

Our approach to patient and public engagement – moving towards co-production

Patients and local people are at the heart of our work.

The CCG will continue to develop its approach to patient and public engagement so we can have a better understanding of what happens in people's lives, their motivations and goals as well as their experiences of health and wellbeing services. This helps us to identify what needs improving or changing so that the services we commission work for local people and are organised around their needs.

We will build on what we do well and continue to engage with local people in a way that works for them.

Co-production

[The Coalition for Collaborative Care](#) describes co-production as a “way of working that involves people who use health and care services, carers and communities in equal partnership and which engages groups of people at the earliest stage of service design, development and evaluation”.

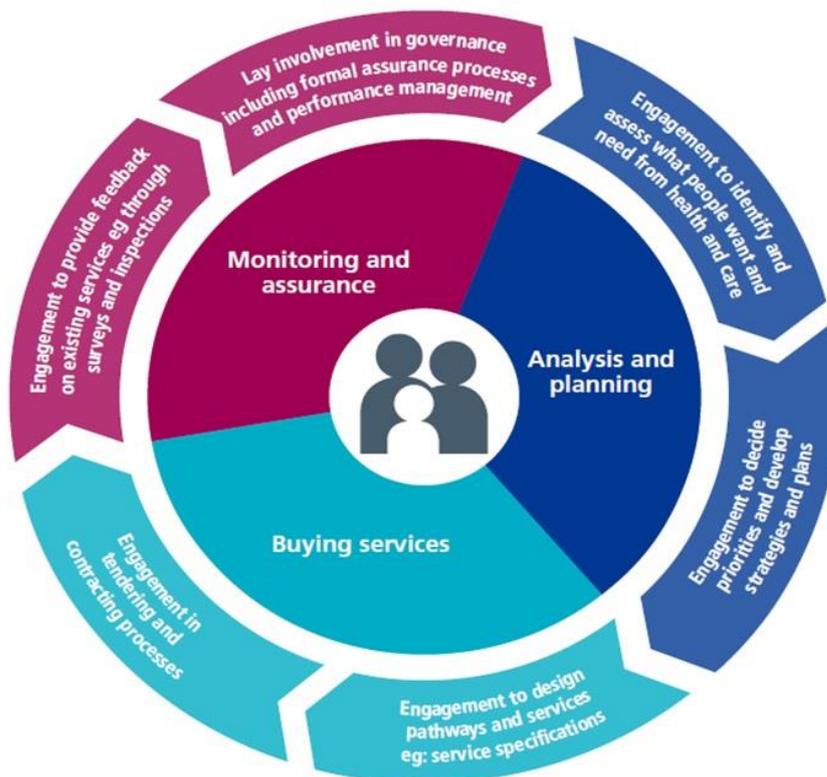


We work with partners, clinicians, health and care professionals and people with lived experience and we aspire to adopt a broader co-production approach to our commissioning.

To support commissioners to develop person-centred services, we need to embed these values into our work.

Engagement to inform commissioning

Commissioning is the process of identifying needs and then developing, planning and buying health or other services to meet them. The CCG commissions services for people who live, work and are registered with GPs in the borough. We are also responsible for monitoring that these services are being delivered to the right standards within the available financial resources.



Patient and public engagement adds value at all stages of the commissioning cycle. The engagement cycle shown above helps us to identify ways in which local people can participate at different stages of commissioning and when engagement can have the most impact.

Our PPE is informed by the needs identified in the borough's [Joint Strategic Needs Assessment \(JSNA\)](#) which helps commissioners to identify challenges and plan to make sure our services are based on local need.

Our vision for PPE

Our commitment to the people of Kingston is that: "We are passionate about your health, compassionate about your care."

Our task is to:

- help you stay as healthy as possible

- support you in looking after yourself when you are well and when you are not
- make sure the right services are available if you become unwell, and for those services to be safe, effective and provide the good experience you deserve
- listen to you, involve you and be influenced by you
- work with you to continuously improve:
 - the health and wellbeing of people in Kingston
 - the support that's available to help people look after themselves
 - the quality of local health services
- work with you to reduce inequalities in health across Kingston
- become recognised and respected as the leader of the health care system in Kingston

We want local people to be able to say: "I'm heard, I'm healthier, I'm cared for."

Working with our partners

Kingston's health and care partnership

In south west London, the CCGs are supporting the development of the South West London Health & Care Partnership (SWLHCP). This is a partnership of NHS organisations, local councils, Healthwatch and the voluntary sector working together to deliver better care for local people.

At a borough level, we are working with our statutory and community partners - to develop local health and care plans which will be published in 2019. This will include continuing to work with local people, community organisations and our partners to put these plans into action over the months and years to come.

As part of the SWLHCP we are developing an online citizens panel. This will complement the range of engagement mechanisms already in place to put the voice of local people at the centre of our work. It will provide a platform for use in needs assessment (sense-checking public health data as part of JSNA process, and contributing to community asset maps, to support our understanding of lifestyle factors impacting health as well as to discover unmet need), in consulting and researching community views on our priorities and plans and for testing attitudes and seeking feedback on existing services, including barriers faced by local people in accessing appropriate care.

Kingston & Richmond communications and engagement group

To support the work of our local health and care partnership we have set up a professionals' communications and engagement group across Kingston and Richmond CCGs. The group's focus is to develop consistent and best practice engagement and communications across both boroughs where appropriate e.g. winter communications and engagement for our local health and care plan.

Lay people in our decision making

All statutory organisations in our local health and care partnership have local people involved in their governance.

The CCG's governing body includes two lay members who

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

Our lay members chair or sit on several committees including primary care, audit, finance and integrated quality and governance.

Healthwatch Kingston is represented on both our governing body, primary care commissioning committee and other committees.

Kingston Voluntary Action (KVA)

KVA are the umbrella organisation for voluntary and community agencies in Kingston. They strengthen and support engagement in health and social care and we use their health and wellbeing network as our engagement and equalities reference group, which meets quarterly and we also participate in their annual health conference.

Healthwatch Kingston

Healthwatch Kingston is the independent voice on health and social care for residents of the borough of Kingston. It uses patient feedback and experience to help shape, challenge and improve health and social care services. From time to time we may also commission Healthwatch to run some engagement for us.

How the experience of local people shapes services

People who have experienced local health services should have the opportunity to share their experiences with us and other health and care organisations to inform how we develop and improve services. It is important that the CCG understands the experience of individuals beyond those already on our governing body, committees and patient groups. One of the ways we do this is to ask people to work in partnership with us to develop our policies and programmes of work.

Reaching different groups

There are groups within our local community who face specific barriers to being involved in our work, yet have needs that should be considered. These include children and young people and patients and services users with a disability. There are also groups who do not access our services and may therefore have poorer health – for instance people in insecure housing, homeless people, Gypsy and

Traveller groups, refugees and asylum seekers, sex workers, people with a learning disability and people with drug and alcohol problems.

We consider these groups when planning patient and public engagement by:

- Taking account of the findings from other London-wide and national public involvement initiatives which reach out to communities and service users from different backgrounds.
- Working with other CCGs and local partners e.g. local authority, Healthwatch and local community organisations and groups who will have access to networks of potentially excluded and seldom heard communities. ([Grassroots programme](#))
- Encouraging the use of a range of engagement methods including regular outreach to different groups and communities and working with organisations that support them.
- Using insight from equality and health inequality impact assessments
- Using JSNA data particularly around health inequalities to inform who we engage with.

Patient experience and insight

Patient experience such as national and local survey results, Friends and Family Test data and provider patient stories all feed into our quality monitoring processes. The PPE team is working with our health and care partners to make sure we can demonstrate that patient experience gathered by providers also helps shape commissioning decisions and the way providers work.

The CCG encourages commissioning staff to review and analyse existing insight sources at the start of any public engagement planning process and record the impact using patient insight from both existing sources and specific engagement has made to commissioning activities. This could include identifying the need for targeted engagement with a specific community.

It is important that we are clear about how we use insight and how it has made a difference to services commissioned and health outcomes.

Patient and public voice in primary care

Patient Participation Groups (PPG)

All GP practices have a 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/or 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. GP practices and commissioners should also involve people beyond the PPG to hear a diverse range of perspectives.

Primary care forum

The primary care forum is a quarterly meeting bringing together people with an interest in primary care (PPG members, primary care practitioners, the general public and so on). This gives the opportunity to get involved in discussions about the commissioning, delivery and quality of local primary care health services. The agenda is agreed by the participants, the CCG primary care team and the engagement team.

To ensure insight from local people about primary care is embedded in our programmes of work, insight will be reported regularly to the primary care quality and development group. This group of clinicians and commissioners will review the insight and agree how the insight will be used. These discussions will then inform a six monthly “you said, we did” report at our primary care commissioning committee.

Support for engagement

Patients and public

Where local people are involved and working in partnership with us, we want to recognise their contribution. We can do this in many ways: thanking them; acknowledging their contribution in writing; sharing opportunities to develop skills and experience and demonstrating improvements made because of their input. This includes NHS England’s coaching and development opportunities for people representing patient voice in the NHS.

We also want to ensure that we remove barriers that can prevent involvement and one of these is financial. People working with us should not be out of pocket because of their involvement with the CCG. We would therefore look to reimburse any reasonable out of pocket expenses.

Our current approach is to offer a voluntary reward payment for individuals working with us where the CCG is seeking patient and public voice and perspective e.g. members of transformation project groups or procurement panels. Payment is made in the form of vouchers. We would not offer this payment for attending a public meeting/event or completing a survey.

We have identified that we need to improve our process for valuing people’s involvement with us and will be developing a policy which will cover recruiting patients and public and reimbursing expenses informed by the guiding principles for reimbursing Patient and Public Voice partners developed by London CCGs and NHS England (appendix 2).

Another barrier may be the format and language of our written communication. We aim to write in plain English and work to the [NHS Accessible Information Standard](#). Our written materials can include complex information and we want to make this easy to understand. We try to avoid jargon and acronyms and if we need to use technical language, we will offer an explanation within the document. We may also include a glossary at the end of the document. We will endeavour to test with local people through our patient information group, the content of our public documents to

ensure they are easy to understand. We will provide documents in different languages and formats.

Staff

PPE staff provide support to commissioning teams by advising on how to approach engagement effectively. This includes providing support on assessing when engagement is needed and developing and implementing an engagement plan.

The team has produced [a PPE toolkit](#) and resources to support staff to deliver engagement that meets best practice.

Commissioning staff will need to assess the need for PPE at the start of a project. PPE colleagues will be able to guide them through completing the assessment and planning template, provide advice and support on the most appropriate engagement methods to work with people who have lived experience of services, providing feedback on the insight and the impact it has had on the project.

The CCG's project management process includes PPE and equality impact needs assessment templates to ensure these areas are considered as part of commissioning projects.

Providing assurance on PPE to the CCG's governing body

We want to build on how we report PPE to our governing body beyond our annual engagement review. From April 2019, we will be introducing a PPE update at governing body meetings to provide an overview of the PPE activity undertaken and the key themes from the insight gathered during the period. This will ensure our governing body receive and can act on insight in a timely manner.

The CCG's governing body will look for evidence that local people have been involved in commissioning decisions and transformation projects that will have an impact on how services are delivered to our local population.

Commissioners will provide a report on the engagement that they have carried out including who was engaged, the insights gathered and how this has influenced the proposals before governing body for decision. The proposal document should also set out how the insights have been developed and incorporated into the commissioning proposal.

Monitoring and evaluating our engagement

Working with CCGs across south west London we have agreed a common approach to evaluating PPE activity for projects, *Finishing properly – evaluating engagement*, set out in appendix 1. We publish an overview of the PPE engagement undertaken each year alongside our annual report.

We also aim to regularly review the effectiveness of our PPE work overall involving our lay member for PPI and our community involvement group. This would be informed by the outcomes of formal evaluation processes such as NHS England's PPE indicator assessment, our internal audit programme and the learning from project evaluation. The review would include identifying what has been achieved over the year, what remains to be done, and what can be improved. Learning from what has worked well and what has not will inform future work to ensure continuous improvement.

APPENDIX 1:

Finishing properly – evaluating engagement

AIMS	<ul style="list-style-type: none">• Were your objectives for involving people sufficiently clear?• Did you assess the legal duty to involve?• Was the scope for influence clearly defined?• Have you found out what you wanted to know?
PEOPLE INVOLVED	<ul style="list-style-type: none">• Were target groups appropriately identified in engagement planning?• Did you record data on people involved? (number, demographic?)• Were target populations successfully reached?• What would help identify and reach the right people if you did this again?
METHODS	<ul style="list-style-type: none">• Were suitable channels used to promote opportunities to be involved?• Was information made available in suitable formats?• Were engagement methods appropriate to target groups?• Would you describe your approach as ‘fair and proportionate’?
TIMING	<ul style="list-style-type: none">• Did you keep to your original timescale?• Did those involved feel they had enough time to contribute?
COST	<ul style="list-style-type: none">• How much money did you spend?• What other costs were there?• Was the process proportionate / value for money?
OUTCOMES	<ul style="list-style-type: none">• Where did you consider what you heard? (and record)• Will there be changes to policy or services following engagement?• Have you provided appropriate feedback?• Have relations with the community / other agencies improved as a consequence of your activity?• How do people involved feel about the process?
LEARNING	<ul style="list-style-type: none">• What worked well?• What would you do differently in the future?• How could you share this learning with colleagues?

Appendix 2:

Guiding principles for reimbursing Patient and Public Voice partners in CCGs' engagement activities - August 2017

Introduction

London CCG engagement leads have developed these principles in conjunction with NHS England (London Region). They are designed to help ensure a consistent and equitable approach to reimbursing the expenses of Patient and Public Voice (PPV) partners who take attend CCG engagement activities. In 2016, members of the engagement leads' group reviewed available reimbursement policies at London CCGs and found a variety of approaches. Not all London CCGs had a formal policy, although some said they reimbursed expenses on an ad hoc basis. Among those that did have a policy, some only covered travel expenses, others included subsistence and payments for certain roles. It is recognised that the wide range of approaches can be confusing to PPV partners. These new guiding principles have been based on CCGs' and other health organisations' existing policies. CCGs may wish to follow these guiding principles when developing or updating their own policies. However, there is no obligation to do so.

Why reimbursements should be offered

There are several reasons why PPV partners should be reimbursed for expenses relating to their participation:

- It encourages the involvement of people whose financial circumstances might otherwise prevent them from contributing and so a wider range of experiences and needs to be heard
- It recognises the contribution of patients and the public and acknowledges that they are valued partners in improving healthcare services
- It provides an incentive to participation, meaning more people are likely to give their views.

Reimbursement guiding principles

No one should be left out-of-pocket because of their participation. Out of pocket expenses are the additional expenses that are incurred because of participation, and may include travel, home office and carer support as necessary.

It should clearly be set out for which engagement activities reimbursements will be made. It would not normally be expected that reimbursements are made for taking part in 'open access' activities such as public meetings or consultations which people choose to attend. Reimbursements should be offered for those invited to attend one-off or regular activities such as focus groups, reference groups or workshops.

Where PPV partners need to travel to participate in engagement activities, travel should either be arranged for them or their public transport expenses should be reimbursed with any limits clearly set out. Taxis would not normally be covered unless agreed in advance and where there is an exceptional need (such as disability).

The costs and expenses of those who support people to participate should be considered, such as carers, childcare workers and interpreters, and reimbursed with prior agreement.

CCGs may wish to make payments to PPV partners in exceptional circumstances to overcome barriers to participation, such as when it is vital to hear from groups who would not otherwise participate, or where partners require particular expertise or specialist knowledge. Payment may be in the form of vouchers or cash.

The process for claiming reimbursements should be as straightforward and as timely as possible so it does not put partners off claiming expenses. Any paperwork should be kept to a minimum and easy to understand. Receipts or proof of payments may be required before reimbursements are made

The approach to reimbursements should be publicised to PPV partners prior to the engagement activity to ensure that it encourages participation of those who would like to claim

Where engagement activities take place over several hours and during mealtimes, food and drink should be provided or costs reimbursed

PPV partners can choose to not take up the offer of reimbursement. PPV partners are responsible for understanding the impact of any reimbursements or incentive payments on their entitlement to benefits

In addition to reimbursement, participation should be recognised in a range of ways such as acknowledgement of PPV partners' value, sharing feedback with them and, where appropriate, offering opportunities for training or personal development.

Example policies and guidelines

The following are good examples of how these guiding principles can be put into practice.

- Cancer Research UK: Expenses Guidance for People Affected by Cancer Involved in the Work of CRUK
https://www.cancerresearchuk.org/sites/default/files/expense_guidance.pdf
- Imperial College Health Partners: Patient and Public Participation Principles
<http://imperialcollegehealthpartners.com/wp-content/uploads/2016/01/ICHP-DraftParticipation-Payment-Principles-September-2015.pdf>
- NHS England: Working with our Patient and Public Voice Partners – Reimbursing expenses and paying involvement payments
<https://www.england.nhs.uk/publication/working-with-our-patient-and-public-voicepartners-reimbursing-expenses-and-paying-involvement-payments/>