

# **Patient and Community Engagement Indicator (Compliance with statutory guidance on patient and public participation in commissioning health and care)**

## **2018/19 CCG Improvement and Assessment Framework**

### **Guidance for CCGs**

**NHS England INFORMATION READER BOX**

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<b>Cross Reference</b>	CCG Improvement and Assessment Framework 2018/19; CCG Improvement and Assessment Framework 2018/19: Technical Guidance; Patient and public participation in commissioning health and care: Statutory guidance for CCGs and NHS England.
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<b>Action Required</b>	CCGs to complete and submit the CCG IAF 2018/19 Patient and Community Engagement Indicator evidence template.
<b>Timing / Deadlines (if applicable)</b>	<b>1pm on 8 March 2019.</b>
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**Document Status**

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**Patient and Community Engagement Indicator  
2018/19 CCG Improvement and Assessment Framework  
Guidance for CCGs**

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## Contents

Contents .....	4
1 Quick reference guide .....	5
1.1 Key dates .....	5
1.2 Contact details.....	5
1.3 2018/19 Assessment process: At a glance.....	6
2 Overview .....	7
2.1 Introduction.....	7
2.2 Background to the Patient and Community Engagement Indicator 2018/19 .	7
2.3 Overview of the Patient and Community Engagement Indicator 2018/19.....	8
3 Requirements and recommendations.....	9
3.1 Reviewing evidence and completing the evidence template .....	9
3.2 Evidence requirements.....	10
3.3 Writing a 'description of change'.....	12
3.4 Assessment and scoring .....	13
3.4.1 Scoring and assessment rules.....	13
3.4.2 Assessment process.....	14
4 Support to improve .....	14
4.1 National improvement webinars .....	14
4.2 Improvement and partnerships approach.....	14
Appendix A .....	16
Appendix B .....	18
Appendix C.....	20

## 1 Quick reference guide

### 1.1 Key dates

Activity	Date
CCGs receive tailored 'Patient and Community Engagement Indicator evidence template'	January 2019
CCGs submit completed evidence template	By 1pm on 8 March 2019. This deadline will not be extended
Final scores published on <a href="#">MyNHS</a> as part of the CCG Improvement and Assessment Framework	July 2019

### 1.2 Contact details

If you have any queries please contact the NHS England Public Participation team using the details below:

**Email:** [england.nhs.participation@nhs.net](mailto:england.nhs.participation@nhs.net)

**Telephone:** 0113 825 0861

### 1.3 2018/19 Assessment process: At a glance

This diagram provides a summary of the assessment process for the 2018/19 CCG IAF Patient and Community Engagement Indicator. Further information is provided in section three.

CCGs prepare evidence of engagement in line with the statutory guidance on [patient and public participation in commissioning health and care](#) using the criteria outlined in the evidence template received from NHS England in January. CCGs work with local people and communities where possible to identify and prepare evidence.

**January 2019 - March 2019**

CCGs identify and submit evidence using the evidence template. CCGs include a 'description of change' wherever they indicate that a criterion is met in 2018/19 that was assessed as unmet in 2017/18 (or vice versa). Submissions are signed off by the Accountable Officer of the CCG.

**Final date for submissions: 1pm, 8 March 2019**

An initial score (and related RAGG\* [Red, Amber, Green, Green Star] rating) is auto-generated from each submission. NHS England undertakes national assessment using the [published indicator framework](#) to agree scores and RAGG\* ratings. A process of moderation is undertaken by a panel led by NHS England and including other members of the Patient and Community Engagement Indicator Advisory Group, prior to confirmation of final scores. The scores generated by this process are final.

**March 2019 - May 2019**

CCG Accountable Officers receive the outcome of their Patient and Community Engagement Indicator assessment prior to publication. Final scores for the indicator are published on the MyNHS website as part of the CCG ratings under the CCG Improvement and Assessment Framework.

**July 2019**

## 2 Overview

### 2.1 Introduction

This document provides information about the Patient and Community Engagement Indicator (Indicator 57: Compliance with statutory guidance on patient and public participation in commissioning health and care - 166a) in the [CCG Improvement and Assessment Framework \(CCG IAF\) 2018/19](#). It supports CCGs to identify and compile evidence, and to complete the evidence template.

