the public. Partnership working supports a more coordinated and efficient approach to participation, making best use of particular skills and expertise, of available funds and of people's time. It also supports innovation and empowerment, particularly in engaging with communities who experience poorer health outcomes and whose voices we can find harder to hear.

Key partners include:

- Patients, carers and the public
- Charitable organisations
- Educational organisations
- Health and Well-Being Boards
- Local Authorities
- Area Teams
- Public Health
- Operational Delivery Networks
- Strategic Clinical Networks (other areas)
- Academic Health Science Networks

A diagram of the PPI model can be found at Appendix A – page 9.

6. NHS England Vision for participation

We will ensure that patient, carer and public voices are at the centre of our healthcare services, from planning to delivery. Every level of our commissioning system will be informed by insightful methods of listening to those who use and care about our services.

NHS England has developed some **principles of participation** based on a review of research, best practice reports and the views of stakeholders. The North West Coast SCNs and Senate will actively demonstrate the adoption of these principles as an integral part of the way we work:

Working well together

- We will understand what's worked in the past, and will consider how to apply it to the present and future.
- We will have a shared goal and take joint responsibility for our work.
- We will take time to plan well.
- We will start involving people as early as possible.
- We will give feedback on the results of involvement.
- We will provide support, training and the right kind of leadership so that we can work, learn and improve together.

Working with each other

- Our relationships will be conducted with equality and respect.
- We will listen and truly hear what is being said, proactively seeking participation from communities who experience the greatest health inequalities and poorest health outcomes.
- We will use all the strengths and talents that people bring to the table.
- We will respect and encourage different beliefs and opinions.
- We will recognise, record and reward people's contributions.
- We will use plain language, and will openly share information.

7. PPI Strategic Aims

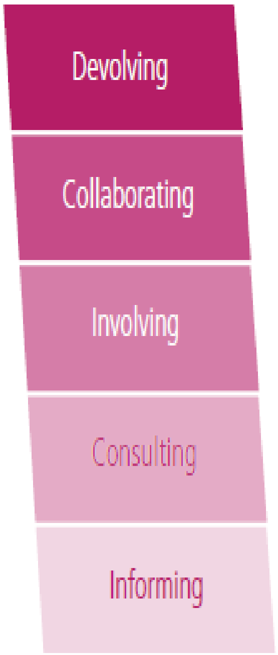
In order to achieve our vision, this strategy sets out five aims which are key to ensuring PPI is systematic and embedded and meets patient and the public need. The aims are:

- To develop a culture across the SCNs and Senate whereby PPI is 'everybody's business' and patients are at the centre of everything we do;
- To continue to improve the quality of PPI across the SCNs and Senate;
- To embed PPI into the strategic decision-making process
- To ensure PPI reflects our demographic area; and
- To work in partnership with patients, carers, families and partners in the delivery of PPI.

8. The “Ladder of Engagement and Participation”[1]

The North West Coast SCNs and Senate will use a range of different methods and mechanisms to maximise patient and public involvement in order to allow people to be involved as much or as little as they choose.

Devolving	Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups.
Consulting	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens’ panels and focus groups.
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.



An example of how this might work in practice can be found at Appendix B – page 10.

[1] NHS England – Transforming Participation in Health & Care – September 2013

9. People’s Voice:

Fundamental to this approach is the development of the “People’s Voice.” This largely “virtual” assembly will consist of patient, carer, public and community representatives; its purpose is to support the participation and engagement of patients, carers and members of the public on changes and improvements to health and wellbeing services, policies or strategies.

The North West Coast SCNs and Senate welcome the involvement of interested people in its work. We want to work with all stakeholders including patients, carers, charities, patient groups, voluntary and community sector bodies and interested members of the public. Registered stakeholders will be kept informed about the work of the SCNs and Senate and will have the opportunity to get involved in a range of ways.

10. Insight and Feedback – understanding people's experience

In addition to the People's Voice, the North West Coast SCNs and Senate will build a rich picture of the needs of patients and local communities by using evidence and information from a variety of sources including:

- Friends and Family Test
- Patient Centred Outcome Measures (PCOMS)
- Patient Survey Programme
- NHS England Insight Dashboard

11. Governance

The North West Coast SCNs and Senate's Accountability and Governance framework ensures that the views of patients, carers and the public routinely influence policy making and strategic decisions.

