



Patient and Public Voice Assurance Group (PPV AG) for Specialised Commissioning

Assurance Report 2018/2019

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Promoting equality and addressing health inequalities are at the heart of our values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Background

The Patient and Public Voice Assurance Group (PPVAG) was first established in 2014 as a means of strengthening patient and public voice engagement mechanisms within the Specialised Commissioning Directorate within NHS England. The Assurance Group was created at a key point in the strategic review of the specialised commissioning function via the Specialised Commissioning Taskforce. The initial membership was made up of an independent Chair, six representatives of external groups and organisations working within Specialised Commissioning and six individual members appointed via an external recruitment process.

Following an internal review of the work of the Assurance Group and its Terms of Reference in 2016 the decision was made to stand down the existing membership and undertake a refreshed recruitment process. This was intended to better reflect the need to provide greater assurance around internal governance and processes and to strengthen lay representation within the assurance process.

Representation is drawn from PPV partners from key groups and committees within the Specialised Commissioning governance structure (including Clinical Priorities Advisory Group, Rare Diseases Advisory Group, the national Individual Funding Requests Panel, the Quality Assurance Oversight Group and each of the Programme of Care Boards). This is intended to promote increased communication across these structures and to share emerging concerns around patient and public voice issues at an early stage. This is supported by five independent members recruited via a transparent external recruitment process.

The role of the Assurance Group is to:

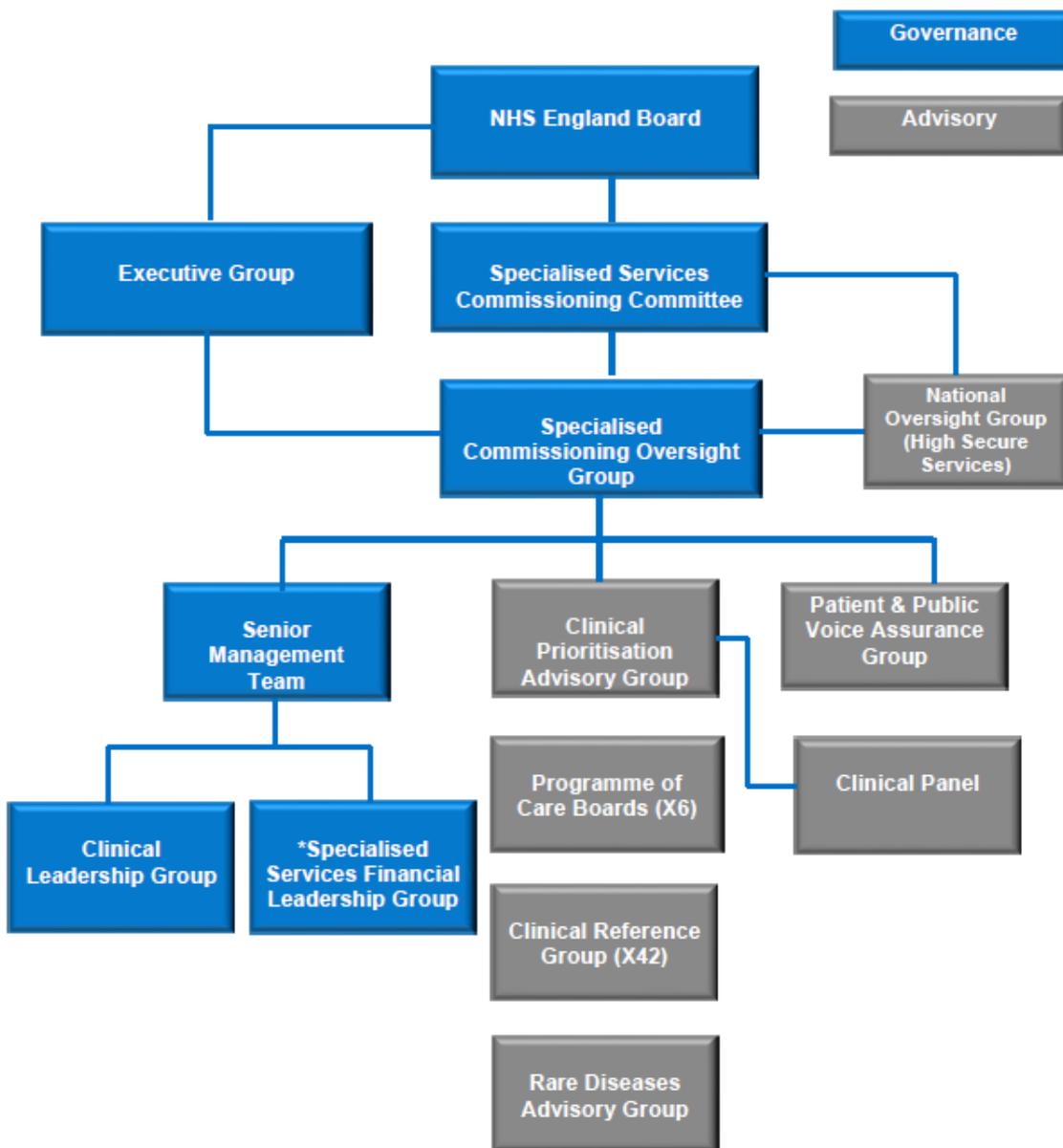
- ✓ Deliver a “critical friend” function to NHS England’s Specialised Commissioning Directorate in respect of patient and public participation.
- ✓ Provide levels of assurance to the NHS England Specialised Commissioning Oversight Group around key areas of work.
- ✓ Offer appropriate challenge and potential solutions as and when required
- ✓ Monitor the implementation and operation of NHS England’s Patient and Public Participation Policy and the Participation Framework for Specialised Commissioning.
- ✓ Ensure that patients and members of the public are actively involved in service design, development and review.
- ✓ Act as a central point of reference for patient and public participation across NHS England’s Specialised Commissioning Directorate.
- ✓ Raise and escalate issues and concerns in respect of patient and public participation.

