

Patient and public engagement approach for delegated commissioning of primary care medical services – April 2016

1. Background

Following the Health & Social Care Act 2012, responsibility for commissioning primary care moved to NHS England from primary care trusts (PCTs). Recently NHS England's co-commissioning programme has encouraged CCGs to take on greater responsibility for commissioning primary care medical services i.e. GP services. Co-commissioning aims to support the development of a locally led vision for primary care with increased clinical leadership and public involvement. From April 2015 Richmond CCG began co-commissioning primary care medical services with the other CCGs in south west London (SWL) and NHS England. A SWL primary care joint committee was also established.

One form of co-commissioning is delegated commissioning arrangements. Under delegated commissioning, NHS England delegates full responsibility and funding for the commissioning of primary care medical services to CCGs. While NHS England retains ultimate liability for the exercise of all of its functions, including those delegated to CCGs, the CCG is bound by its own public involvement duty in respect of services it commissions (Section 14Z2 of the Act). Richmond CCG has agreed to take on delegated commissioning from April 2016. The Delegation Agreement and Terms of Reference make clear that it is the responsibility of the CCG to involve the public in the commissioning of services. NHS England will require assurance that the duty to involve the public is being discharged effectively by the CCG for primary care commissioning as part of the CCG assurance process.

2. Our vision for patient and public engagement

Patient and public engagement (PPE) is about putting patients, carers and the public at the centre of the CCG's commissioning process. We have a duty to inform, engage and consult with the public to ensure accountability and build the trust and confidence of our local communities.

For the CCG successful patient and public engagement will mean that:

Richmond CCG will:

- Involve patients, carers and the public in all stages of its decision making and explain how decisions are made
- Use patient and carer experience to improve the quality of services and patient care
- Support patients to make informed and timely decisions about their own health
- Work together with partners to share and use patient insight to improve patient experience across the borough of Richmond.

Patients, carers and the public will:

- Know how to be involved in our decision making processes
- Understand how decisions are made

- View Richmond CCG as an organisation that listens, takes account of their views and acts on them.
- Know where to get help and support in maintaining their own health and wellbeing

We acknowledge that this is an ambitious vision and continue to work towards achieving this with our partners, local communities and providers to achieve this. The CCG's move to outcomes based commissioning (OBC) supports this approach of putting patients, carers and public at the centre of our commissioning process.

2.1 PPE outcomes for 2016/17

The CCG is currently developing a set of outcomes for PPE which will include:

- Robust and transparent reporting and monitoring system in place for PPE and equalities work within the CCG's governance arrangements.
- A cohort of patient and carers who are well briefed on the health and social care landscape and well positioned to participate in CCG projects. These projects would include:
 - involvement in service redesign for priority out of hospital programmes: cardiology, diabetes, frail elderly, respiratory and end of life care.
 - involvement in the selection of providers for the new community mental health contract (OBC)
 - involvement in the MCP process for a new community mental health services contract due to start in April 2017.
 - involvement in the primary care transformation programme
 - involvement in the procurement of specialist health services for people with a learning disability.
 - involvement in the development of local strategies e.g. primary care, dementia and carers
- Greater collaboration and coordination of engagement and equalities activities across the CCG, Council and Healthwatch where appropriate
- A more consistent approach to patient participation on the part of member practices and the CCG to support primary care delegated commissioning, locally commissioned services and development of a CCG primary care strategy.
- Greater awareness and understanding of how members of the public can get involved, raise a query, tell their story or make a formal complaint.
- A more consistent approach to involving patients and carers (including seldom heard voices) in the CCG's priority programmes.
- A more consistent approach to involving patients and carers in procurement and monitoring and evaluation of services.
- An ongoing commitment to working with the local voluntary and community sector in order to engage, communicate with and seek feedback from different cohorts of the community.

