



Framework for patient and public participation in public health commissioning

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Framework for patient and public participation in public health commissioning

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SUMMARY OF KEY POINTS AND ACTIONS FOR PUBLIC HEALTH COMMISSIONERS

- Patient and public participation is an essential component of commissioning, and should be considered at all stages of the commissioning cycle (planning, buying and monitoring health and care services).
- NHS England's public health commissioners face specific challenges to involving the public, based on the wide geographical footprints that they cover; the range of programmes that they commission; and the challenge of reaching people who are not accessing services, or whose service contact is very infrequent.
- To help prioritise involvement activity, commissioners should be guided by legal requirements – is there a duty to involve? In addition, they should consider where there may be the greatest impact on service and health outcome improvements, including inequalities.
- Consider the need for – and best approach to – participation depending on the situation, the population in question, and existing sources of information and insight; these sources may be national, regional or local.
- Involve people in ways that are appropriate to their needs and preferences, and provide them with the necessary information, resources and support to enable them to participate.
- Work with partners to involve people, including other commissioners, local authorities, providers, service user and carer networks, Healthwatch, and the voluntary and community sector.
- Plan for participation – including identifying benefits (with measures of impact where appropriate) and costing participation activity; participation plans need to be factored in to overall business planning and programme planning, and evaluation needs to be planned.
- Involve people early on, not as an afterthought.
- Feed back to those you have involved about the impact of their participation. Explain how their participation has influenced commissioning, and if not, why not.
- Keep good records of your approach to participation including how you have assessed the legal duty to involve the public in commissioning. **NHS England commissioners are required to document their assessment of whether Section 13Q (the legal duty to involve the public in commissioning) applies using the [standard form available on the NHS England intranet](#).**
- Document and report on participation activities and evaluate the **impact**, publicising and celebrating success and sharing learning.

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1 Introduction

NHS England wants to involve patients and the public in public health commissioning to design and deliver effective services that meet the needs of people in contact with these services.

This framework is a guide for NHS commissioners of public health services - and anyone who is interested, including patients and the public, the voluntary sector, and providers of public health services. The framework describes how NHS England involves patients and the public in the commissioning of public health services.

In our definition of 'patient and public participation' we mean service users, patients, children and young people, carers and families and those with lived experience as well as the wider public and stakeholder organisations representing these networks and communities.

By 'participation in commissioning' we refer to how people are involved in planning (including policy making and relevant programmes), buying and monitoring of public health services.

Whilst participation is an essential consideration in our work, and is not merely a 'nice to do' task, we recognise that it can take many different forms. For example, patients and the public may be involved through a formal consultation, by being sent information directly, or through face to face meetings.

This framework has been co-designed with members of a planning and development group for Patient and Public Participation in Public Health Commissioning. Membership of this group includes the voluntary sector and commissioners (membership can be seen in the [acknowledgements section](#) of this framework).

The framework is designed to be read in conjunction with the NHS England [Patient and Public Participation Policy](#) and the [Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning](#).

The Patient and Public Participation Policy sets out our ambition to strengthen patient and public participation in all of our work, and how we intend to achieve this, in line with the vision for the NHS set out in the [Five Year Forward View](#). The Statement of Arrangements is for NHS England commissioners working in all areas of direct commissioning (primary care, public health, health in justice, specialised services and services for the armed forces). It identifies where our legal duty to involve the public in commissioning under **Section 13Q of the Health and Social Care Act 2006 (as amended)** applies. It sets out guidance for commissioners on how to involve the public, including:

- Principles for fair and proportionate involvement
- When public involvement should take place
- Case studies.

This framework is specific to public health commissioning. It supports commissioners to:

- Involve service users of all ages, patients, families, carers, communities and staff in all aspects of commissioning.
- Address our legal duty to involve patients and the public in our commissioning processes and decisions.

It includes practical resources and case studies to help commissioners plan and implement patient and public participation.

Patient and public involvement is an essential part of our work. We believe that health services and outcomes are better when people who use and care about services have meaningful opportunities to be involved in them. The benefits of public involvement are not limited to service design improvements. Involvement can have a direct benefit to people, including reduced health inequalities, improved confidence, skills and knowledge and wider wellbeing benefits. Our values are rooted in the [NHS Constitution](#)¹, which states that the NHS belongs to us all.

2 Context

2.1 What public health services and programmes are covered by this framework?

NHS England is responsible for commissioning certain public health programmes that drive improvements in population health, as directed by the Secretary of State for Health. These programmes presently include:

- National immunisation programmes
- National screening programmes
- Child health information services
- Public health services for adults and children in secure and detained settings²
- Health services for victims of sexual assault.

NHS England commissions these programmes based on national service specifications prepared by Public Health England (PHE), drawing on the best evidence to provide the public with safe and effective services, supported by information and expert advice and capacity from PHE.

¹ The NHS Constitution states: ‘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.’

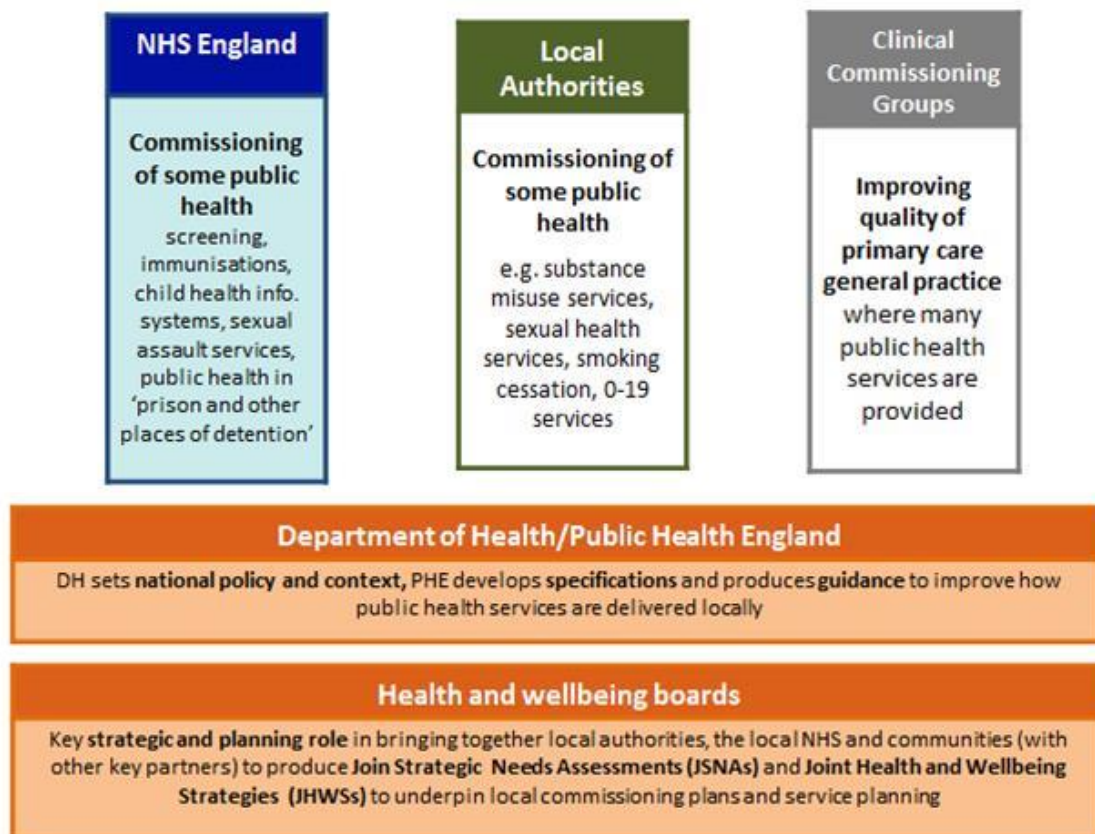
² Although Sexual Assault Referral Centres (SARCs) and healthcare for children and young people in secure and detained settings are covered by the public health functions agreement, they are not included in the scope of this framework. This is because they have been included in the participation framework for health and justice commissioning, along with other health services that relate to health and justice settings.

NHS England is delegated this commissioning responsibility under section 7A of the NHS Act 2006. It works with partners to commission high quality services that will deliver good public health outcomes for the public and be sustainable.

Services are commissioned from a mixed market of providers including NHS Trusts, GP practices and independent organisations.