- ✓ Have due regard for issues of equalities and health inequalities within its assurance processes and make recommendations as to how these can be addressed through engagement and consultation activity.

The Assurance Group is directly accountable to the Specialised Commissioning Oversight Group (SCOG). The Assurance Group meets on a monthly basis.

Governance

The following diagram shows how PPVAG fits into the wider governance of Specialised Commissioning:



Membership

The current membership is:

Jason Stamp	Independent Chair
Julia Cons	Representing the national Individual Funding Request (IFR) Panel
David Liggins	Representing the Place Based Commissioning Oversight Group (until August 2018)
Sue Millman	Representing the Rare Diseases Advisory Group (RDAG)
Jane Dalton/ Olive Andrews/ Fiona Barber/ Nason Maani	Representing the Clinical Priorities Advisory Group (CPAG)
Martin Davies	Quality Assurance Oversight Group (QAOG) (from October 2018)
Nick Meade	Representing the Women and Children Programme of Care Board
Kye Gbangbola	Representing the Blood and Infection Programme of Care Board
Sian Hallewell	Representing the Cancer Programme of Care Board (from February 2019)
Jayne Hilderley	Representing the Trauma Programme of Care Board (from February 2019)
Neeta Mehta	Representing the Internal Medicine Programme of Care Board (from February 2019)
Richard Allen	Representing the Mental Health Programme of Care Board (from February 2019)
Elizabeth Abbott	Independent Member
James Bradley	Independent Member
Ian Gall	Independent Member
Griffith Gay	Independent Member
Suzanna Hopwood	Independent Member

The current picture

PPV partners include patients, service users, carers, families and other members of the public who are involved in NHS England's work in different ways.

- **179** PPV Partner positions available in Specialised Commissioning
 - **165** PPV Partners involved in Specialised Commissioning
 - **113** PPV Partners involved in Clinical Reference Groups (there are currently 40 CRGs)
 - **10** PPV Partners involved in Programme of Care Boards (there are currently 6 PoC Boards)
 - **45** PPV Partners involved in other Boards and Committees
- 12,318** registered stakeholders – organisations or individuals who have asked to be kept abreast of Specialised Commissioning issues.