12. Support

The North West Coast SCNs and Senate are committed to supporting patients, carers and members of the public who participate in engagement activity. We will:

- Provide clear descriptions of role and responsibilities
- Provide appropriate induction materials/support
- Provide a key contact for questions and queries
- Provide training as appropriate

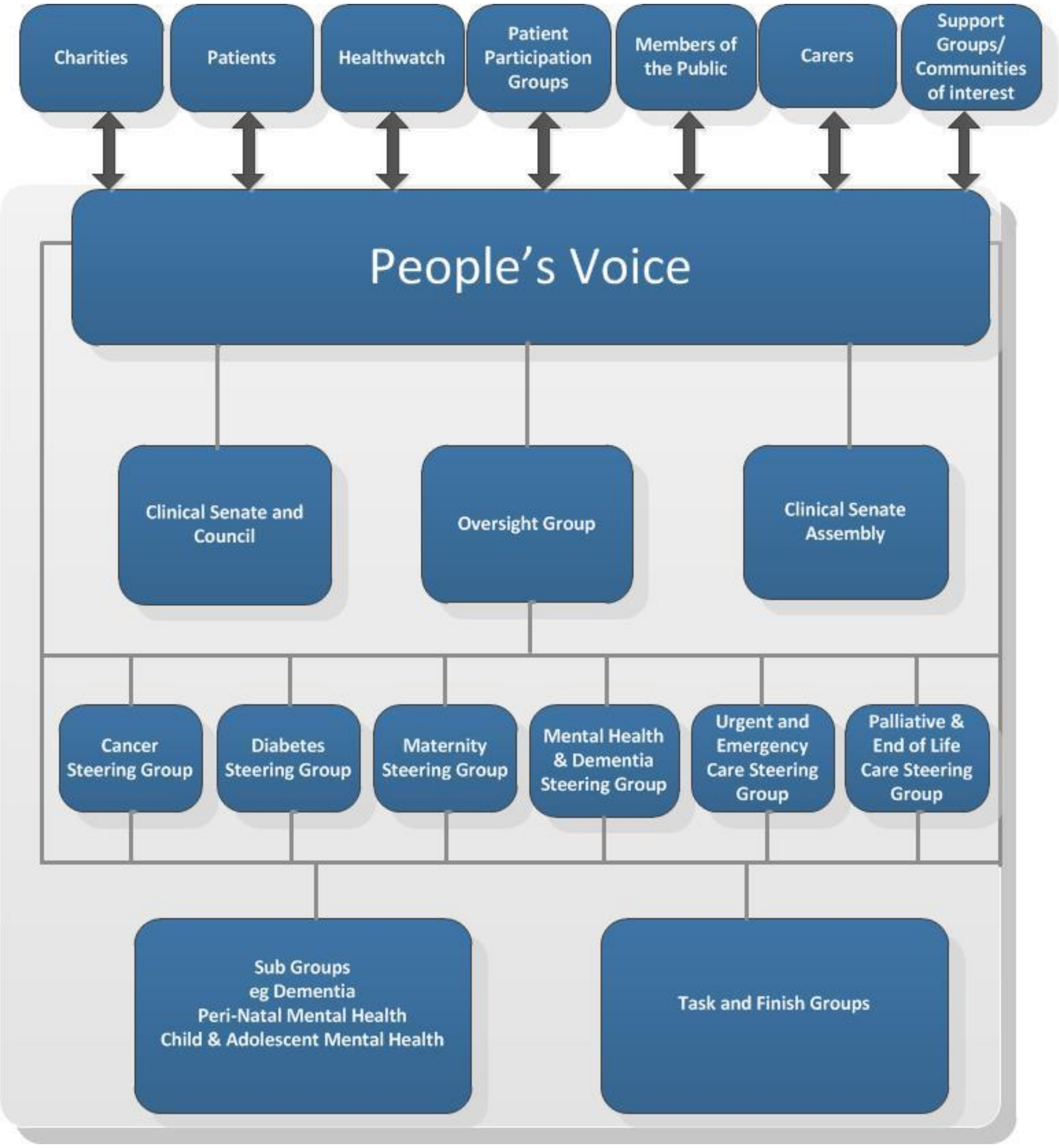
13. Reimbursement of Expenses

The North West Coast SCNs and Senate are determined that no-one should be out of pocket as a result of their participation in engagement activity. We follow the NHS England policy "Working with our Patient and Public Voice Partners: Reimbursing out of pocket expenses and involvement payments "as regards reimbursement for all patients, carers and members of the public involved in our work. An example of the form can be found at Appendix C – pages 11- 13. An electronic copy or hard copy of the form will be provided by the SCN member of staff who you are working with.

14. Monitoring and Evaluation

Patient, carer and public involvement activities will be monitored and evaluated to ensure that it is contributing towards better care for patients, carers and the public.

Appendix A – PPI model



There will be a database of individuals/groups/charities/ Patient Participation Groups/Healthwatch/Advocates. The database will be managed by the network. Engagement will be through regular communication on network projects. Members will be invited to engage on emerging and existing work, to ensure a wide range of perspectives and involvement.

Appendix B – Example model of the 'Ladder of Engagement and Participation'

Mrs Smith requires chemotherapy treatment for breast cancer. She has a local hospital in area A but is required to travel 30 miles daily to area B for treatment. She finds this costly, time consuming and finds travelling back tiring following chemotherapy. Patients in area B are able to access this treatment locally. **(Issues identified)**

This inequity of access is brought to the attention of a local third sector representative who discusses this with the local health watch group. This is brought to the attention of local CCG commissioning leads. **(Devolving)**

A project outline is provided to the network oversight group which includes patient representation. Approval is given. **(Collaborating)**

The clinical lead for cancer nominates lead clinicians and patient representatives drawn from the cancer steering group to lead specific task and finish groups. Wide ranging consultation is required therefore a call for experience goes to the People's Voice database. **(Involving and consulting)**

This experience feeds into regional commissioning discussions about provision of cancer services and the need for large scale strategic change is recognised. This is discussed with the quality improvement lead for cancer who discusses this with the clinical lead for cancer and steering group patient representative **(Involving and consulting)**

Interested parties respond and are invited to join relevant task and finish/ sub groups or provide specific advice and engagement **(involving and consulting)**

A communications strategy is developed that includes public decisions. **(Informing)**

Appendix C Example

NHS England

Name	
Address	
Postcode	
Tel No.	
email	

Patient and public voice (PPV) participant Expenses Claim Form

Date	**Event Title and Location, details of expenses claimed**	**Mileage claimed (mileage rates on page 2)**			**Travel fares £**	**Other expenses £**
		Full mileage rate	Passenger miles	Passenger name	Please attach receipts	
	Total			**Total**		

Attendee Declarations (please tick to confirm your agreement):

1. I confirm that the above expenses have been incurred as a result of working in partnership with NHS England and they comply with NHS England’s PPV expenses guidance. ☐
2. The motor vehicle for which I have claimed a mileage allowance above is insured. The vehicle is maintained at all times in road-worthy condition and complies with the requirements of the Road Traffic Acts. I hold a valid driving licence. ☐
3. If you have received an involvement payment for any work done, please tick to confirm that you understand that you are responsible for declaring this income to HMRC or other income providers (e.g. Jobcentre Plus, or insurance companies who may provide income to individuals). ☐

Name PPV participant: ……………………………………………………………. **Date:** ………………………………………………

Authorised for payment by Programme Lead: ………………………………………………………………..

Job Title: ……………………………………………………… **Date:** …………………………………………………..

Approved mileage rates:
Rates of reimbursement are in line with Her Majesty's Customs and Revenue Service (HMRC) recommendations, correct at HMRC website January 2015. When travelling by personal vehicle, the vehicle must have valid insurance, tax and an MOT certificate. **If a passenger is carried (by car or van) to the same meeting, <u>an additional 5p per mile can be claimed</u>.** This is in line with HMRC policy (correct at January 2015).

From HMRC website valid from 2015	First 10,000 business miles in the tax year	Each business mile over 10,000 in the tax year
Cars and vans	45p	25p
Motor cycles	24p	24p
Bicycles	20p	20p

If rail travel is required then this can also be claimed, but must be standard class or equivalent.
Please note that you will be paid by cheque to the address that you have listed on your form within 14 days of receiving your claim form.
Please either email your claim form to pamela.bailey1@nhs.net or post to the address below.

Please post this form to:
(Please choose appropriate address for the area you are participating from)

North West Coast Strategic Clinical Networks and Senate

Room 176
Preston Business Centre
Watling Street Road
Fulwood
Preston
PR2 8DY

Room 203
Vanguard House
Sci-Tech Daresbury
Keckwick Lane
Daresbury
Halton WA4 4AB