This guidance accompanies the following documents. Please ensure that you have access to them all before completing your submission:

- An individual CCG 'Patient and Community Engagement Indicator evidence template' (this will be sent by email to the Accountable Officer email address held by NHS England on or before January 2019).
- Statutory guidance on [patient and public participation in commissioning health and care](#).

If you do not have access to any of these documents please contact us using the details on page five.

### 2.2 Background to the Patient and Community Engagement Indicator 2018/19

Under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), CCGs have a statutory duty to involve the public in commissioning (section 14Z2). In addition to meeting statutory responsibilities, effective patient and public participation helps CCGs to ensure that commissioned services address the needs of local communities and tackle health inequalities.

As well as a commitment to supporting continuous improvement in public participation, NHS England has a legal duty (section 14Z16) to assess how well each CCG has discharged its public involvement duty (section 14Z2). NHS England completed the first national assessment of patient and public participation in CCGs as part of the CCG Improvement and Assessment Framework in 2017/18. CCGs' individual results were [published in July 2018](#). A report summarising key themes and trends from 2017/18 is provided in Appendix A.

Further to a review of the 2017/18 process and extensive feedback from CCGs, NHS England colleagues, and other partners; a refreshed assessment approach has been developed for 2018/19. A summary of feedback, and what has changed as a result, is provided in Appendix B.

NHS England will continue to develop approaches to improvement-focused assessment for 2019/20 and beyond. This will include working with CCGs, NHS England colleagues and other partners to develop approaches that emphasise peer learning and review.

## 2.3 Overview of the Patient and Community Engagement Indicator 2018/19

The Patient and Community Engagement Indicator evidences CCGs' implementation of the revised statutory guidance on [patient and public participation in commissioning health and care](#) and therefore their compliance with the '14Z2' statutory duty. The full name of the indicator is 'compliance with statutory guidance on patient and public participation in commissioning health and care'.

The framework and criteria for the indicator are as described in the technical annex to the [CCG Improvement and Assessment Framework for 2018/19](#).

The criteria are closely linked with the 'key actions' in the [statutory guidance](#) and are grouped under five themed domains, as follows:

- A. Governance;
- B. Annual reporting;
- C. Day-to-day practice;
- D. Feedback and evaluation;
- E. Equalities and health inequalities.

As in 2017/18, evidence will be taken from information available on CCGs' websites, as these provide the 'front door' to the work of CCGs, and offer a snapshot of engagement that remains relatively fixed, to provide a consistent basis for assessment. The full set of criteria is provided in the evidence template.



## 3 Requirements and recommendations

### 3.1 Reviewing evidence and completing the evidence template

The Accountable Officer of each CCG will receive an individual 'Patient and Community Engagement Indicator evidence template' on or before Friday 10<sup>th</sup> January 2019. This will be sent by email to the Accountable Officer email address held by NHS England.

The template will include:

- the full list of assessment criteria;
- detailed instructions about how to complete the template;
- a breakdown of the CCG's assessment in 2017/18. Note: if the CCG was newly created on 1 April 2018 please consult Frequently Asked Question (FAQ) one in Appendix C.

**If you have not received your template by Monday 14<sup>th</sup> January please email [england.nhs.participation@nhs.net](mailto:england.nhs.participation@nhs.net) at the earliest opportunity. The deadline for completed evidence submissions will not be extended.**

CCGs are **recommended** to:

- **review their engagement activities** and prepare evidence, working with local people and communities where possible; including local Healthwatch, relevant voluntary and community sector organisations and patient groups (although this is optional). CCGs will have used the time since the publication of the 2017/18 assessments to consider and take action on their priorities for improvement. There is a period of eight weeks between publication of the evidence template and the deadline for submissions. This additional time will allow CCGs to continue to consolidate their improvement work.

CCGs are **required** to:

- **complete the evidence template** and submit this via email to [england.nhs.participation@nhs.net](mailto:england.nhs.participation@nhs.net) by 1pm on 8 March 2019. **The deadline is final and will not be extended.** Any CCGs that do not submit their template by this date will automatically receive a red RAGG\* (Red, Amber, Green, Green Star) rating (inadequate) for this indicator. Specific instructions outlining how to complete the template are provided within the document itself.
- **identify and submit specific, web-linked evidence against criterion they have sufficient evidence to demonstrate.** Detailed instructions are provided within the template.
- **provide a 'description of change'** where they indicate that a criterion has been met in 2018/19 which was assessed as unmet in 2017/18, or vice versa. Please see section 3.3 for further guidance.

- include **sign off by the Accountable Officer** in the evidence template. By including the Accountable Officer's details in the template, the CCG is confirming that the Accountable Officer has approved the submission of the completed evidence template as part of the CCG Improvement and Assessment Framework 2018/19. Assessments that are submitted without sign off from the Accountable Officer will not be assessed and will automatically receive a red RAGG\* rating (inadequate).

**You will receive email confirmation that your submission has been received. If you do not receive this confirmation then your evidence has not been successfully submitted and you should re-submit.**

If you experience difficulties submitting please contact us using the details on page five.

### **3.2 Evidence requirements**

- All evidence must be in the form of web links to publicly available web pages. **No attachments or other types of evidence will be considered.**
- The assessment relates to the 2018/19 financial year (i.e. the period from 1 April 2018 to 31 March 2019). Assessment of the relevant aspects of annual reports will be for 2017/18 reports, published during 2018/19. All other evidence should relate to activity that is 'live' in 2018/19 or that is delivering outcomes/impacts in 2018/19.
- All evidence provided must be available to assessors between 8 March 2019 and 30 May 2019. It is the responsibility of the CCG to ensure that links remain live during this time period. Links that are inactive, incorrect or do not link to the signposted information will not be considered by assessors.
- Evidence that relates to documents produced before the assessment period (for example, constitutions and engagement strategies) may be included provided these are both relevant and relate to the 2018/19 financial year. Assessors will not consider evidence published before 1 April 2018, unless it (a) explicitly relates to activity that is ongoing during 2018/19, and/or (b) is the most recent version of a relevant and current policy or strategy.
- Up to three pieces of evidence (website links) may be provided for each criterion. It is for each CCG to provide evidence that adequately demonstrates that the criterion has been met.
- Each 'description of evidence' should be concise, relevant, and include page numbers where appropriate. Please write out in full any acronyms that are not commonly understood. There is a word limit of 40 words. Sentences must direct assessors to specific evidence for the listed criterion. For example:
  - **Good practice example one:** Governing body meeting papers August 2018 (3<sup>rd</sup> document on page), pages 12-16 – agenda item 7,

consultation on changes to xx service shows engagement activity and the difference it has made.

- **Good practice example two:** Communications and engagement plan published January 2018, page 12-16 (diagram shows how public participation is fed into the CCG governing body).
  - **Good practice example three:** Report of engagement activity with young people (quarter three 2018/19) accessing mental health services including JSNA data (p7) and a summary of engagement activity (p9).
  - **Good practice example four:** You said we did section of website, updated monthly.
- **No additional attachments or sources will be considered.** If it is appropriate to link to a document, the link should be to the web page where the document is hosted, with a concise and clear description to direct the assessor to the evidence. Direct links to documents should not be provided. If the link is to a page that includes many documents on a single web page, this should be supported by a clear description of the document being provided as evidence (including the relevant section of the document).
  - Links to 'official' CCG social media accounts can be provided where appropriate. These must be accounts owned/run by/operated on behalf of the CCG itself. Links to tools such that pull together an engagement conversation from an event, or specific consultation, into one online place can also be provided. Where evidence relates to specific social media activity (for example a hashtag) a description should be provided, for example:
    - **Good practice example five:** Twitter conversation held as part our engagement exercise to review maternity services, August 2018 – link to #anytownccgmaternityviews.
  - NHS England encourages joined-up patient and public participation and recognises that some activity and evidence may be shared with, or duplicated by, more than one CCG, for example where CCGs are working together in an STP or ICS, or with a local authority partner. Where this is the case, the link provided should be to a page on the CCG's own website that signposts to the relevant partnership website. Where a website is shared by more than one CCG, or with other organisations, it should be clear that this partnership or shared website is the main website of the CCG. There is space on the evidence template to tell assessors about local arrangements for shared websites. The 'description of evidence' should include information to direct assessors to the evidence provided for assessment. For example:
    - **Good practice example six:** Partnership page of CCG website. Link to Any and Other Towns ICS' website information about joint engagement work redesigning acute stroke services (Q2 2018/19) - including report on work with Black and Minority Ethnic (BME) communities and feedback report [www.anytownccg.nhs.uk/workingforabetteranytown](http://www.anytownccg.nhs.uk/workingforabetteranytown)
    - **Good practice example seven:** hyperlink to CCG governing body minutes on the the AnyTownHealthandCarePartnershipWebsite (this is

the CCG's main website) from August 2018. See page 7-12 for description of our public involvement assurance framework.

If you have further questions about partnership work or partnership websites please contact us using the details on page five.

### 3.3 Writing a 'description of change'

'Descriptions of change' should be provided in column N where a CCG indicates that a criterion has been met in 2018/19 that was not met in 2017/18 (or vice versa). It should be a detailed description of the change that has taken place and provide new evidence that was not available for 2017/18 assessment, if the change is positive. There is a maximum word limit of 100 words. Assessors should be able to see how the evidence provided for the criterion is connected to the description of change. A 'description of change' is not required where there is an X in column C to indicate that the criterion was not assessed in 2017/18 (see 'frequently asked questions' question 14).

- **Good practice example eight:**

**Criterion**

The CCG reviews its involvement activity, including how effective it has been, and takes action in response to what it has learnt.

**Description of change**

We held three stakeholder workshops in July 2018 including patient groups, the local authority, and VCS partners. We also undertook two surveys, one for members of the public and one for commissioners to understand how effective we are at participation. We also evaluated three pieces of engagement work and the difference they made. As a result, we have updated our engagement strategy, reviewed our patient reference group and begun work to ensure that we hear more from those who experience the greatest health inequalities.

**Descriptions of evidence provided for this criterion**

- Webpage including feedback reports from workshops with patients, patient groups and VCS partners held in July 2018, with two survey reports (one for members of the public and one for commissioners) about how effective the CCG is at public participation (August 2018).
- Evaluation report written by external consultancy about three pieces of engagement work and its impact (September 2018).
- Updated engagement strategy (published October 2018).

### 3.4 Assessment and scoring

#### 3.4.1 Scoring and assessment rules

The scoring process rates the CCG as meeting or not meeting individual criteria across five domains (see page eight for the list of domains). There is a threshold in the template, specifying the minimum number of points that must be achieved in order to be assessed as 'good' for each domain, as follows:

- Domain A (Governance) = 3 criteria met out of 4
- Domain B (Annual Reporting) = 4 criteria met of 5
- Domain C (Day-to-day practice) = 5 criteria met of 7
- Domain D (Feedback and evaluation) = 3 criteria met of 3
- Domain E (Equalities and health inequalities) = 3 criteria met of 4

If a CCG does not meet 'good' for the domain it is rated either as 'requires improvement' subject to meeting the necessary criteria, or as 'inadequate'.

In order to achieve 'outstanding' the CCG needs first to achieve the 'good' rating for that domain, then to meet a minimum number of criteria in the 'outstanding' category (in addition to having met good) as follows:

- Domain A (Governance) = 3 criteria met of 4
- Domain B (Annual Reporting) = 1 criteria met of 1
- Domain C (Day-to-day practice) = 3 criteria met of 4
- Domain D (Feedback and evaluation) = 3 criteria met of 3
- Domain E (Equalities and health inequalities) = 3 criteria met of 3

The assessment for each domain is converted to a score as follows:

- Outstanding = 3
- Good = 2
- Requires improvement = 1
- Inadequate = 0

RAGG\* ratings are generated from total scores as follows:

- 0-4 = red
- 5-9 = amber
- 10-13 = green
- 14-15 = green star

RAGG\* ratings are then adjusted to take account of the following scoring rules:

- If a CCG is rated 'inadequate' in any domain it is not possible to achieve more than an amber rating;
- If a CCG is rated 'requires improvement' in two or more domains it is not possible to achieve more than an amber rating.

### 3.4.2 Assessment process

**Stage one:** An initial score (and related RAGG\* rating) will be auto-generated from each submission. CCGs will be able to see initial scores as they complete the evidence template. The assessment for each domain is converted to an initial score and RAGG\* as outlined in 3.4.1 above.

**Stage two:** NHS England will undertake national assessment using the published indicator framework and methodology to review evidence and agree (provisional) scores and RAGG\* ratings. These provisional scores may differ from initial scores.

**Stage three:** To support consistent assessment, moderation will be undertaken prior to confirmation of final scores. This will be undertaken by a panel led by NHS England and including members of the Patient and Community Engagement Indicator Advisory Group. CCG scores (and overall RAGG\* ratings) may be increased or decreased as a result of moderation.

The scores and RAGG\* ratings generated through this process will be final with no right of appeal. CCGs will receive their final score and RAGG\* rating prior to publication.

## 4 Support to improve

### 4.1 National improvement webinars

NHS England is offering a series of national webinars to provide additional guidance and support for improvement. The webinar series will provide information about the 2018/19 assessment process. It will feature examples of good practice from last year's assessments and suggestions/tips to support improvement activity. To register for the webinars, which are optional, please visit the [registration web page](#).

NHS England also recommends that CCGs work together to improve engagement across health and care partnership areas. If you are not aware of arrangements to do this in your area, and would like to be involved, please contact us using the details on page five.

### 4.2 Improvement and partnerships approach

The Patient and Community Engagement Indicator for the CCG Improvement and Assessment Framework will extend its focus on improvement in 2018/19. Many CCGs will have used their 2017/18 assessments as a springboard for improvement, helping them to identify opportunities to develop even better approaches to engaging people and communities. To further support this, we would encourage CCGs to carry out the following **optional** improvement activities:

- Work with partners to prepare evidence and develop submissions. This may be with local Healthwatch, patients and communities, local authorities and/or the voluntary and community sector. We envisage CCGs taking a range of approaches to this, for example, working with their own patient reference group, convening specific meetings and/or testing out the participation

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evidence they intend to present with others, including the local NHS England team.

- Focus on specific assessment domains that did not score as well as others last year, and undertake targeted improvement activity.
- Work with other CCGs across partnerships (STP areas or other 'clusters') perhaps in a shared workshop, to share learning and good practice.
- Participate in improvement activity organised by NHS England's local and/or regional teams.

We anticipate that these activities will take place on an ongoing basis until CCGs complete their submissions for 2018/19. If you would like to find out about support for improvement activities in your area please contact us using the details on page five.

## Appendix A

### **Summary report from NHS England's first annual assessment of CCG compliance with statutory guidance on patient and public participation in commissioning health and care (2017/18)**

NHS England completed the first national assessment of CCGs' patient and public participation, as part of the 2017/18 CCG Improvement and Assessment Framework (IAF) process. The assessment was carried out by the Public Participation team, with support from external reviewers and moderators as necessary. CCGs were assessed against '[patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England](#)' across five domains to create an overall rating of Green Star ('outstanding'), Green ('good') Amber ('requires improvement'), or Red ('inadequate').

#### **Headline findings**

- Around half of all CCGs nationally (51%) were assessed as good or outstanding. Only a very small minority (less than 2%) were rated as inadequate. However, also a small minority (5%) were judged outstanding, and there is room for improvement everywhere.
- Almost all CCGs (93%) have good or outstanding governance of their engagement activities.
- A majority (60%) have good or outstanding annual reporting, but a significant minority (40%) need to improve this.
- A large majority (78%) have good or outstanding day-to-day engagement practices.
- Less than half (44%) have feedback arrangements that are rated good or outstanding. Most (56%) need to improve this. Feedback is the weakest domain, with more CCGs needing to improve this than any other aspect of their engagement.
- A majority (61%) take good or outstanding account of equalities and health inequalities in their engagement, but a significant minority (39%) need to improve this.

Tables 1-3 below summarise assessment results across England.



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Table 1: summary of 2017/18 patient and public participation assessment results by region

Region	No. outstanding	No. good	No. requiring improvement	No. inadequate	Total CCGs
North	4	22	36	2	64
Midlands and East	1	28	32	0	61
London	4	25	3	0	32
South*	1	21	27	1	50
National totals	10	96	98	3	207

\*Since assessment in 2017/18, South region has split into South East and South West.

Table 2: summary of 2017/18 patient and public participation assessment results by total score (national)

Score	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Number of CCGs with this score	0	0	1	2	12	19	22	24	17	32	28	30	10	6	4

Table 3: summary of 2017-18 patient and public participation assessment results by domain (national)

RAGG* rating (Total = 207)	Domain A: Governance	Domain B: Annual reporting	Domain C: Day-to-day practices	Domain D: Evaluation & Feedback	Domain E: Equalities and Health Inequalities
Outstanding (Green Star)	101	23	58	19	34
Good (Green)	94	102	107	72	95
Requires Improvement (Amber)	12	72	40	106	71
Inadequate (Red)	0	10	2	10	7

## Appendix B

### Learning from feedback

The national NHS England Public Participation team engaged with key stakeholders including CCGs, local/regional NHS England colleagues and others to gather feedback on the CCG IAF Patient and Community Engagement Indicator assessment process for 2017/18. This included:

- Conversations with 113 individual CCGs;
- Structured poll questions to test our proposed changes, as part of five webinars involving 90 respondents, including CCGs in all regions;
- Feedback from 27 local Healthwatch organisations, spread across the country;
- Conversations with assessors, reviewers, moderators and Advisory Group members.

The table below highlights key feedback received and how this has been addressed in designing the 2018/19 assessment process.

<b>You said....</b>	<b>We did.....</b>
Information about the 2017/18 process did not always reach the right people	<p>NHS England's list of CCG Accountable Officers has been updated with information you have provided. Please do continue to ensure that you tell your NHS England local office about any change of details.</p> <p>We intend to share information about the 2018/19 process through a range of channels, including national mailing lists and to local teams. All formal communications will be sent directly to Accountable Officers for cascade to relevant colleagues.</p>
Some evidence was missed by assessors	We have introduced an evidence and submission process this year to enable CCGs to identify their own evidence and, where appropriate, ensure that assessors are directed to relevant information on your website.
Healthwatch and/or other local people could be more involved in the assessment process	As part of the 2018/19 process CCGs have the flexibility to work in partnership with local Healthwatch, patients and communities, local authorities, other CCGs and/or the voluntary and community sector, to prepare evidence and develop their submission. Our ambition is to work towards a multi-agency assessment model in future years.

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<b>You said....</b>	<b>We did.....</b>
<p>People should have been involved in the development of the assessment</p>	<p>We have undertaken an extensive engagement exercise whilst planning the 2018/19 process.</p> <p>We delivered a number of engagement webinars (including a poll on possible options) to NHS England regional/ local colleagues, CCGs, regional stakeholders, the CCG IAF Patient and Community Engagement Indicator Advisory Group.</p> <p>The feedback received was analysed and taken into account as we developed the 2018/19 process.</p>

## Appendix C

### Frequently asked questions (FAQs)

**1. We are a member of a cluster or federation of CCGs. Can we submit jointly?**

In line with the approach to the overall IAF, each CCG needs to submit an individual template and will receive an individual score. CCGs are actively encouraged to work together with peers as they gather and review their own evidence and consider their strengths and weaknesses.

**2. Our CCG was newly formed on 1 April 2018. How will assessment be managed?**

Where CCGs have merged and have been one organisation since April 2018 they need to submit one evidence submission template. This may draw on legacy materials from the now merged CCGs, where this is appropriate (for example for activity that started in 2017/18 and has continued into 2018/19).

Where a CCG was newly formed in 1 April 2018 no assessment results for 2017/18 will be provided and CCGs will not need to complete column N (description of change). CCGs that were newly formed on 1 April 2018 will not be assessed for Domain B (Annual Reporting) in 2018/19 (scoring formulae will be adjusted to reflect this to ensure that these CCGs are not disadvantaged). Domain B criteria should therefore be marked X to indicate that they are unassessed in 2018/19.

CCGs that are working towards merging in April 2019, or are working in close alignment, will need to submit individual submissions.

If you have any queries please contact us using the details on page five.

**3. Can we approach this jointly with other CCGs?**

We strongly encourage joint working and peer-learning as CCGs develop their submissions. Whilst each CCG must complete its own submission we anticipate that many will want to work across their local area to share good practice and learning.

Where CCGs have a shared website, or are working closely together, each CCG will still need to submit an individual template and will receive an individual score. Cells B13 to B17 should be used to tell assessors about any arrangements for joint working and how this is reflected in submissions. For example, if two CCGs share a website and intend to submit the same or similar evidence they may wish to submit 'mirror submissions' – this should be described in B13 and B14.

**4. Is there a right of appeal?**

No. For 2018/19, CCGs will identify and submit their own evidence, and NHS England will then reach a final score and RAGG\* rating following assessment and moderation.

**5. Why is there no appeal process this year?**

We included an appeal process in the first year of assessment because we were testing a new approach and therefore used a process that allowed for unanticipated problems to be addressed. In 2017/18, most appeals were made because CCGs felt that (a) the national team had missed available evidence, or (b) the scoring was incorrect. We have addressed these issues in 2018/19 by (a) introducing an 'evidence and submission' process so that CCGs identify their own evidence, and (b) automating more of the scoring process.

**6. Can we use evidence published before April 2018?**

The assessment relates to the 2018/19 financial year (i.e. the period from 1 April 2018 to 31 March 2019). Assessment of the relevant aspects of annual reports will be for 2017/18 reports, published during 2018/19. All other evidence should relate to activity that is 'live' in 2018/19 or that is delivering outcomes/impacts in 2018/19. It is recognised that some documents, such as engagement strategies, may not be refreshed on an annual basis. However, it is expected that all evidence is 'live and current'.

**7. How does this fit with other assurance activity?**

Patient and community engagement was introduced as a stand-alone indicator in the CCG Improvement and Assessment Framework from 2017-18. This helps to ensure a continued emphasis on supporting improvement, as well as supporting NHS England to meet its legal duty (14Z16) to assess how well each CCG has discharged its public involvement duty (14Z2). Conversations about public participation can and should be reflected in other assurance conversations and we anticipate that insight from this process will be useful for wider assurance and improvement discussions.

**8. Who should be involved in developing the submission?**

CCGs are encouraged to work with partners to prepare evidence and develop submissions, although this is optional. We envisage CCGs taking a range of approaches, for example, convening specific meetings with patients and communities, and/or testing out their evidence of engagement activities with others. CCGs may wish to work with local Healthwatch, lay members on their governing body, health and wellbeing board members, the voluntary and community sector and/or patient reference groups.

**9. Can we add new evidence of engagement that becomes available after submission?**

No. There will be no further opportunity to submit evidence once the CCG has submitted their evidence template. Only evidence submitted by the deadline will be assessed.

**10. What should we do if we know we do not meet a particular criterion?**

Please select no in column D. You do not need to provide evidence.

**11. What should we do if we do not have evidence for a particular criterion but believe that we meet it?**

Assessments and scores will be based on the evidence submitted on the template. If evidence is not available to support any criterion then it should be marked as unmet. CCGs should begin to review and prepare evidence early. If a CCG indicates that they have met a criterion but does not provide any evidence a nil score will be generated automatically for that criterion.

**12. What will happen if we do not submit the evidence template?**

Any CCGs that do not submit their templates by the deadline of 1pm on 8 March will automatically receive a red RAGG\* (Red, Amber, Green, Green Star) rating (inadequate) for this indicator.

**13. What is 'the Advisory Group'?**

The Advisory Group – full name 'CCG Improvement and Assessment Framework indicator: compliance with statutory guidance on patient and public participation in commissioning health and care Advisory Group' – was established to provide advice regarding the engagement indicator and the related assessment and improvement offer. Chaired by the Senior Responsible Owner (SRO) for the indicator, the group was drawn from a range of stakeholders in order to ensure a variety of perspectives, including NHS England colleagues, CCGs, Lay Members, Healthwatch England and other partners.

**14. What does an 'X' in the evidence template mean?**

If a criterion is marked as X in column C of the template this means that this criterion was unassessed in 2017/18. Where this is the case, a description of change is not required in column N.

**15. What if we still have queries?**

If you have any further queries please contact us by emailing [england.nhs.participation@nhs.net](mailto:england.nhs.participation@nhs.net) or telephone 0113 825 0861.