13Q assessment

The section 13Q duty of the Health and Social Care Act (2012) requires NHS England to act fairly in making plans, proposals and decisions in relation to the health services it commissions, where there may be an impact on services. The duty requires NHS England to make arrangements for public involvement in commissioning.

In February 2019, PPVAG members had a workshop session with legal experts on the 13Q legal duty in respect of NHS England's engagement with patients and members of the public. This training also included the need for the Group to have due regard of the Equality Act, the Public Sector Equality Duty and the Health and Social Care Act 2012.

The Assurance Group supports the development and implementation of an internal assessment process linked to the legal 13Q duty. The purpose of this is to require commissioners to assess whether they consider that the duty applies in respect of the piece of work being undertaken, and if consultation is required the timescales for this and an overview of the plan for how this will take place. As part of the 13Q Assessment process consideration is given to how equalities and health inequalities are being addressed via proposed consultation and engagement activity and as part of the analysis of key stakeholders. Where appropriate recommendations are made to ensure that consideration of equalities issues are strengthened.

In reviewing the 13Q assessments formally presented to the Assurance Group we make the following observations:

- There has been considerable progress in embedding early consideration of the 13Q duty in specialised commissioning and commissioners appear to have an increased awareness of the need to engage and consult in a timely fashion. However, there are still instances where consideration of the 13Q duty takes place at a later stage and there is a need to develop a greater understanding of proposed consultation timescales in terms of both proportionality to the work undertaken and managing levels of risk should this not be carried out effectively.

- In instances where the Assurance Group has disagreed with a commissioner's 13Q assessment, we have provided advice and guidance on the reasons for this and suggested ways in which the 13Q duty can be implemented.

PPV Assurance Framework

Over the past year a key function of the Assurance Group has been to continue to use a comprehensive framework to measure assurances against 13Q assessment forms linked to commissioning policies and service reviews within Specialised Commissioning. The Assurance Framework measures plans, policies and strategies against set criteria in order to provide one of three levels of assurance:

- **Fully assured** – the plan is of a high quality and takes into account the specific needs of the target group
- **Assured with recommendations** – there are suggested areas for improvement or other areas for consideration which should be implemented prior to the work taking place
- **Not assured** – the plan is not 'fit for purpose' and requires further review and revision before being re-presented at a future Assurance Group for further consideration.

The following have been considered for assurance over the past year:

May 2018	Prosthetics Service Review	Assured
	Thrombotic Thrombocytopenic Purpura Service Specification	Assured
	Haemoglobinopathies Service Review	Assured with recommendations
	Gender Identity Services Communication and Engagement Plan	Assured
	Proton Beam Therapy – Treatment of patients with Medulloblastoma	Assured
	Proton Beam Therapy	Assured with recommendations
June 2018	Thrombotic Thrombocytopenic Purpura Communications and Engagement Plan	Assured
	Complex Gynaecology Communications and Engagement Plan (including Vaginal Mesh)	Assured
July 2018	Hyperbaric Oxygen Treatment	Assured with recommendations
September 2018	Pectus Deformity (Chair's Action)	Assured
	Clinical Frailty Programme	Assured

October 2018	Penile Prosthesis Surgery Service Specification	Assured
December 2018	Gender Identity Services Procurement	Assured
January 2019	Consultation Plan on the Proposed Closure of the Specialised Pain and Neurosciences Clinical Reference Group	Assured
	Proposals for pilot elements to be included in the CPAG Prioritisation process	Assured with recommendations
February 2019	Proposals to amend the Service Specification Development Methods Document	Assured
March 2019	Adult High Secure Specification (Chairs Action)	Assured

Our assessment of the process is that it is working well and is a systematic and evidence based framework for formal assurance. The Assurance Group receives regular updates on how its recommendations and suggestions for how consultation and engagement activity could be strengthened have been incorporated.

Based on our review of our work to date, we have highlighted the following areas for consideration:

- Ongoing work needs to take place with commissioners to ensure that the assurance function is embedded in all aspects of the work and that all consultations, policies and service reviews take into account PPV assurance at an early and appropriate stage.
- As part of the internal review of the service specification and policy development process, work is currently being undertaken with commissioners to ensure that the 13Q assessment is undertaken at an early stage in the development process and that opportunities for meaningful PPV involvement are identified as part of the planning process.

Feedback from commissioners

“It’s important that proposals for significant service change to specialised health services are scrutinised by independent representatives of patients and the public, even before wider engagement and public consultation. The PPVAG plays a key role in injecting constructive challenge into the process for formation of proposals and in helping commissioners shape an engagement and consultation process that is meaningful and accessible. It is very welcome that PPVAG members regard their role as extending to participation in stakeholder workshops and public events.” - **Jeremy Glyde, Head of Clinical Task Team (Medical Policy), Specialised Commissioning, NHS England**

“The PPVAG, chair and team provided helpful advice on the revision to the Service Specification Methods. Through their advice, I was able to build in appropriate PPV assessment of the materiality of specification propositions. As a result of their input, a more effective approach to meaningful engagement and consultation on specifications has been included. I attended a PPVAG meeting where members thoroughly and diligently debated the proposed changes to the Methods and assured that public consultation on the changes was not required.” - **Claire Foreman, Head of Acute Programmes, Specialised Commissioning, NHS England**

Strategic overview / ‘deep dives’

Over the past year the Assurance Group has been consulted as part of a wider engagement process around key strategic issues within Specialised Commissioning. These have included:

- Proposals for the development of the Genomics programme within Specialised Commissioning and opportunities for future PPV involvement.
- Developing Patient Experience Measures – the Assurance Group have received regular updates on progress in developing a set of patient experience measures to be integrated into service specifications, which will allow effective monitoring of patient outcomes with Specialised Commissioning.
- Place Based Commissioning – the Assurance Group has received updates on the on-going development of this programme, particularly linked to public facing information and the role that the Assurance Group could potentially take in the future around assuring plans for place-based service delivery.
- Proposals for the restructure of Programme of Care Boards and Clinical Reference Groups, and the impact on PPV involvement.
- Review and comment on the production of a short information film designed to support the recruitment of PPV representatives within Specialised Commissioning- <https://www.youtube.com/watch?v=XlxzTDvgBzE>.
- An update on the strategic priorities for Specialised Commissioning and an overview of the Long Term Plan, with a particular focus on the links with Specialised Commissioning.

The Assurance Group has appreciated the opportunity to be actively involved in key strategic plans at an early stage and to offer advice, guidance, support and challenge around these areas of work from a PPV viewpoint. We also believe that this has helped move towards the integration of the PPV perspective into strategic planning processes.

Developing PPV partner Networks

Following feedback from PPV representatives, work has been undertaken to develop networking opportunities between Programme of Care Board PPV representatives and PPV partners of Clinical Reference Groups that fall within their remit. This is designed to improve communication, promote an increased sharing of information and to informally support PPV partners in carrying out their role. This has also provided an opportunity to flag issues or areas of concern at an early stage. 87, out of a potential 123, PPV partners have so far joined their relevant PoC PPV network.

The Chair has also provided support to PPV members of one CRG to promote effective engagement and involvement in a planned Service Review. This also involved work with Commissioners and the CRG Chair to identify appropriate opportunities for PPV members to contribute to meetings and to support the wider work of the CRG.

Working with the regions

A key priority over the past year has been working with regional colleagues to gain assurance around regional communications and engagement activity linked to the delivery of national Specialised Commissioning programmes. The focus of this work has been to gain a better understanding of regional delivery, reduce unnecessary variation and to develop a consistent reporting and assurance framework which is more closely aligned to the work of the Assurance Group.

Specialised Commissioning Oversight Group (SCOG)

The independent Chair of the Assurance Group and one other Assurance Group representative are members of the Specialised Commissioning Oversight Group. For the period 2017/2018 this has been Julia Cons. We have attended all meetings and participated fully in discussion as well as contributing to the decision-making process. We have valued the opportunity to work with key senior leaders to develop a greater awareness of patient and public voice issues and to support activity to embed this in day to day work.

“2018/19 has been an interesting year for the Specialised Commissioning Oversight Group with a number of exciting services developments as well as challenges. The PPVAG members of SCOG have continued to ensure that the patient voice is heard and influences all the decisions being taken – ultimately for the benefit of patients. There are high levels of patient and public involvement in all our specialised commissioning activities; a vital element in the work to secure service improvement.”- Cathy Edwards, Clinical Programmes Director, Specialised Commissioning, NHS England

Patient and Public Voice (PPV) Conference

The Specialised Commissioning Team hosted a conference for Patient and Public Voice partners on 7 March 2019. This included members of Clinical Reference Groups, Programme of Care Boards, and strategic committees. 43 people attended this event. This has also been supported by a survey of PPV members from within the Specialised Commissioning Directorate.

Delegates were provided with an opportunity to hear about specific achievements over the past year, a presentation on the Long Term Plan and the links to specialised services, and the CRG review. John Stewart (Director of Specialised Commissioning) provided an update on future developments via a Question and Answer session with delegates. The event also showcased examples of good practice in working with PPV partners via presentations around the development of Gender Identity Services and the development of a toolkit for carers of people in secure mental health settings and children and young people in mental health in-patient services.

Feedback from the event was extremely positive with 23 delegates completing an evaluation form on the day:

- **92%** of those responding said the event was very good/ quite good.
- **96%** of those responding said that they had a better understanding of Specialised Commissioning following the event.
- **73%** of those responding said that they had a better understanding of the CRG Review and why changes were being made following the event.
- **87%** of those responding felt that they had a better understanding of the different ways NHS England involved patients and members of the public in their work.

Based on their experiences delegates had a number of suggestions as to how their experience of working as a PPV member could be improved. These included:

- Sharing of good practice examples of how PPV involvement has made a positive difference so that these can be celebrated and learnt from.
- Working with the Chairs of groups to ensure they have a good understanding of the PPV role and opportunities for involvement in the wider work of the group.
- Ensuring that all PPV members have access to induction, on-going training and support to allow them to continue to develop their skills, knowledge and experience.
- Creating more networking opportunities for PPV members across Specialised Commissioning in order to develop a consistent, joined up approach, including buddying and mentoring opportunities.
- Specific training, including how to be more effective in meetings and the appropriate use of social media to support PPV activity.

A separate event report and action plan will be produced focusing on the outcomes of this event but from a strategic assurance point of view:

- PPV members welcome the opportunity to meet with senior officers to hear about strategic developments and key challenges as well as identifying opportunities for future involvement.
- PPV participation was becoming better integrated into the work of the Specialised Commissioning Directorate but further refresher work with Chairs and Lead Commissioners was suggested as a means of ensuring a consistent approach across the system.
- There is an increased level of interest from PPV members on the direction of travel for nationally commissioned Specialised Services and how these will be delivered at a regional level. PPV members are keen to identify how they can become more meaningfully involved at a regional level and how this involvement can be supported and assured nationally.

Patient and Public Voice (PPV) Survey 2018/ 2019

In order to obtain feedback an on-line survey was circulated to all PPV partners across Specialised Commissioning in February 2019. 56 PPV partners completed the survey which represents 40% of the total number of representatives.

- **80%** of respondents strongly agreed or agreed with the statement that patient and public voice was valued by the Group they were a member of.
- **69%** of respondents strongly agreed or agreed with the statement that they felt equal to all other members of the Group they were part of.
- **98%** of respondents strongly agreed or agreed with the statement that they felt able to speak freely in the Group they were part of.
- **68%** of respondents strongly agreed or agreed with the statement that they thought their contribution to meetings had made a positive difference.
- **84%** of respondents strongly agreed or agreed with the statement that they believed that PPV involvement leads to better outcomes for Specialised Services.

Additionally, survey respondents were asked to identify their levels of confidence in their roles and responsibilities:

- **94%** of respondents stated that they were very confident or confident in encouraging their Group to consider issues from a patient, carer or family perspective.
- **95%** of respondents stated that they were very confident or confident in providing 'critical friend' challenge to their Group.
- **84%** of respondents stated that they were very confident or confident in engaging positively and collaboratively with discussions on agenda items.

- **85%** of respondents stated that they were very confident or confident in their understanding of NHS England's legal duties to involve patients and members of the public.
- **86%** of respondents stated that they were very confident or confident in their understanding of how Specialised Services are commissioned by NHS England.
- **84%** of respondents stated that they were very confident or confident in their understanding of the aims of the Long Term Plan and its impact on Specialised Services.

Supporting the development of Clinical Policies and Service Specifications

Over the course of the last year we have worked closely with commissioners to explore how the 13Q Assessment process can be better embedded in the service specification and policy development process. In particular, we are keen to ensure that the 13Q Assessment takes place at an early stage in the process so that an evidence based decision on whether or not formal consultation or engagement is required can be made.

Priorities for 2019/20

In addition to continuing to provide levels of assurance around plans for future commissioning, service reviews and policy development the Assurance Group has identified the following priorities for the next year:

- To continue to support the process of providing assurance of regional activity within Specialised Services. This will focus on nationally commissioned activity being delivered on a regional level and look to mirror the national assurance process.
- To implement a parallel process for the review of 13Q Assessments where formal consultation and engagement is not required.
- To continue to strengthen relationships between PPV partners across the system and support ongoing training and development opportunities.
- To support the recruitment, induction and training of new PPV partners.
- As part of this process we will undertake an equalities audit of existing PPV representatives within Specialised Commissioning in order to gain a greater understanding of the diversity of representatives and to identify any gaps which will need to be addressed through further recruitment.
- To review the Participation Framework for Specialised Commissioning.
- To continue to work with commissioners to ensure that the assurance function is embedded in all aspects of the work and that all consultations, policies and service reviews take into account PPV assurance at an early an appropriate stage.

- To gain assurance that PPVAG recommendations are implemented within communication and engagement plans and to develop a process that monitors the outcome and impact of our work.
- To continue to contribute to the development of patient outcome and patient experience measures within Specialised Commissioning.

Conclusion

Over the past year the ongoing development of the patient and public voice function within the Specialised Commissioning Directorate has been a significant achievement.

Specialised Commissioning has the largest and most diverse PPV representation within NHS England and the move towards embedding meaningful PPV engagement in all aspects of the work provide examples of good practice which can provide valuable learning for NHS England as a whole. The processes for supporting the recruitment and retention of PPV partners continues to be a key asset to the organisation.

As PPV partners come to the end of their second terms of office the issue of succession planning and the retention of key skills, experience and knowledge will need to be addressed. The implementation of the NHS Long Term Plan and the increased focus on delivering services differently will require active and consistent involvement of PPV partners at all levels. In terms of direction of travel there is an increased appetite to explore how PPV partners can be involved in the development of services at a more regional level.

A diverse range of consultation and engagement activity has taken place and there is evidence that an understanding of the legal duty to involve patients and members of the public is becoming embedded in the day-to-day business of the Directorate.

We acknowledge that despite considerable progress there is still a significant amount of work still to do and that there are key challenges ahead. We believe that this Annual Report demonstrates that the Assurance Group is achieving its key purpose and functions as outlined in its Terms of Reference and that we have contributed to the development and implementation of a firm foundation for patient and public involvement in all aspects of the work of NHS England's Specialised Commissioning Directorate.

**Jason Stamp, Independent Chair
Patient and Public Voice Assurance Group
Specialised Commissioning
NHS England**