2.2 Richmond CCG currently works with the following groups and organisations to facilitate PPE in wider commissioning:

- Community involvement group (*CCG's engagement and equalities reference group*)

- Patient participation group (PPG) network
- Health and social care co-production group
- Richmond Council community engagement infrastructure
- Healthwatch Richmond
- Richmond Council for Voluntary Services (CVS)
- Health & Wellbeing Board
- South West London Collaborative Commissioning (SWLCC)
- NHS England

3. Our approach

3.1 Where engagement happens

Richmond CCG is committed to involving patients and the public at each stage of the commissioning cycle for primary care medical services. The commissioning cycle refers to the different activities which make up the process of planning and buying health or other services and ensuring that services are being delivered to the right standards and within the available financial resource. For primary care commissioning, the vast majority of this happens through a contract negotiation with legally recognised representatives of the professional groups and is governed by legislation. Some activities are managed for a particular population or area e.g. designing “enhanced services” to be purchased from local providers in addition to national contract requirements and designing and buying new services (specification and tender processes).



Analyse - understand intrinsically the evolving needs of Richmond’s community, the outcomes that are important to them and the priorities that services can most effectively deliver against
Plan - Design and plan appropriate services, commissioning and procurement to deliver priorities of the JCC, CCG and LA. Identifying and maximising opportunities for integrated services and pathways, partnership working and collaboration.
Do - Lead and deliver the commissioning of services across health and social care to ensure the desired objectives are met to time and cost
Review - Review and validate services delivered to ensure outcomes are being delivered and the best use of resources is being used.

Above diagram is taken from JCC operating principles

Patient and public involvement can add value at all stages of the commissioning cycle. The engagement cycle¹ (Appendix 1) helps identify ways in which patients and public can participate at the different stages and when involvement can have the maximum influence.

¹ InHealth Associates

3.2 How Richmond CCG can engage people in primary care medical commissioning

- It can utilise the CCG's PPG network as a source of local primary care patient insight and experience
- It can take account of feedback on primary care medical services e.g. from local and national surveys such as the GP Patient Survey, the Friends and Family Test (FFT) and online feedback.
- It can establish a reciprocal arrangement with the RGPA to share patient insight and feedback received by each organisation.
- It can organise targeted communication and involvement activities.
- Individuals can be involved in governance and decision-making processes.

Recommendation:

- Primary care commissioning work plan to inform PPG network's forward plan to support primary care commissioning.
- Primary care commissioning staff to develop links and work with PPG network as patient insight resource.
- CCG to agree reciprocal arrangements with Richmond GP Alliance (RGPA) to share patient insight and feedback from PPE activities.

3.3 Patient and public networks

Below are the main local networks that Richmond CCG will work with to support patient and public involvement in primary care medical commissioning.

- CCG's PPG network
- Member practices' patient participation groups (PPGS)
- CCG's community involvement group
- Healthwatch Richmond
- Richmond Council

3.3.1 Patient participation groups

All GP practices must have a patient participation group (PPG) made up of patients from the practice population. PPG activities will depend on the practice and could include regular face to face meetings with staff to discuss how to improve services and promote health and wellbeing; virtual meetings, emails and surveys. The Care Quality Commission (CQC) will seek views from PPGs when it inspects GP practices. GP practices are required to take steps to ensure that PPGs are reflective of the practice population. However, it is important for GP practices and commissioners to involve people beyond PPGs to hear a diverse range of perspectives.

3.3.2 PPG network

The CCG's PPG network brings together representatives from local PPGs to get involved in broader discussions about the commissioning of local health services and share information and network with each other. There are currently 12 practices represented on the network

and it hoped that through delegated commissioning the role of the network will be more clearly defined and membership will grow.

Recommendation:

- To agree roles and responsibilities with RGPA for supporting and developing PPGs within member practices.

3.4 Reaching different groups

There are groups who face specific barriers to participation in primary care medical commissioning, and whose specific needs must be taken into account. These would include children and young people, and patients and service users with a disability. There are also groups that experience less access to primary care and poorer health outcomes e.g. insecurely housed or homeless people, Gypsy Traveller groups, refugees and asylum-seekers, sex workers, people with disabilities and people with drug and alcohol problems. This will include individuals who may not be registered with GP practices.

Richmond CCG will take into account these groups when planning and implementing public involvement in primary care commissioning by:

- Taking account of the findings from London-wide and national public involvement initiatives which reach out to communities and service users from different backgrounds.
- Working with local partners e.g. Richmond Council, Healthwatch Richmond and local community organisations and groups who will have access to networks of potentially excluded and vulnerable groups.
- Encouraging the use of a range of involvement methods in particular outreach to different groups and communities and the organisations that support them.
- Utilising equality and health inequality impact assessments.