For more information on NHS England’s public health functions, see the annual [‘NHS public health functions agreement’](#).

2.2 Who commissions public health services?



This participation framework applies only to NHS England public health commissioning responsibilities, that is, those mandated under the section 7A agreement.

2.3 Who are our patient and public stakeholders?

Our patient and public stakeholders include (but are not limited to):

- Service users and those with lived experience; for public health services commissioned by NHS England, this is those receiving immunisations and screenings.
- Members of the public eligible for screening and immunisations services, who are not accessing those services.
- Carers and families.
- Citizens.

- Stakeholder organisations (including voluntary, community and patient organisations) representing networks and communities of interest from public health services.

The issues outlined below create a context for NHS public health commissioning responsibilities. They need to be taken into account to plan effective service user and public participation for this area of health services.

- Public health service users for immunisation and screening services are whole populations defined by demographic characteristics such as age and/or gender. The approach to participation therefore needs to be adjusted to suit the needs of the particular cohort of service users; one size will not fit all.
- Service users are not receiving services because of illness or injury, as is the case for most other health services commissioned by NHS England. Service users may be in contact with the service provider for a relatively short time, confined to a vaccination or a screening appointment.
- The settings for delivering services are quite varied, ranging from schools to GPs, pharmacies, community clinics and hospitals.
- Many of those receiving immunisations are babies and toddlers, so engagement with parents and carers is particularly important.
- School-age children are another significant group receiving immunisations, e.g. child flu and HPV, and direct engagement with them on services is also necessary.
- Despite robust evidence, public perceptions about the benefit and safety of immunisations, especially for children and young people, can be mixed, with groups actively campaigning against specific immunisations. This can make parents and young people uncertain about what to do for the best.
- There are groups who face specific barriers to participation in health services, and whose specific needs must be taken into account and services commissioned and provided in a way which meets these needs. Examples of these groups are children and young people generally (and within that vulnerable children and young people), disabled carers, patients and service users, people from black and minority ethnic communities, Gypsy Traveller groups, housebound people, and the armed forces registered population.
- There are significant differences in uptake of screening and immunisations for different population groups. For example, screening uptake among people with learning disabilities is lower than average.³ It is also known that lesbian, gay, bisexual and trans people (LGBT) face barriers to accessing screening and immunisations services which may not be reflected in uptake data, as the NHS does not routinely collect information on sexual orientation or trans status. For more information, see section 2.4 on equalities and health inequalities.

It is important for NHS England commissioners to work creatively with partners who have good knowledge of the specific service user population. Schools and the voluntary and community sector can bring valuable insight as well as existing

³ [PHE Making reasonable adjustments to cancer screening. An update of the 2012 report. Final Report of the Confidential Inquiry into premature deaths of people with learning disabilities \(CIPOLD\)](#)

relationships with service users. These relationships and networks can be tapped into rather than starting from scratch.

Assumptions about what level or type of participation will be most effective should be treated with caution. Where appropriate, commissioners should talk to representatives of the cohort to be engaged with, or a small group that knows the cohort, and agree the most effective route. Further information can be found in the resources section.

2.4 Equality and health inequalities considerations

NHS England has a legal duty to promote equality and to have regard to reduce health inequalities⁴. NHS England has completed an [Equality and Health Inequalities Analysis \(EHIA\) for the NHS England Patient and Public Participation Policy and associated documents](#), which is available on the NHS England website.

Several themes in relation to equality and health inequalities have already been referenced in this framework. The Department of Health carries out equality and inequalities impact assessments on public health policies relating to screening, immunisations and child health information systems, in liaison with PHE.⁵ Local commissioners may also need to carry out assessments as part of the commissioning process (see section 4.2 for links to support this), as they too have legal duties to meet in relation to equality and health inequalities.

Additional general considerations for commissioners include:

- Participation should particularly include those that experience health inequalities, people with protected characteristics and those eligible for services but who do not access them.
- Involvement activities should be planned and adapted to ensure equitable access to public participation opportunities regardless of a person's age, their cultural, linguistic, religious background, communication and accessibility needs.
- Participation activities should have regard for the nine protected characteristics as defined under the Equalities Act 2010. These are:
 - Age
 - Disability
 - Gender reassignment
 - Marriage and civil partnership
 - Pregnancy and maternity
 - Race
 - Religion or belief
 - Sex
 - Sexual orientation.

⁴ Equality Act (2010), Health and Social Care Act (2012)

⁵ For an example of an impact analysis, see this [equality analysis on the subject of childhood flu immunisation](#).

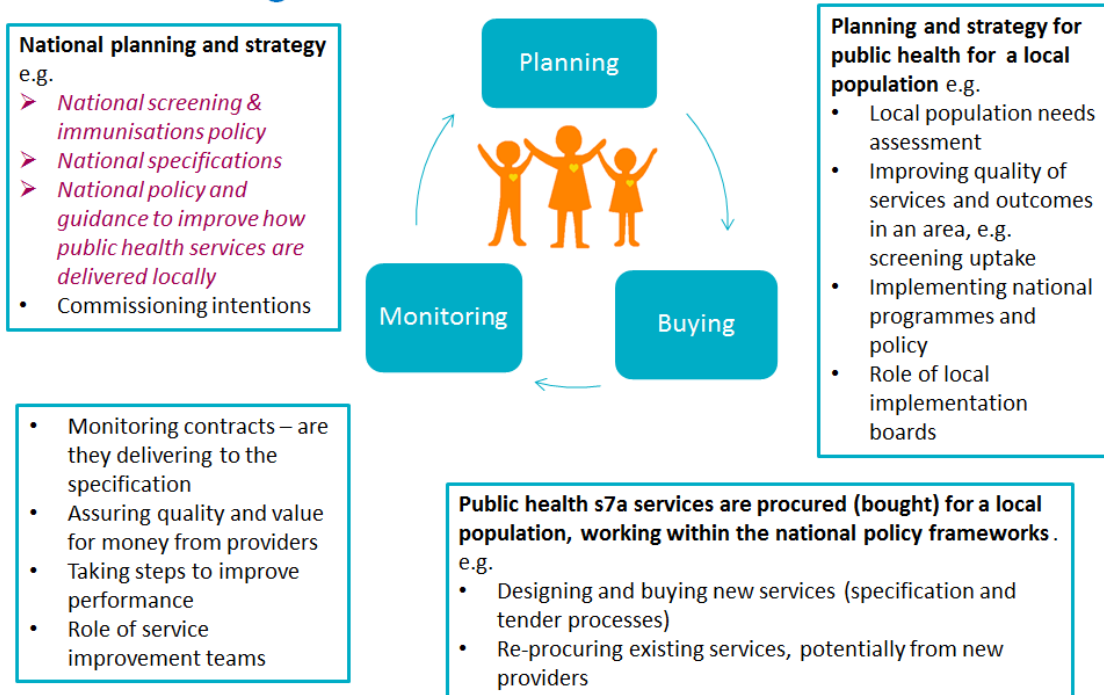
- People from these protected characteristic groups can experience barriers to participation. Potential barriers are described in the participation policy EHIA referenced above, along with recommendations and resources for reducing the barriers.
- Commissioners are required to support the [Accessible Information Standard](#). This mandatory standard aims to make sure that disabled people have access to information that they can understand and any communication support they might need. For example, this may be monitored as part of regular contract monitoring meetings.
- Auditing and monitoring participation of equalities protected groups, for example in events and formal governance roles, supports commissioners to manage and improve performance patient experience and outcomes by involving a diverse range of patients and service users.

3 Embedding patient and public participation in the commissioning cycle

NHS England is committed to involving patients and the public at each stage of the commissioning cycle for public health services. The commissioning cycle refers to the different activities that make up the process of planning and buying health services and ensuring that services are being delivered to the right quality standards and within the available financial resource. For public health commissioning, some of these activities are carried out by other partners in the health and care system, in particular by Public Health England and by local authorities.

The commissioning cycle for immunisations and screening

What happens where in public health Section 7A commissioning



➤ Department of Health or Public Health England led

3.1 National system partners in the public health commissioning cycle

Screening programmes are implemented on the advice of the UK National Screening Committee, which makes screening recommendations to the governments of all four UK nations. When recommendations are approved, Public Health England (PHE) writes the service specifications in collaboration with commissioners and stakeholders and then works with the different implementation bodies to support delivery. Immunisations programmes are developed in the same way, with advice coming from the Joint Committee on Vaccinations and Immunisations.

PHE involves service users and the public via a range of approaches including research into public attitudes and other issues that need to be taken into account in developing policy and planning implementation. It takes account of behavioural insight work done by the Department of Health and work commissioned from voluntary sector partners, for example attitudes to testing among particular demographic groups.

National user information for NHS screening and immunisation programmes (such as patient information leaflets including easy read materials) is produced following PHE's process for proportionate stakeholder engagement.

PHE includes public and patient representatives in national governance structures. At local level, it leads a quality assurance (QA) process for screening. As part of the QA process, services are asked to provide evidence of user feedback and demonstrate how they have used this feedback to improve the quality of the services that they provide.

3.2 How NHS England can involve service users, carers and the public in its public health commissioning activities

For NHS England the scope for impact from involvement comes in the following areas:

- Planning and strategy for public health for a local population, for example working through health needs assessments, Health and Wellbeing Boards and local implementation boards for screening and immunisation. This could be through having public members of local implementation or programme boards. Resources are available on the [NHS England intranet](#) on how to recruit patient and public voice partners.
- Involving service users and carers in planned changes to how public health services are delivered. For example, if a screening location was changing commissioners would need to make arrangements to consult with service users, giving the opportunity to ask questions and raise concerns before changes are made, and carrying out an impact assessment. This could be done through a local group such as Healthwatch and other voluntary groups that work with different populations. Commissioners should consider focused engagement with groups that have poor uptake, again working through partners such as local learning disability teams and self-advocacy groups.

- Procurement of immunisation and screening programmes and child health information services. These procurements may be national or local. See resources section for top tips and case studies on involvement in procurement.
- Working with local populations on improving uptake, access and coverage, building on insights from national research and involvement done by PHE, the Department of Health and the voluntary and community sector (VCS). A good starting point for commissioners would be to access data and research from best practice webinars and from the VCS on barriers to screening, and test this data through targeted local involvement with groups that may not be accessing services.
- Involving service users, carers, support groups and the public in monitoring provision, using insights from service users and carers to improve quality. This could be by holding focus groups or engaging on social media to understand experience of a particular immunisation or screening service.
- Holding providers to account for how they involve service users and gather and respond to their insights and feedback. See Appendix A for a resource to support this.

3.3 Roles and responsibilities of NHS England commissioners of public health services

3.3.1 National arrangements:

- **The Central Support Team for Public Health Commissioning**
This team oversees assurance to the Department of Health of delivery of public health programmes commissioned by NHS England, and facilitates and supports local teams in delivery. It is building patient and public participation into this national assurance process, sharing best practice through communication channels and networks, such as heads of public health meetings, supporting tripartite partner working with DH and PHE, and embedding public voice in national procurements.

3.3.2 Local arrangements:

Directors of Commissioning Operations (DCOs)

DCOs have delegated authority to commission a range of health services in a given geographic area, including Section 7A public health services. They take an overview of patient and public engagement across all commissioned services including public health within their local geographical area. Local priorities for action are identified and addressed. DCOs report through regional commissioning assurance mechanisms and to the NHS England Public Health Oversight Group (PHOG).

Local public health commissioning teams have responsibility for:

- Ensuring that they embed patient and public participation as an integral part of the work for which they are accountable. As a minimum, commissioners should complete an assessment at the beginning of commissioning activity

about whether the legal duty to involve applies, using the [standard form](#) available on the NHS England intranet. This will give an indication of what subsequent activity may be required. More information is available in the [Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning](#).

- Contributing to the monitoring, evaluation and reporting of implementation of this framework and the effectiveness of action to strengthen patient and public participation in commissioning. This is via assurance reports submitted to the Public Health Oversight Group and via regionally coordinated annual reporting on patient and public participation.
- Considering how public insight and involvement could help any plans to improve performance on public health commissioning targets (e.g. uptake or coverage). Planning participation templates can be accessed on the [NHS England intranet](#).
- Ensuring and assuring that patient and public participation is built into service provider specifications and contracts for public health services, e.g. when national specifications are customised for the local population.
- Holding service providers to account for collecting, analysing and responding to service user feedback, e.g. ensuring this is reported on and minuted in contracting meetings. See section 4.4.6 for more information on how to do this.
- Considering feedback generated by patient and public participation alongside other relevant data and using it to inform policy, programmes and decision-making in public health commissioning.
- Working consistently with the approach outlined in this framework and promoting an organisational culture in which patient and public participation is 'everyone's business'. This includes supporting formal and peer to peer learning, and celebrating success, e.g. a standard agenda item for local meetings on participation priorities and achievements.
- Keep good records of participation including how you have assessed the legal duty to involve the public in commissioning, your participation plans, and reports on impact and outcomes.

NHS England's public health commissioners face specific challenges to involving the public, based on the wide geographical footprints that they cover; the range of programmes that they commission; and the challenge of reaching people who are not accessing services, or whose service contact is very infrequent. To help prioritise involvement activity, commissioners should be guided by legal requirements on public involvement and equalities and inequalities. In addition, they should consider where there may be the greatest impact on service and health outcome improvements, e.g. where are there the biggest shortfalls in meeting screening targets and the needs of patients who are not accessing these services.

4 Resources to support participation

Commissioners will also need to refer to:

- [NHS England Patient and Public Participation Policy](#)
- [NHS England Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning](#)

4.1 Patient and public networks and sources of insight

A key principle in making best use of patient insights in commissioning is to review and analyse existing insight sources at the start of any public involvement planning process. Where possible, use information that already exists to add value to any direct engagement approaches. This includes drawing on insights from engagement done by NHS England local teams in other parts of the country, as well as national research.

A good starting point for accessing existing insights for public health commissioning is to draw on information from the Spotlight workshops organised by the central commissioning team, and to seek information on what data is available from partners who can help – for example [Jo's Cervical Cancer Trust](#), [Breast Cancer Care](#), [Beating Bowel Cancer](#), [Diabetes UK](#), the [LGBT Foundation](#).

The main sources of service user and carer insight are:

- Engagement with service user and other patient groups. This may be done directly by NHS England or by other partners including PHE, DH, providers, Clinical Commissioning Groups (CCGs), local authorities, voluntary sector, schools and local health promotion services
- Published academic research
- Reports from stakeholders for example service user organisations, [Healthwatch](#), voluntary sector groups
- Service users and carer stories
- Websites such as [NHS Choices](#), [Patient Opinion](#)
- Social media such as Facebook and Twitter
- Friends and Family Test feedback
- Complaints and compliments via the [NHS England Customer Contact Centre](#), national Ombudsman's reports
- MP letters
- [Care Quality Commission inspection reports](#)
- Quality assurance teams
- Healthwatch reports
- Local scrutiny committee reports
- Youth councils and forums in schools, colleges and local authorities
- Information from advocacy organisations, patient representative and support groups, e.g. sickle cell, diabetes support groups, learning disabilities advocacy groups
- Information from the voluntary sector, in particular organisations with links to specific public health services or communities

- National and local surveys including local authority, e.g. Adolescent Behavioural Survey
- The [Equality Delivery System](#) for the NHS (EDS2)
- Information in national and local media
- Case studies – including those in this framework.

Many public health commissioners find it challenging to identify members of the public to be involved in commissioning, given the wide population reach of many screening and immunisations programmes, and the large geographical areas covered by local teams. The networks listed below can all be helpful in involving patients and the public.

Network
Informal networks such as those connected to leisure or sporting activities, schools and colleges, religious organisations, parents' social media networks
Screening and immunisations programme boards
Provider led involvement networks
Directors of public health
Directors of children's services
Local Government Association networks
Voluntary sector involvement infrastructures e.g. national Voluntary Sector Strategic Partners for Health and Social Care, local councils for voluntary services (CVS)
Local authority participation infrastructures e.g. local health or equalities forums and networks
CCG lay member network
Healthwatch
Screening Networks
Health and Wellbeing Boards
Family and Carers networks
Youth Councils and Parliaments
Scrutiny networks
Health Education England
Care Quality Commission
Public Health England
Condition-specific networks e.g. diabetes
Academic Health Science Networks

Public health commissioners will access different networks depending on the purpose or focus of the piece of involvement work. If commissioners want advice on which to prioritise for particular pieces of work, guidance can be sought from NHS England colleagues - see section 4.2 below. Outside NHS England, advice is available at local level from:

- [Council for voluntary services \(CVS\)](#), sometimes called a local development and support agency, for advice on voluntary sector networks;
- Engagement leads in local CCGs, provider trusts and local authorities.

It will often be helpful to go through the existing provider networks and channels to find service users to engage with for this area of commissioning. However, if you are

seeking to involve the public in a procurement exercise, commissioners need to avoid conflict of interest, if the provider is likely to be a bidder.

4.2 NHS England support and advice

NHS England has developed a range of resources to guide or support commissioners with participation planning and activity.

Teams that can offer support:

- NHS England regional Communication and Engagement teams and Patient Experience teams (it should be noted that there is some variability in regional and local arrangements due to structure differences).
- NHS England Public Participation Team in the central support team provides advice and guidance on participation – see the [public participation section](#) of the intranet for how to access advice. The team also offers training to commissioners who want to improve their participation skills (available via the Learning Management System or contact england.engagement@nhs.net).
- NHS England’s learning disability engagement team can advise on local groups to connect to – contact ldengage@nhs.net
- NHS England Equality and Health Inequalities Unit can provide advice to commissioners, especially when looking at reaching groups that are protected in equalities legislation and groups that experience inequalities in access to services and outcomes. Contact england.eandhi@nhs.net
- NHS England central Events team can provide advice and guidance on public events – see the [events section](#) of the intranet or contact england.nhsevents@nhs.net.
- The digital communications team can support commissioners to develop public online surveys and consultations via the [‘Consultation Hub’](#).
- In highly complex and/or high profile situations, it may be necessary to seek legal advice through the NHS England Legal Team and/or specialist communications and engagement expertise through contracting services.

Web based resources to support participation include the following:

- [Bite size guides to participation](#).
- [NHS England Patient and Public Voice expenses policy](#).
- [Templates for recruiting members of the public into participation roles](#).
- [Smart guides to engagement](#).
- [‘In Touch’](#) is the patient facing bulletin where events, public consultations and involvement opportunities can be advertised.
- The [Equalities and Health Inequalities hub](#) on the NHS England website is a source of resources on equalities and health inequalities and provides useful links and information for the sharing of best practice.

External support:

- Commissioning participation support or working in partnership with other organisations with specific expertise is extremely effective.
- National organisations have often developed strong forums of user voices.
- Commissioning Support Units.

4.3 Evaluating public participation

Evaluation of public participation is important to find out what impact and outcomes have resulted from the activity. Without evaluation there is a danger that public participation is a 'tick box' exercise where activity rather than impact is measured. Evaluation enables commissioners to tell people what difference their involvement has made. It also helps us understand where participation has made a difference, and share the learning and improvement that has resulted.

To evaluate participation effectively, the first step is to be clear about outcomes and objectives, building them into planning at an early stage.

- The NHS England bite size guide to [Planning For Participation](#) includes planning templates.
- The Social Care Institute for Excellence (SCIE) has produced a [guide to evaluating participation, which provides valuable practice guidance](#)

4.4 Engagement approaches in public health commissioning

4.4.1 Securing participation in immunisations and screening procurement

Context:

There are approximately 29 screening and immunisation programmes that are commissioned by NHS England's public health team under Section 7A, developed on an annual basis.⁶

Screening services commissioned include:

- Cancer – breast, bowel (including bowel scope) and cervical programmes
- Diabetic eye screening
- Sickle cell and thalassemia screening
- Infectious diseases in pregnancy screening.

Immunisation programmes may be seasonally targeted, such as the flu vaccinations that coincide with PHE and wider 'winter planning' campaigns, or focus on protection for vulnerable groups. For instance:

- Meningitis B (MenB)
- Pneumococcal
- Measles, mumps and rubella (MMR)
- Seasonal influenza.

NHS England is also responsible for implementing in year planned changes to Section 7A public health services.

⁶ For information related to participation arrangements for secure and detained settings and sexual assault services please see the Framework for Patient and Public Participation in Health and Justice Commissioning.

Core principles:

- People have a right to be involved in how services are commissioned and delivered, especially when changes are being made to those services.
- The unique population, culture, regime and range of providers must be considered when planning procurements and how best to engage with communities and patients to ensure that voice is heard.

Practical tips:

- Demographic data, patient views of the service and patient experience information and data should be collated about the service prior to procurement or a re-procuring of a service.
- Commissioning teams are encouraged to share good practice from other areas to see how other teams have involved patients in the development of the tender documents and worked with relevant service user and carer groups.
- Ensure that patient views form part of the generation, development and review of procurements. Some teams have involved members of the public as part of the panel reviewing and awarding tenders. You can also inform the tender process by other involvement activities such as online surveys, focus groups and review of existing insight.
- The tender process can be daunting and time-consuming for the public to be involved in. Those who are involved in this in-depth way will need support and briefing from commissioners to empower them to contribute. You can also usefully involve people in part of the process, such as the provider presentations and question and answer sessions that follow.
- Help with finding suitable representatives and supporting them in the process may be available from relevant national and local patient groups, e.g. Diabetes UK, Jo's Cervical Cancer Trust, local Healthwatch groups, schools and colleges.
- When seeking members of the public to be involved in procurement, it may be helpful to go through partners such as the involvement groups and networks of service providers. However, care needs to be taken to avoid conflict of interest if current providers are likely to be bidding for services.
- It is also helpful to target networks or population groups that you know or suspect may experience particular issues relating to access or experience of services (see sections 2.3 and 2.4).
- Include a requirement within service specifications for providers to undertake public and patient participation as part of the contract. Commissioners should expect providers to deliver a minimum set of patient participation activities. There is an obligation for every healthcare provider to include 'the patient voice' in their local service delivery. Patient experience is one of the three key components of quality and needs to be given equal emphasis along with patient safety and clinical effectiveness. Each local provider will have their own methods of gathering patient feedback.
- Liaise with clinical networks and senates in your local area. They may have completed user feedback for specific health areas or will have links to patient groups that commissioners could access to gather their own feedback, or look

to appoint a patient representative to the evaluation panel for procurement of services.

- Review/complete your [Equality and Health Inequalities Analysis](#) as this includes patient and public participation information.
- Use the national Section 7A service specifications, which include stakeholder engagement, and engage with the national programme team at PHE regarding stakeholder involvement in the development of national user information and resources. It is also helpful to include a 'local appendix' where specific information relating to the lot is included – this can be used to address a specific issue for one area such as a priority to address health inequalities/access to services for patients/carers/public. See Appendix B for an example.

How to measure impact and outcomes:

- Identify specific elements that change as a result of public involvement, for example the questions asked of bidders during the procurement process, new requirements built into local contracts.
- Evaluate with all partners involved in the procurement process (including providers, commissioners, patients who were involved) what they consider to be the impact of involving members of the public. Check if there are good practice case studies emerging from the procurement.

Case study 1

During the recent procurement of diabetic eye screening services across London, the commissioning team encouraged active patient and public involvement to find out what is important to Londoners, in terms of how they access and use the services.

Londoners living with diabetes were asked to complete an online survey, developed with input from the London Diabetes Strategic Clinical Network. This was distributed through multiple forums, including Twitter, Facebook and via email. To ensure that people who are not online were included, paper copies were sent to dedicated diabetes groups or hospital screening clinics. A report was produced summarising the responses of 221 Londoners to the survey. This report was made available to those evaluating the new London diabetic eye screening tender, to provide insight into the views of a small sample of service users and help inform the decision making process.

The governance for procurement of screening programmes across London includes patients and their representatives. This includes the membership of the steering groups and subgroups. Patients are also included in the panels scoring and evaluating tenders. Specific exercises to identify patient preferences in the provision of services are included within procurement methodology.

Case study 2

In Yorkshire and Humber, public health commissioning manager Mel Howard involved service users, via a survey, to seek feedback on the service to inform the procurement process. Mel started out by assessing whether the duty to involve the public applied to the project, and also completed an equality analysis, using NHS England templates.

“Knowing what to ask in the survey was a challenge i.e. not asking about things that we may not be able to change. Our communications department helped make sure the survey was in plain English. Avoiding leading questions and focusing on getting responses that were useful to the process was challenging. Ideally you’d ask open questions, but we needed a ‘tick box response’ to ensure the survey was easy to complete.”

The trust that delivers engagement work was a potential bidder for the service, so Mel could not use them to support involvement with the procurement process as there was a conflict of interest. Colleagues supported some face-to-face engagement in an outpatient clinic, and local GPs and optometrists also helped get feedback. For stakeholder engagement, an online survey was used, supported by the CCG and the local authority.

“I was unable to find a service user to sit on the procurement project group. In hindsight there were probably more routes I could have tried – for example Diabetes UK. A clearer ‘job specification’ for the role would have helped, and clarity on the commitment and the level of confidentiality required would be useful too. The level of commitment in supporting a service user to be involved in this way shouldn’t be underestimated.”

See also case study in section 4.4.2 which relates to young people’s involvement in a procurement exercise for vaccination services.

Want to learn more?

- [Wessex Community Voices](#), a partnership between NHS England in the Wessex area and other local groups including Healthwatch, has produced a toolkit [‘Choosing and Buying Services Together’](#). It gives step by step guidance on how to involve the public in planning, designing, buying and monitoring services, and advice on how to work with Healthwatch and voluntary sector organisations. NHS England has used the approach to involve patients in a re-procurement of primary care services in Basingstoke and Southampton.
- See Appendix C for a template of evaluation questions for procurements.
- See Appendix D for examples of surveys used to seek service user feedback during a procurement.
- The Social Care Institute for Excellence (SCIE) has [produced a guide to evaluating participation, which provides valuable practice guidance](#)

4.4.2 Involving young people in commissioning public health services

Context:

All children and young people need to be vaccinated at different life stages to protect them as individuals and the wider community. Access to schools, parents and young people requires a targeted approach and, as always, working with partners and building relationships is very important. Young people may look at services in an entirely different way which can challenge providers, especially in a procurement exercise, but is a great test of how they communicate with and deal with their service users in reality.

Core principles:

- Young people need to be involved in their healthcare and have a say in shaping and improving the healthcare services that they receive.
- Involving young people requires adherence to rigorous safeguarding checks and standards. Staff working with young people should have appropriate training and Disclosure and Barring Service (DBS) checks in place and comply with safeguarding policies and procedures, including those of partners they are working with, such as a school.
- Involving young people should be organised and planned well in advance. Planning needs to accommodate term timetables, which vary geographically, and take into account exam and test schedules.
- Families and carers should also be involved and informed of any impending engagement activities, the specific purpose of this and intended outcomes.
- Engagement methodologies for children and young people need to be interactive and engaging.

Practical tips:

- Consideration should be given to the best types of resources and information options to engage young people. Young people often respond well to visual, colourful and dynamically generated information.
- If possible gain any relevant information about the group you would like to involve in the procurement and consider whether you may need to adapt the style or format of the information to include young people.
- Forums involving young people should be short and engaging to ensure young people remain involved and stimulated.
- Groups that can help involve children and young people include primary and secondary heads associations, local authorities, school governors and headteachers, children's centres, faith groups (that often have youth groups) and school nurses.
- It can take an investment of time to identify the right person in a school, college or university to work with on programmes, and the role of that person can vary from one educational institution to another. However, you can often save time by going through existing partners, relationships and networks.
- Contacts who can help include:
 - ✓ Youth councils

- ✓ Health and Wellbeing Boards' youth panels
 - ✓ School councils
 - ✓ CCG young people engagement forums and networks
 - ✓ Headteachers' forums
 - ✓ Youth provision, e.g. youth clubs and centres
 - ✓ The local voluntary and community sector.
- Young people are most influenced by their peers, so consider how this can be harnessed and used in involvement activities.
 - Consider how to pay for out-of-pocket costs for young people to be involved. Full details on the NHS England policy and processes for [PPV expenses](#) are on the intranet. NHS England cannot make petty cash payments for travel or vouchers, but you can commission a voluntary sector partner to do this on your behalf, or PHE colleagues may be able to help.
 - If you have involved young people in a procurement, have a clear roll out plan for service delivery and involve the young people in this and how services are reviewed – do they have any ideas how the service can be reviewed?
 - Children and young people can be involved in developing and testing any tools that providers plan to use to seek service user feedback.
 - Celebrate the involvement of young people in the process, e.g. via certificates, thank you letters to the school, media coverage.

How to measure impact and outcomes:

- Get user feedback – if they were involved in a procurement, what do they think six months into the procurement? Did the young people involved know any more about immunisations at the end of the procurement and why it was important they had them? Are there any trends in service user feedback collected by service providers, or any improvements in uptake?
- Get feedback from providers involved in the procurement. Did the successful provider change anything in response to the service user feedback?
- What do the key contacts and groups in the region/area say?

Case study 1

In Cornwall the local NHS England public health commissioning team completed a procurement exercise for school-based vaccination services. Local provision had historically been through GP practices and despite attempts to improve access there was a history of lower than national uptake. In deciding to change the model the team spent time on stakeholder engagement including an early focus on engaging primary and secondary heads associations and school governors. This opened the door to involvement of young people in the procurement process, as they would be the end users of the service.

One result of building good stakeholder relationships with the school heads associations was that the chair of the Secondary Heads Association, a headteacher of a school in Newquay, offered to support the procurement presentations by providing the venue in the school, teachers to assist the young people's engagement, providing the young people who were engaging with an additional information lesson on immunisations and co-ordinating a lot of the logistics including informing parents.

This meant that students could easily be released from lessons to attend in a safe environment where they could actively participate but it did not impact negatively upon their school day. There were no transport issues as students were already in school.

The proposed presentation length and focus was adjusted in consultation with the headteacher so that it was relevant to the audience and a pre-presentation session with the procurement team and public health commissioner gave the young people the chance to ask questions.

A group of 19 year 7 and 8 students actively participated in presentations from bidders and asked very challenging questions. This enabled commissioners to see how providers communicated with their service users and resulted in the successful provider changing some of the thinking behind the service delivery models and future service user engagement. The students didn't score the procurement but met in a separate room with refreshments to feed back on the presentations and question and answer session. This information was fed into the final scoring and decision-making about the successful bidder. All students received a certificate and a voucher for their involvement.

Case study 2

In the Central Midlands area, the public health commissioning team re-procured the school aged immunisation services for Bedford Borough and Central Bedfordshire, Luton and Milton Keynes. A young person volunteered to be a service user representative in the procurement and this audio file demonstrates some of the insights and ideas that she brings to the process.



Central Midlands Patient Voice Imms.m4a

Want to learn more?

At national level, for engaging with children and young people, commissioners can get help from:

- [NCB, National Children's Bureau](#) - umbrella body for organisations working with children and young people in England
- [Young People's Health Partnership](#)
- [Children England](#)
- [Royal College of Paediatrics and Child Health \(RCPCH\) '& Us' engagement network](#)
- [Association of School and College Leaders](#)
- [SAPHNA, School and Public Health Nurses Association](#).

These organisations will be able to help signpost to specialist and local voluntary sector groups and contacts.

The NCB and RCPCH have produced many resources to help engage with children and young people, including ['recipes for engagement'](#).

Find out more about NHS England's [Youth Forum](#).

4.4.3 Engaging to improve access and take-up

Context:

Certain population groups can face barriers to accessing public health services. A lot of work has been done, including by the voluntary and community sector, to reduce barriers for specific groups to access screening and immunisation services and improve take up across the country. Some of the groups who struggle to access services or may have low awareness or concerns about certain screening or immunisation programmes are:

- People with learning disabilities
- Some faith groups
- Lesbian, gay, bisexual and trans people
- Some black and minority ethnic groups
- People from deprived socio-economic groups
- Inclusion health groups and people with lived experience e.g. asylum seekers and refugees, Gypsies and Travellers, homeless people, people with drug and alcohol issues.

Core principles:

- Service users or members of the group you are targeting should be involved in the design and delivery of the screening and immunisation services.
- People with lived experience have unique knowledge of how services should be commissioned, designed and delivered to ensure effective engagement and improved access and uptake.
- Service user feedback is needed on factors that affect uptake, and local commissioning needs to be influenced taking into account this feedback, evidence on what works, and local needs assessment including demographics.

Practical tips:

- Always start by considering the impact on access or uptake that you want to achieve through involvement, and looking at existing evidence on attitudes, barriers, and what works best to improve uptake.
- It can take an investment of time to identify the right group or contacts to work with from the particular population group you are targeting. However, you can often save time by going through existing partners, relationships and networks.
- Relationships with underserved communities are most effectively developed through connections that already exist with those communities, e.g. through schools, day centres, carers and GP surgeries, local voluntary and community groups and social enterprise.
- Informal networks are also an effective way to reach people, e.g. social media networks for parents.

- The voluntary and community sector is a great resource to support engagement with different community groups and commissioners are encouraged where possible to resource the time and expertise of the sector, as well as valuing the time of patients and the public who are participating.
- Link into strategic and local clinical networks in the area as they may have good links to use as a starting point.
- Identify and build on statutory partner relationships (e.g. with local authorities) to co-develop links to communities, such as faith groups. This can help with setting up awareness work with specific communities, such as using faith centres and working in partnership with faith leaders.
- Have the local CCGs and patient and public participation groups any effective connections? It is always good to involve and work with and through local GP practices.
- Encourage providers to build relationships with key groups to support engagement and access to services, for instance with people with learning disabilities, where relationships are not easily built and where immunisation can cause extreme anxiety. Look for opportunities to build this into service reviews, local service agreements and procurement processes.
- Use culturally appropriate materials and approaches to improve access and engagement, such as working with community researchers (peer researchers) to provide a culturally and linguistically appropriate conduit for engaging with black and minority ethnic communities.

How to measure impact and outcomes:

- Statistical data can be collated for services to monitor the impact on uptake for specific groups, such as people with learning disabilities or from a particular geographic area.
- The impact of participation on access to services can be monitored and evaluated through the development and provision of resources for groups, increasing accessibility of services. For instance developing bespoke training packages, information-giving sessions, accessible information materials, adapting and changing the location of where services are provided.

Case study 1

Debbie Rees and Sharon Ashby are Screening Liaison Nurses for Adults with Learning Disabilities at the Cornwall Partnership NHS Foundation Trust. They were recruited to improve access and uptake for people with learning disabilities to breast, bowel and cervical screening services. Data showed that uptake to these screening programmes was particularly low in Cornwall for those with learning disabilities. Debbie and Sharon spent a lot of time building relationships with the key people involved in the screening process. They made connections with GP surgery staff, radiographers and other people running the services, and linked to people who should be getting screening services, working with carers and day centres.

To help improve access and uptake to breast screening Debbie and Sharon worked with partners:

- ✓ GP surgeries – after initially visiting all of the practices in the area they built relationships with practice staff. Early identification of the women needing to

be screened was the first barrier to be overcome. Practices also made a commitment to contact Debbie and Sharon to notify them as soon as any abnormal results were received so that they could have an appropriate conversation with the women with any carers, family or friends to ensure that they had the support they needed.

- ✓ Radiography colleagues – people with learning disabilities were encouraged to visit the clinic where they would be screened, to look at the machinery and equipment that would be used and to be walked through the screening process in an understandable way.
- ✓ Women with learning disabilities – working with potential service users themselves to find out what the concerns were and address these was a key part of improving access. Women with learning disabilities jointly developed accessible photo stories with the screening centres showing what to expect during the appointment and what the follow up could involve.

By working with the key groups involved in the screening process Debbie and Sharon were able to provide training and support to staff in GP surgeries and radiology to help the women with learning disabilities to book their breast screening appointments, offering extended appointment slots and easy to understand photo guides. As a result the statistics for the area show that they have improved access for women with learning disabilities to a point where the figures match the national statistics for uptake.

Case study 2

The NHS Sickle Cell and Thalassaemia Screening Programme has produced [guidance on community outreach and an accompanying case study](#), for people commissioning, funding, delivering and evaluating outreach work in both the NHS and the voluntary sector. It includes a wealth of practical guidance on topics including engaging with local champions and opinion leaders, engaging with men, working with the voluntary sector, and evaluating and monitoring impact.

Case study 3

In Peterborough and Cambridgeshire, screening and immunisation rates are lower than the national average. Commissioners wanted to understand why so that they could take the right steps to improve uptake. They worked in partnership with PHE, local authorities, Healthwatch, charities and CCGs to engage with local people and other stakeholders, including general practice, to find out more about why rates were low and what barriers might exist.

In Cambridgeshire, Healthwatch and charities such as Jo's Cervical Cancer Trust gathered public views on screening, using social media, outreach at existing events, and an online survey. This information was analysed alongside other national and local data, and recommendations for action developed based on the findings.

On the basis of the research findings, partners secured funding and delivered a range of actions including:

- Screening and immunisations awareness training for health professionals and ‘community connectors’, delivered by partners including charities such as Bowel Cancer UK
- Cervical screening awareness posters in public toilets
- Changes to delivery of the prenatal pertussis programme, with midwives rather than GPs offering the vaccine, resulting in uptake increasing from 47% to 79%
- Changes to how families are invited for immunisations.

Further one-to-one engagement is planned with people who do not attend for screening and immunisations to understand more about barriers and continue to develop improvement plans.

Case study 4

LGBT voluntary sector organisations have worked on national engagement programmes to understand the attitudes, experience and uptake of screening by lesbian and bisexual women. Between 2010 and 2013 the LGBT Foundation (in association with the University of Salford and the NHS) spoke to thousands of lesbian and bisexual women. They found that 17.8% of lesbian and bisexual (LB) women of an eligible age have never had a cervical screening test, compared with 7% of women in general, and that 40.5% of LB women of an eligible age had been told they don’t need screening because of their sexual orientation.

“I went for a cervical screen test and was asked if I was sexually active. When I said yes I was asked if I was trying for a baby. When I said no, I was asked what contraception I was using. When I said none, I had to endure a 10 minute tirade about how irresponsible I am. When I said I only sleep with women, the nurse physically recoiled, looked appalled and told me I would never need a cervical screening test, and refused to test me. However that was a long time ago and I’ve had plenty of good screening tests with great nurses since. Times have definitely changed for the better.” Anne, Blackpool.

These findings led to partnership work between the voluntary and community sector and the NHS Screening Programme to increase awareness, understanding and uptake of cervical screening. Activities included a toolkit for health professionals and a booklet for women and trans men with information on cervical screening.

This is one example of national research and tools that can be used to build engagement and awareness work with local populations.

Want to learn more?

[Learning disability screening services toolkit developed for Cornwall](#)

[Making Reasonable Adjustments to Cancer Screening guide](#)

For help contacting people with learning disabilities and family carers, there is a new [national forums website](#) including regional links. This is a good way for commissioners to find out about what is happening more locally and who to contact.

[Guidance on community outreach, based on the work of a national programme to improve public knowledge about genetic screening, counter stigma and ignorance about some conditions, and improve care for some black and minority ethnic populations.](#)

The [LGBT Foundation booklet](#) for lesbian women and trans men 'Are You Ready For Your Screen Test?' with information about cervical screening.

The [LGBT online toolkit](#) to raise awareness among health professionals giving cervical screening.

Commissioners can contact the LGBT Foundation for [more information on cervical screening](#) and advice on local LGBT groups to engage with.

[Read lesbian radio presenter Vicki Blight-Pitt's experience of cervical screening and why it's so important for all women to be screened.](#)

4.4.4 Engaging via social media

Context:

Digital engagement, using approaches such as online surveys, or dialogue on Twitter or Facebook, can provide a flexible and cost effective way to engage members of the public. It may be particularly helpful for public health commissioners who need to cover a wider geography and large population, or who need to target groups for whom social media works well for engagement.

Core principles:

- Social media can be an effective engagement tool and can hugely extend the 'reach' of engagement.
- Be aware of limitations, scope and how this can be managed to be inclusive.

Practical tips:

- Scope and research the different types of social media and how to put these to best use.
- Twitter and Facebook can be particularly effective in targeting parents, whereas young people are more likely to use Instagram and snapchat.

- Involve communications colleagues in developing plans and see how activity can connect to the corporate communications calendar.
- Ensure that plenty of time is given to set up the appropriate social media option appropriate to the group you are targeting and that colleagues or partners involved have the skill set to run and manage activity.
- Have a robust but flexible communications planner and schedule – ensure there is scoping, involvement and feedback options set out clearly.
- Be careful about how this is used and be clear about the scope of the discussion – what can and cannot be influenced, how information will be used, who can access and who will monitor the information, for instance who will monitor and manage the hashtag for an engagement conversation?
- The following are useful considerations as a starting point:
 - ✓ Who has the skills to use social media?
 - ✓ What is in place to support local access?
 - ✓ Training/ time to be active across the various forums/ social media avenues? Can you use administration staff to monitor feedback provided?
 - ✓ Consider a focused page for patient experience and case studies.
 - ✓ Consider using numerous platforms that meet the needs of the intended groups and commissioners.
 - ✓ NHS England and statutory services tags and feeds may not be the best way to target specific groups, because trust may be low or they may not give enough 'reach' into the community you want to target. Consider whether there is a community or voluntary group that has good connections to the underserved community
 - ✓ Try and engage partners with active Twitter/Facebook pages to retweet and share posts, for example if targeting men go via sports clubs, and mothers, go via local 'mums networks' on Facebook.
 - ✓ Look at what segments of the population use what social media in the area you are commissioning for and what type of social media.

Case study

NHS London Region social media campaigns during team development and flu immunisation evaluation events provided over 100 useful comments from Londoners, which were built into service evaluations. The team wanted to engage as many Londoners as possible in the work and have been working closely with the communications teams from NHS England and Public Health England to harness the reach of social media to support this. This has been a success, with regular #imms dialogues on Twitter taking place between NHS commissioners and a wide variety of individuals and groups.

Want to learn more?

More information about digital engagement, including using social media, can be found on the [NHS England intranet](#).

4.4.5 Recruiting patient and public voice (PPV) partners to immunisations and screening groups/boards

Context:

NHS England is committed to ensuring that public and patient voices are at the centre of shaping our healthcare services. Every level of our commissioning system needs to be informed by insightful methods of listening to those who use and care about our services. This includes inviting patient and public partners to be an integral part of our governance frameworks.

Core principles:

- Having patient and public voice (PPV) partners on governance groups brings important and valuable perspectives. PPV partners act as critical friends, hold us to account and bring new insights.
- PPV members support better service planning, delivery, targeting, take-up, and evaluation of services. Patient and public membership on committees helps to improve transparency about how public money is being spent.
- Having patient and public representatives as equal members of our governance frameworks helps to demonstrate our commitment to involve people in making the important decisions about our work.
- For each programme of work, PPV members should be drawn from the relevant stakeholder communities, since the perspectives from these communities are extremely important.

Practical tips:

- Proactively reach out and include voices of communities that are often marginalised. Think through any health and care inequalities that your programme is specifically trying to address and ensure these groups are represented.
- Recruitment processes can be rapid or more prolonged, depending on the needs of the programme, but they should all:
 - ✓ Have clear rationales for the routes used
 - ✓ Be open and transparent
 - ✓ Be robust and fair
 - ✓ Set out the needs and expectations of the PPV member role
 - ✓ Have a clear selection process.
- Consider what skills, experience, interests and views should be represented within the programme of work. Develop a role description for PPV members that covers this. Include an outline of the purpose of the group/work programme, expectations of the PPV members, key skills and experience required, frequency of meetings.
- Map out the governance framework, identifying where PPV input can be most effective and ensuring that this is robust across the whole programme. Decide

what methods will be used to recruit PPV members to these groups.

- Aim to recruit citizens to boards who are interested in the range of screening or immunisation programmes and the public health prevention agenda. To find the right people, it helps to have a clear role description and induction process, and to work with partners and networks to publicise the involvement opportunity, e.g. voluntary sector, Healthwatch, engagement leads in CCGs and local authorities, clinical networks and senates, social media networks.

Case study

Three patients were recruited and are members of the London Immunisation Board. Some of the tangible changes as a result of the PPV members being recruited are that PPV representatives have been involved in the development of their induction, a glossary has been jointly drafted to help understanding of some of the terminology in meetings, and presentations and reports have been amended and reformatted to be more accessible. A significant step forward was that a young person was specifically recruited and has been involved in and contributing to immunisation programmes for young people including #imms Twitter dialogues.

Want to learn more?

- [NHS England guide and templates](#) for recruiting patient and public voice partners to groups, committees and boards.
- [NHS Institute for innovation and improvement “Tackling tough choices” toolkit – patient and public value approach.](#)

4.4.6 How to use patient insight in service reviews and contract monitoring for screening and immunisations

Context:

NHS England is responsible for completing service reviews and contract monitoring for national programmes under s7A. As well as involving members of the public in procurement, as described in sections 4.4.1 and 4.4.2, there are opportunities for involvement in the ‘business as usual’ activities of service reviews and contract monitoring.

Core principles:

- Patient and public participation and feedback should be embedded in regular service review and contract monitoring
- Providers of screening and immunisation services should collect, collate and identify improvements in delivery of services from patient and public participation and feedback.

Practical tips:

- Look at the service reviews you are planning as a commissioner and consider how to involve service users and those not accessing services as part of the review process. You could prioritise by considering where there is lower than

average uptake, or a new service to roll out, or service quality concerns, and plan participation to achieve specific desired impacts.

- Have a regular agenda item at contract review meetings that focuses on service user involvement and feedback and the steps taken by providers to respond to feedback received.
- Feedback from Operational or Programme Boards from the embedded PHE screening and immunisation teams may include examples of patient and public participation.

How to measure impact and outcomes:

- Evaluation of provider reports on service user engagement and feedback and any subsequent service improvement.
- Service changes identified and implemented as a result of service user engagement and feedback, e.g. models of delivery, staff training, communication materials.

Case study

London commissioners have been involving the public to improve immunisation services. Activities include:

- Speaking to new mothers across London about their experiences of being offered pertussis vaccination in pregnancy and what we can do to improve the offer
- Seeking parents' views on the child flu vaccine
- Looking at how existing general practice tools (e.g. focus groups) can be used to engage parents about immunisations
- Work with Citizen UK to raise awareness in very deprived families around what vaccinations they need to receive
- Work with academic partners to improve patient experience of vaccination services across London.

An Evaluation, Analytics and Research sub-group of the London Immunisation Board has been set up. This group meets quarterly and looks at the latest London-based research and other relevant evidence and how it could be used to improve commissioning of immunisations in London.

Case study

A group of women from across London was recruited to review proposed breast screening reconfiguration plans and advise on patient matters. They attended a focus group and their comments and suggestions were fed back to the breast reconfiguration steering group. The group have had a progress report on the work in this area.

Want to learn more?

For more information:

- See Appendix A for useful lines of enquiry to follow up with providers on patient and public participation.

- See Appendix B for a template annex for how to adapt a national service specification to meet local needs.
- See Appendix C for a template of evaluation questions for procurements.

5 Acknowledgements

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Name	Organisation
Iyamide Thomas	Sickle Cell Society
Jane Fisher	Antenatal Results and Choices (ARC)
Sam Ellicot	Patient Partner
Leandra Box	Race Equality Foundation
Emily Hamblin	National Children's Bureau
Joanne Yarwood	Public Health England
Robert Music/Claire Cohen	Jo's Cervical Cancer Trust
Colin Uju	NHS England
Frances Newell	NHS England
Sandra Anglin	NHS England
Catherine Leggett	NHS England
Martin Ashton	NHS England
Kathie Binysh	NHS England
Jane Cass	NHS England
Shaney–Ann Charles	NHS England
Helen Dickinson	NHS England
Mel Howard	NHS England
Michael Loftus	NHS England
Nikki Osborne	NHS England
Angela Starr	NHS England
Richard Yeabsley	NHS England
Joanne Yarwood	Public Health England

Appendix A - Useful lines of enquiry to follow up with providers

- 1) Does your local service development plan draw on existing sources of patient insight? For example, into barriers to screening uptake experienced by people with learning disabilities
- 2) How are you actively engaging with and listening to service users and their families, e.g. via local support groups?
- 3) How are service users and carers involved in decision making?
- 4) Have the lead responsibilities and an approach for developing and monitoring participation in the service improvement process been identified within the service provision?
- 5) How is participation aligned to the governance arrangements? I.e. does it impact on your governance bodies, senior management team meetings and/or partnership arrangements?
- 6) How will the voluntary, community, and social enterprise sectors be involved in supporting participation?
- 7) What impact has there been from patient and public participation? I.e. any changes to service delivery, models of delivery, working cultures, staffing structures etc.
- 8) Has the feedback loop been closed? For example, have providers provided feedback to service users about the difference that their participation has made (a “you said.... we did...” approach)?
- 9) Do you use the patient voice in your staff recruitment process? For example, are patients helping to design interview questions and/or interviewing new staff?
- 10) Are patients involved in health promotion, such as screening awareness schemes?

Appendix B - Example of Additional Local Requirements

Commissioners can add additional local requirements to the nationally produced specifications for screening and immunisations. This can help ensure that services are delivered in a way that meets the needs of the local population, based on insights gained from engagement with local people and other research, assessment and analysis.

XXX Area

Equality of Access: The provider is required to liaise with all prisons within the xxx to provide screening at sites in line with the needs of the individual prison service. The prisons within this population, at the time of this procurement include:

- HMP xxx
- HMP xxx
- HMP xxx

If any new prisons/detention centres or other long stay institutions open during the period of this contract, the Provider will be expected to include the screening for the relevant population as above.

It is expected that the provision to this population will require the provider to screen within some of the prison settings. This will be determined through discussions with each prison health service.

Increasing Uptake: In line with national guidance, the Provider will support NHS England and the relevant stakeholders to:

- Optimise coverage and uptake across their catchment area.
- Co-operate with regular analysis of screening coverage to identify groups who either access screening at lower levels, or do not access services at all.
- Ensure that the participation rates are optimal.

The provider will be expected to provide quarterly coverage information by CCG and GP practice to NHS England.

Additional Local Requirements xyz Area

The Provider is required to liaise with any long stay institution within the xyz area to provide screening for any man who meets the screening requirements. The prisons within this population, at the time of procurement include:

- xxx
- xxx
- xxx

If any new prisons/detention centres or other long stay institutions open during the period of this contract, the Provider will be expected to include the screening for the relevant population as above.

It is expected that the provision to this population will require the provider to screen within some of the prison settings. This will be determined through discussions with each prison health service.

Appendix C - Example procurement evaluation questions

Example Procurement Evaluation Questions relating to service user experience and engagement

Service Improvement – Weighting 5%

Bidders should outline your proposed approach to seeking, recording and utilising views and feedback from patients (and/or their families) to help facilitate and support continuous improvement of service delivery.

Your response should reference, but not be limited to, the following considerations: -

- Development and implementation of patient involvement/engagement strategies;
- Plans for regular staff surveys or opportunities to gather ideas which will be used to make improvements to the service based on these results
- Examples of how involvement/engagement will be used to drive change and/or continuous service improvement
- Upholding patients' rights and meeting obligations of the NHS constitution
- Management of patient complaints and/or compliments
- Responding to allegations and subsequent management of investigations.

Word count – 1000

Stakeholder Engagement – Weighting 6%

Please outline your plan for engaging with the various groups and organisations linked to the Abdominal Aortic Aneurysm (AAA) Care Pathway to ensure that effective communication is in place (both during the period that the contract is awarded and also during the period that the contract is up and running).

Your response should reference, but not be limited to, the following considerations:

- Understanding the various groups/organisations linked to AAA Screening
- Considering how information and communication is shared with these groups from awarding of and to the full length of the contract
- Considering how information received from the various groups and organisations will impact on how the screening programme is delivered
- Considering how the information be collected, shared and received across the pathway
- Considering the advantages of good communication between the various groups/organisations involved in AAA Screening and onward pathways
- Robust processes for the reporting and management of service user compliments, concerns and complaints

Word count – 1600

Appendix D - Example survey

Example of information and survey used to support service user involvement in the procurement of a diabetic eye screening service

Participant Information Sheet

What is diabetic eye screening? Diabetic eye screening consists of a regular eye test which monitors whether changes, which are undetectable to the patient, have occurred in the eye. These changes can lead to eventual damage to the eyesight of the patient which is harder to treat if it is not identified early.

Who are we? NHS England [area] is the organisation that pays for the diabetic eye screening service for [location]. We want to be sure that we have a quality service that meets the needs of the community and offers value for money.

What is this survey about? NHS England is about to begin the process of deciding which organisation will provide the diabetic eye screening Service for the [area] population from April 2017. This may mean a change to where you go for your eye screening and who does it.

Why are we asking you? As a user of the service or a carer of a service user we value your opinions. We would like to ask you what is important to you, and what will help you attend the screening.

What will we do with the responses? All the survey responses will be looked at by the Public Health Commissioning Team at NHS England. All the comments and feedback will be put together into one report that we will share with the agencies that are interested in providing the service from next year. They will then be asked questions on how they will meet the needs identified. All the paper copies of the survey will be destroyed.

Who else are we asking? We will be asking for feedback from doctors, opticians, care homes, other diabetes services and many other agencies. All the information will be part of the report that will go out to the bidders.

Participation is entirely voluntary. If at any point during the survey you would like to stop just tell the researcher.

There are no known or anticipated risks to you as a participant in this study.

If you have any questions regarding this study or would like additional information please ask the researcher before, during, or after the interview.

All responses will remain anonymous and will be treated in confidence. For more information please contact [xxxx]

Diabetic eye screening feedback survey

What is this survey about? NHS England is about to begin the process of deciding which organisation will provide the diabetic eye screening service for the xxxxxxxx population. This may mean a change to where you go for your eye screening and who does it. We would like to ask you what is important to you to help you attend for screening so that we can make the best decision possible for users of this service like you.

What is diabetic eye screening?

Diabetic eye screening consists of a regular eye test which monitors whether changes, which are undetectable to the patient, have occurred in the eye. These changes can lead to eventual damage to the eyesight of the patient which is harder to treat if it is not identified early.

Completing the survey For each question, put an 'X' in the most appropriate box. Don't worry if you make a mistake, just fill in the box and put an 'X' in the right box. Taking part in the survey is voluntary. We very much appreciate your feedback and the time you have taken to complete it.

All responses will remain anonymous and will be treated in confidence. For more information please contact xxxxxxxx

About you

I am user of the service.		I am a carer of the user of the service user		Age	
What is your sex?	Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Prefer not to say <input type="checkbox"/>				
Ethnicity					
White British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background <input type="checkbox"/>	Mixed White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background <input type="checkbox"/>	Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background <input type="checkbox"/>	Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/>		
Other Ethnic Groups. Chinese <input type="checkbox"/> Any other, please write in _____ <input type="checkbox"/> Prefer not to say <input type="checkbox"/>					

1. Where do you usually go for your diabetic eye screening?

2. If you could choose, where would you prefer to have your diabetic eye screening?

At my local optician		At an NHS building (e.g. your GP surgery)	
In a hospital clinic		A specialist diabetic eye screening site	
No Preference			

3. How would you prefer to receive your appointment invitation? (tick all that apply)

By Letter		By Text message		By Email	
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4. How much notice for an appointment do you need?

Less than 1 week		1-2 weeks		2-4 weeks	
Over 1 month		Doesn't matter			

5. Do you prefer to be given an appointment day and time or would you prefer to ring to arrange your own appointment?

Given an appointment		Ring to arrange your appointment		Don't mind	
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6. Which days of the week would you prefer to have your diabetic eye screening?

Monday - Friday		Saturday		Sunday		Bank holidays	
-----------------	--	----------	--	--------	--	---------------	--

7. What time of day would you prefer to have your diabetic eye screening?

Before 9am		Morning		Afternoon		Evening	
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8. Would you like your diabetic eye screening appointment to be linked with other parts of your diabetic care, for example when you visit the podiatrist or dietitians ?

Yes		No		Don't mind	
-----	--	----	--	------------	--

9. Is it important to you that you can access diabetic eye screening close to your home or work place?

Home		Work place		Both		Not important	
------	--	------------	--	------	--	---------------	--

10. How important is it to you that you can park at the venue of your appointment?

Not important		Don't mind		Important		Very important	
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11. How important is it to you that the venue for your appointment is on a public transport route?

Not important		Don't mind		Important		Very important	
---------------	--	------------	--	-----------	--	----------------	--

12. Is there anything else that would help you to attend for screening?

Yes		No		If yes , please tell us what:

13. Is there anything else you would like us to be aware of?