3.5 Patient and public insight sources

There is good insight material available to the CCG including national survey data and reports, local survey data and information gathered on particular patient groups or local communities by voluntary and community sector organisations which can be used to inform commissioning. Ideally a range of both quantitative and qualitative methods will be used to gather patient experience and ensure there is a genuine conversation with patients and the public.

Richmond CCG aims to make use of the insight information available to inform all stages of the commissioning cycle. For primary care medical commissioning the main sources of patient insight will be:

- National patient surveys
- Friends and Family Test
- NHS Choices data and feedback comments
- NHS Citizen Gather website and other online feedback websites such as Patient Opinion
- Social media such as Facebook and Twitter

- PALS, complaints and compliments (GP practice and commissioner level)
- MP letters
- CQC inspection reports
- Engagement with practice patient participation groups and other patient groups.
- Reports from stakeholders e.g. Healthwatch Richmond, voluntary sector organisations.

These sources have strengths and weakness, and some are more appropriate for specific purposes. National surveys like the GP patient survey are good at producing comparative data which can be useful for measuring the success of policy implementation or identifying performance issues for further investigation. However, they are not as helpful in supporting a dialogue for patients to identify issues of concern or locally based solutions. The Friends and Family Test (FFT) does not produce comparative data but can be used to collect qualitative insight through its open free text questions, including views on how things could be improved. Where it is fully implemented every patient has the opportunity to comment through FFT but there are still cultural and social reasons why some people will be reluctant or unable to use it.

Recommendation:

- Clarify how primary care medical services insight data currently reported and monitored by NHS England will be shared with and monitored by the CCG.
- Ensure CCG's insight dashboard is updated to include all relevant primary care data sets to reflect delegated commissioning.

The CCG following good practice will review and analyse existing insight sources at the start of any public involvement planning process. It will also record the difference making use of patient insight has made to commissioning activities.

It is important that as a commissioner the CCG is clear about how it uses feedback and how it has made a difference to services commissioned and health outcomes. It should be aware that:

- people not accessing primary care will not be included in the insight gathered from survey feedback
- there are groups such as people with disabilities or non-English speakers for whom these methods of feedback are less accessible.

It is therefore important that the CCG is able to go beyond already existing insight sources and the usual patient and public networks i.e. carrying out specific targeted engagement.

4.0 Patient and public engagement in governance and decision making for primary care commissioning

Richmond CCG will seek to involve patients and the public in primary care governance and decision making as members of relevant groups including the primary care committee (PCC), the PPG network and specific commissioning programmes.

The PCC is a sub-committee of the CCG's governing body and has been established to enable the CCG to make collective decisions on the review, planning and procurement of primary care services in Richmond under delegated authority from NHS England. To ensure that the patient and public voice is at the table when decisions are being made at the PCC the following is already in place:

- The CCG's lay member for patient and public involvement is vice-chair of the PCC.
- Healthwatch is a non-voting member on both the PCC and governing body.
- The CCG's PCC meetings are held in public.

Recommendation:

- There is representation from the CCG's PPG network on the primary care committee.
- PPG network minutes and feedback to be considered at PCC to reflect PPG network's role as source of patient insight for and that it reports into the PCC.

4.1 Reminder of the role of lay member for patient and public involvement

- To bring external strategic challenge and perspective to strengthen decision-making.
- To ask "Is this in the interest of patients?" and help ensure that services are joined up around the needs of patients.
- To advise on approaches to participation and help provide assurance that patient and public participation meets legal duties and good practice.
- To connect to relevant patient and public networks.

5.0 Monitoring, evaluation and assurance of PPE

As part of NHS England's assurance process for CCGs, it reviews the CCG's approach to involving patients and the public in commissioning. This applies to the CCG's statutory duties to improve the quality of primary care; to commissioning of primary care now the CCG has taken on delegated commissioning and to patient participation in commissioning.

The CCG recognises the importance of demonstrating PPE plans for commissioning, what feedback is received and how the feedback has affected the commissioning outcomes.

The primary care committee will provide assurance to CCG's governing body on PPE in primary care commissioning.

References:

NHS England, DRAFT framework for patient and public participation in primary care commissioning (Dec 2015 V6)

Richmond CCG Participation duties report 2015

Appendix 1:

