

# Rotherham Clinical Commissioning Group

GPRC –27<sup>th</sup> Feb

## **Public & Patient Engagement Draft Strategy**

Lead Executive:	Sue Cassin; Su Lockwood
Lead Officer:	Helen Wyatt; PPE Manager
Lead GP:	David Polkinghorn

<b>Purpose:</b>
To share the draft patient and public engagement strategy and associated action plan.  To seek agreement for this document which sets out vision and actions to drive engagement forward for the CCG, prior to seeking feedback from a group of stakeholders and public
<b>Background:</b>
The current documentation includes a combined communications and engagement strategy written by NHS Rotherham which has the end date of March 2013, necessitating a replacement be in place from April 2013.  The new strategy is written from a GGG perspective, and is in line both with legislative directives and good practice in terms of engagement.
<b>Analysis of key issues and of risks</b>
Failure to have a comprehensive plan for patient and public engagement will mean that the organisation will cease to meet its statutory duties
<b>Patient, Public and Stakeholder Involvement:</b>
The document has had internal engagement. <b>The next step is to seek engagement and feedback from the public and stakeholders prior to the strategy being finalised.</b>
<b>Equality Impact:</b>
The strategy details how steps will be taken to reach out to both those whose voices are often overlooked, and those who face barriers in accessing services
<b>Financial Implications:</b>
None at this stage
<b>Human Resource Implications:</b>
<b>Procurement:</b>
None at this stage
<b>Approval history:</b>
OE 11 <sup>th</sup> Feb 2013.
<b>Recommendations:</b>
The meeting is asked to support and authorise the draft strategy

# **Rotherham CCG PPE Strategy 2013-2015**

## **Embedding Engagement from the Consulting Room to the Governing Body**

## Contents

Executive Summary & Introduction	2
The Strategy	3
The Legal Framework	4
Being Involved from the Consulting Room to the Governing Body	4
Engagement in Commissioning	5
Our Audience	6
Delivery	7
Assurance	9
Resources	9
Annual Implementation Plan - attached	

## Executive Summary & Introduction

This document outlines how we, Rotherham Clinical Commissioning Group (RCCG), will engage with the many stakeholders whose interests overlap with ours. It sets out our main aims in terms of engagement, our guiding principles, and describes why this work is vital if we are to become an effective organisation. It demonstrates publicly our commitments and how we will meet them. It will also help to make sure that patient experience and the patient voice is listened to and acted upon. In addition, it will allow us to benchmark our achievements and our work.

The strategy is aimed at all RCCG staff, board members, practice staff, including the Commissioning Support Unit staff supporting RCCG. It is also a public document that is relevant to all external stakeholders – our patients and their carers, public, key local influencers, our partner agencies, the voluntary and community sector, and those we contract with. It will tell you what we are doing, and when, and how you can get involved. It will provide a framework to enable people to check how successful we have been in our aims.

Rotherham CCG will put patients at the heart of everything we do. Through involving and engaging patients we will be better able to commission high quality services more consistently. Stakeholders will be involved in developing our business plan and prioritising commissioning plans, and in making improvements to the pathways of care that patients may receive from their GP, community health services or local hospital. We want to develop an organisation where everyone recognises and promotes the value of involving patients and the public, and their role in commissioning and improving services. The aim is to achieve a better understanding and insight into the health needs of our local population.

Solid plans for engagement mean that we can be sure that patients and the public have a real and demonstrable impact on the decisions the CCG makes. The experiences and knowledge of patients and the public will be invaluable in identifying areas of waste and key in finding solutions. The NHS both nationally and locally will face some difficult decisions and it will be vital to achieve public support for the impact that this may have on families and communities.

We have built the strategy on a solid knowledge of our community, our stakeholders, on the priorities of our organisation, and on the work of NHS Rotherham. The detail of how we will do this important work is described further in this document. It should be noted that this document sits alongside other strategies including the CCG Annual Commissioning Plan, *the Communications Strategy*, and *the Equality Delivery Strategy*.

The draft document has been circulated to key stakeholder organisations and individuals for comment, and their feedback used to inform the final version. In addition, a draft has been on the CCG website for information and comment.

## The Strategy

Patient and public engagement/involvement<sup>1</sup> is the active participation of patients and the public in the development of health services and as partners in their own health care. It gives local people a voice in how services are planned, commissioned, delivered and reviewed. It gives people the opportunity to influence change that will improve services, health outcomes and their experience of care in the NHS. It includes a patient's involvement in decisions about their own care and the public's involvement in decisions about priorities and how services are planned, designed and delivered.

As all health services face increasing challenges in terms of reduced funding and growing demand, patient and public engagement will play a crucial role in ensuring that services are as effective and efficient as they can possibly be. Rotherham CCG strongly believes that engagement should inform **all** our work; Rotherham CCG plans to build a culture of engagement, from the practice participation through to influencing commissioning plans.

The work of Rotherham CCG will be underpinned by our core values:

- Clinical leadership
- Putting people first, ensuring that patient and public views impact on the decisions we make
- Working in partnership
- Continuously improving quality of care whilst ensuring value for money
- Showing compassion, respect and dignity
- Listening and learning
- Taking responsibility and being accountable

*Your Life, Your Health 2013*

In addition **“No decision about me without me” will be an active driver** (DoH ‘Liberating the NHS’ 2012)

In terms of engagement, this means that we will be:<sup>2</sup>

- **Open:** we will tell you from the start exactly why we are asking for your views and how your responses will influence decision making.
- **Clear:** we will make messages simple, easy to understand and tailored to the audience.
- **Inclusive:** we will reach out to gather views from a wide range of people and perspectives, have a range of opportunities for people to engage with us, and will work with other organisations and stakeholders.
- **Timely:** we will involve you at the right time so that your responses will influence decision making.
- **Innovative:** we will try new tools and techniques so that as many people as possible are involved.
- **Proportionate:** more important decisions, projects and plans will include more and wider opportunities for engagement.
- **Cost effective:** we will use public money responsibly, and get the best value from the money we spend
- **Two way and responsive:** we will learn from feedback, and use it to make positive changes, and we will explain what has been done and why. We will listen, act and report back.
- **Accountable:** we will put systems in place so that you can see what we are doing, why and how.

---

<sup>1</sup>In this context, no distinction is made between PPE and Patient and Public Involvement (PPI).

<sup>2</sup>Taken from Real Involvement, the statutory guidance on Section 242 of the NHS Act.

## The Legal Framework

There is a raft of supportive and informative legislation to guide organisations around patient and public engagement, including the NHS Duty to Involve (2006) and more recently enshrined in the NHS Constitution (2009) and the Health and Social Care Bill (2011). Rotherham CCG is committed to fulfilling its statutory duties to:

- Involve and consult in the planning and development of services
- Consult on our commissioning plans
- Report on involvement in the Annual Report
- Have two lay members on our governing body
- Have due regard to the findings from local HealthWatch
- Consult local authorities about substantial service change
- Have processes to handle complaints
- Act with a view to securing the involvement of patients in decisions about their care
- Promote choice
- Promote the involvement of patients, carers and representatives in decisions about their care and treatment (including diagnosis and prevention)

## Being Involved from the Consulting Room to the Board Room

There is significant evidence<sup>3</sup> that when patients are involved in decisions about their care and treatment, there are real benefits; patients feel that clinicians listen to them and feel more in control. For clinical commissioners, potential benefits range from patients being more likely to stay with a treatment plan, to having additional information on which services are valued and needed. Work around this has already started in Rotherham and will be continued and expanded in the future.

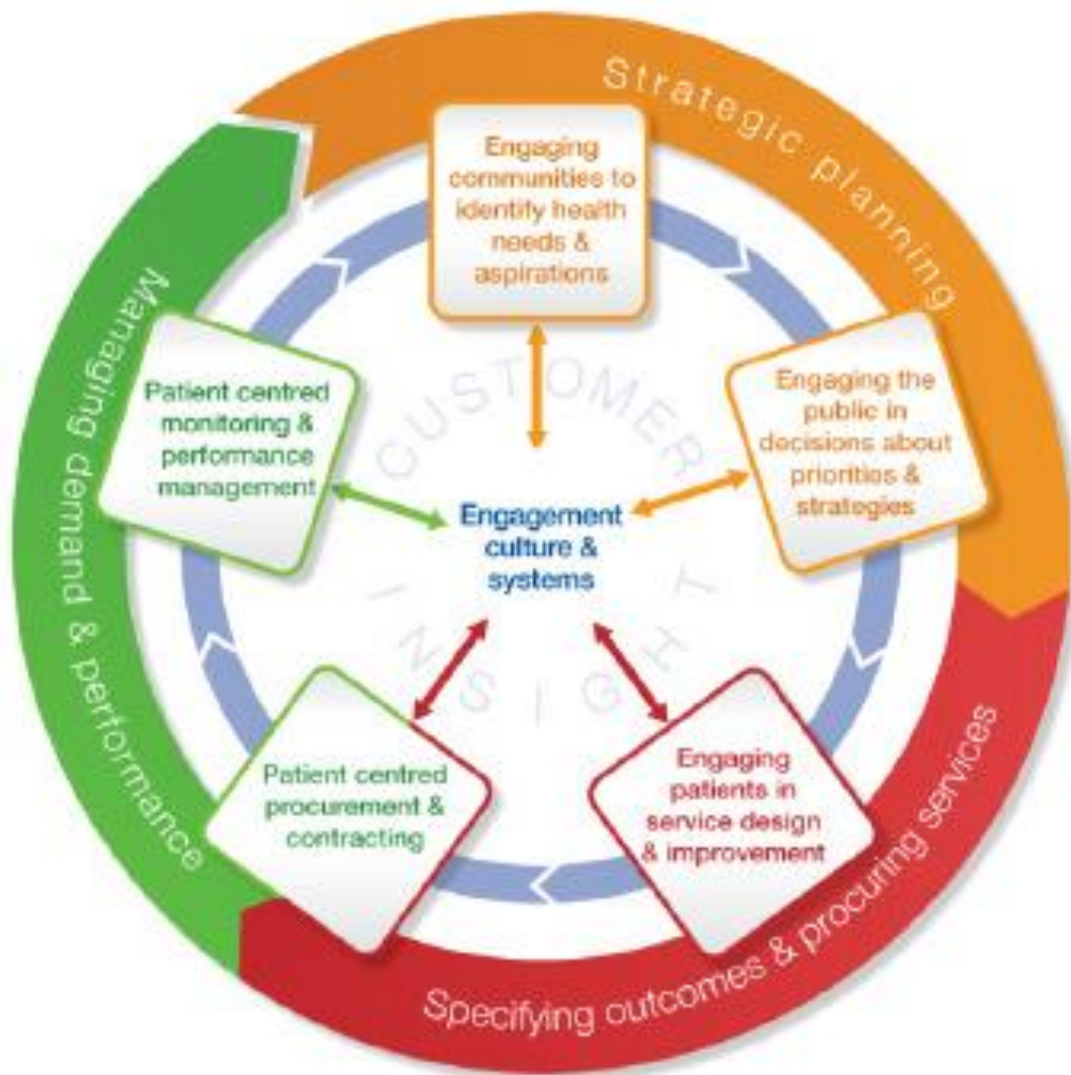
---

<sup>3</sup>DoH draft guidance 2013; Coulter 'Making shared decision making a reality'

## Engagement in Commissioning

The Engagement Cycle was developed for the Department of Health and shows how involvement can and should be a continuous process in planning and commissioning services. It shows how involvement activity and shared decision making help us to commission services that work for people, and that provide value for money. It demonstrates that good engagement plays an important part in making sure that public money is spent effectively at every point in the commissioning cycle. Rotherham Clinical Commissioning Group's Commissioning Priorities are described in the Annual Commissioning Plan.

We will monitor engagement in commissioning through our 'delivery matrix' ensuring that engagement is embedded in all our work streams.



## Our Audience

Rotherham CCG is building on comprehensive knowledge of Rotherham communities, from the experience of practices and clinical staff across the area, and on the foundations of the work already done by NHS Rotherham. In addition, the CCG has undertaken extensive community and stakeholder mapping which will continue to be used alongside information from the analysis of community organisations completed as part of our Equality Delivery System

Rotherham CCG will use a variety of mechanisms to involve, engage and consult:

Less involvement	←	→	More engagement
<p><b>Giving Information</b></p> <p><i>General population</i></p> <ul style="list-style-type: none"> <li>- Young people</li> <li>- Older people</li> <li>- People with long-term conditions</li> </ul> <p><i>Patients</i></p> <p><i>Public</i></p> <p><i>Carers</i></p> <p>Publications (leaflets, posters, etc)</p> <p>Exhibitions</p> <p>Local media</p> <p>Website</p> <p>Social media</p> <p><b>“We want to tell you about something that needs to change.”</b></p> <p><b>“We want to tell you what has happened and what we are going to do next.”</b></p>	<p><b>Getting information and Feedback</b></p> <p><i>General population</i></p> <p><i>Targeted patients</i></p> <p><i>Services and providers</i></p> <p><i>Practice-based patient groups</i></p> <p><i>Self-help and patient support groups</i></p> <p><i>Overlooked communities</i></p> <p><b>Questionnaires</b></p> <p><b>Patient diaries</b></p> <p><b>Focus/patient groups</b></p> <p><b>Public meetings</b></p> <p><b>Health panel</b></p> <p><b>Citizens’ panels</b></p> <p><b>Open surgeries</b></p> <p><b>Consultations</b></p> <p><b>Mystery shopping</b></p> <p><b>Polling</b></p> <p><b>Comment cards</b></p> <p><b>Drop-ins</b></p> <p><b>Complaints</b></p> <p><b>“As a patient/carer, what was your experience of....”</b></p> <p><b>“We would like to get your views about.....”</b></p>	<p><b>Participation</b></p> <p style="text-align: center;"><b>← any of these →</b></p> <p>Deliberative events</p> <p>Service redesign workshops</p> <p>Patient shadowing</p> <p>Citizen juries</p> <p>Experience-based design</p> <p>Pathway mapping</p> <p><b>“What can we learn by talking about this?”</b></p> <p><b>“Let’s try and understand each other’s perspective.”</b></p>	<p><b>Partnership</b></p> <p><i>Patient Networks</i></p> <p><i>Umbrella organisations (ie REMA, Disability Network, Young People’s Cabinet)</i></p> <p><i>Voluntary organisations (ie Voluntary Action Rotherham, HealthWatch, Age UK)</i></p> <p><i>Statutory organisations (ie Rotherham Council, Rotherham Hospital Trust)</i></p> <p><i>Elected representatives (ie councillors and MPs)</i></p> <p>Lay representation</p> <p>Community development</p> <p>Open space events</p> <p>Patient-led/initiated activities</p> <p><b>“How can we work together to find the best solution?”</b></p> <p><b>“How should we decide the priorities?”</b></p>



## Delivery – Our Priorities

- Provide assurance and public accountability.
- Create a dialogue with all our community.
- Support involvement in commissioned services and projects.
- Engage stakeholders in setting organisation strategy and priorities.
- Involve patients in decisions about their care.

### 1. Provide assurance and public accountability

- 1.1 Develop clear structures for engagement in the CCG, including annual engagement plans and priorities.
- 1.2 Identify resources for a variety of engagement mechanisms - not a one size fits all approach, and including new mechanisms and social media.
- 1.3 Embed patient and public engagement and patient experience in provider contracts, monitor data captured and utilise in commissioning services.
- 1.4 Develop the role of the lay member with lead responsibility for patient and public engagement.
- 1.5 Establish a patient and public engagement advisory group to support the CCG in developing vision, direction and assurance.
- 1.6 Collect and use feedback from a variety of sources to act as an 'amber alert' for services where there are concerns

### 2. Create a dialogue with all our community

- 2.1 Use knowledge of the local population through mapping and Equality Impact Assessments (EIAs) to identify less-heard groups or communities in order to promote engagement
- 2.2 Use knowledge of the local population through mapping and EIAs to identify key stakeholder groups in order to create opportunities for dialogue and partnership working.
- 2.3 Encourage -and support both geographical and communities of interest to be part of health planning.
- 2.4 Engage in a variety of open and creative ways, seeking out and listening to disadvantaged groups
- 2.5 Use real time feedback from the new Friends and Family Test to ensure that the voice of all the community is heard.
- 2.6 Support GP practices in engagement at practice level, widening participation.

#### **Example one; Establishing a voice at practice level**

All GP practices have been encouraged and supported to develop practice-based participation groups. Representatives from these PPGs have also come together to start to form Rotherham Patient Participation Group Network. The Network has already spent time looking at how patients views can influence services at both the practice level and more widely.

#### **Example two: Working with provider organisations**

April 2013 will see the start of the 'Friends and Family Test', where patients will be asked to rate services they have used, and if they would recommend this service to others. This information will be collected by hospitals, but it will be important for the CCG, as the commissioner, to understand and use the information to ensure that local services meet people's needs.

#### **Example Three: Working in partnership with the Third Sector.**

At an early stage, the CCG met with a range of people from voluntary and community organisations, shared information on the CCG's plans, and asked the key question "do you want to influence our plans, and if so, how?" The clear response was that the third sector wanted influence, but did not want structures and networks to be duplicated. The CCG has therefore worked with Voluntary Action to use existing mechanisms to share information about the Annual Commissioning Plan, and to collect feedback. At each stage, this has been strongly influenced by the wishes and needs of local voluntary and community bodies.

2.7 Partnership working—work with all our partners across the Local Strategic Partnership and the Health and Wellbeing Board to ensure we are consistent in our approach to engaging with the wider population and that we share resources to ensure economies of scale.

**3. Support involvement in commissioned services and projects**

3.1 We will aim to make engagement part of all projects, if we can't we will explain why

3.2 As 2.2 above – we will use feedback (such as information from the Friends and Family Test questions) to inform how we plan and commission services.

3.2 Ensure that reports to CCG Board on service change proposals/business cases demonstrate what engagement has taken place, what further plans are in place, and the impact this has had on the commissioning plans.

**4. Engage stakeholders in setting organisation strategy and priorities**

4.1 Continued dialogue with the public to provide a better overview and understanding of the financial pressures facing the NHS, in relation to any proposed changes to services.

4.2 Continued dialogue with the public to ensure that the local population is aware of service developments and how it can influence healthcare.

**5. Involve patients in decisions about their care**

5.1 Develop vision and board lead/clinical champion, and recognise individual involvement in the CCG strategy and other relevant documents.

5.2 Reflect individual patient involvement in commissioning intentions.

5.3 Supportive commissioning; we will engage the third sector to provide self-management support.

5.4 Consider how patient feedback at a practice level could be used to inform commissioning

5.5 Consider if patients have the information and health literacy they need to be involved in decisions about their care, and how any gaps could be addressed.

***Example Four: Projects and targeted consultation***

*The CCG will carry out formal and informal consultation on projects and plans, to test out ideas and understand the needs and wants of local communities.*

*During 2012 and early 2013, the CCG has carried out work around how people use urgent care services. One finding was that people are not aware of all the options, and there is some confusion around how to access services for some (less urgent) conditions. The findings will contribute to work around urgent care provision later in 2013.*

## Monitoring and evaluation

- We will evaluate our engagement activity in a number of ways:
  - Delivery against targets in our annual action plans.
  - Maintaining and developing the 'delivery matrix'; this shows engagement in all our work strands and highlights any gaps.
  - Separate projects may have inbuilt targets (for example, we might aim to have 200+ responses to a consultation).
  - Making sure that our engagement advisory group includes members of the public, and people from the third sector and from other organisations, who will be able to challenge the CCG as 'critical friends'.
  - Through regular reports to the CCG Board and in the Annual Report. We will emphasise reporting on the influence that engaging and consulting have had on commissioning decisions.
  - Look at mechanisms to develop local metrics for evaluating social and economic return on investment and other impacts of patient and public engagement activities

## Resources Needed

### Staffing- the following resources have already been identified

- One dedicated whole time member of staff – Patient and Public Engagement Manager
- Lay member with lead responsibility for patient and public involvement
- Lead GP
- Lead Nurse
- Acknowledged responsibility of the whole organisation.

### General and ongoing costs – we will identify funds for the following:-

- Outreach – going into communities, refreshments, display, engagement activities
- Transport/translation and other support costs where there are significant barriers to access
- Room hire for community-based meetings that we organise

### We also have the following resources

- Survey Monkey for electronic surveys - to enable web based surveys
- Use of the CCG website for surveys, consultation and feedback
- Patient Opinion – allows web, telephone and postal story sharing
- We also have electronic survey touchscreens in place until July 2013, and will identify future need over the next few months

### Innovation and development – we will consider other resources as needed, dependant on priority issues and in line with our overall commissioning plans

- Funding for large scale events or consultations
- We will consider new mechanisms and social media, such as texting questions, or web based mechanisms
- We will consider opportunities to commission third sector bodies to work with to 'harder to reach' groups of people – our capacity to do everything will be limited. For example, The Gate Surgery has considerable experience of working with homeless people and drug users; Voluntary Action Rotherham with Third Sector organisations; REMA with minority ethnic communities ; and the Youth cabinet and youth service in terms of working with young people.

## Links

**This strategy links with and reads across to our Annual Commissioning Plan, our Equality and Diversity Strategy, and our Communications Strategy.**

## Annual implementation plan – working document

	Objective	Action	When by	Who by	Comments and monitoring	Completed/Evidence
<b>1</b>	<b>Establish clear structures and processes, providing assurance and public accountability</b>					
1.1	Develop clear structures for engagement within the CCG	Lead officer; lead GP; lay member; in place	April 2013	Gov. body		Structure docs in ACP Board papers
		CCG engagement strategy in place		HW		Strategy signed off
		Assurance group established and used to inform plans and work	July 2013	HW/SL	To arrange post April	Group has met/evidence
		PPG network established	April 2013	HW	June & Sept 2012   Jan 2013	Meeting notes
		PPG network continued development		HW/SL	Dates for 2013 17 <sup>th</sup> April; 10 <sup>th</sup> July; 9 <sup>th</sup> October	
		Delivery matrix refreshed in line with Annual Commissioning Plan	June 2013	HW		
		Annual engagement plan developed	April 2013	HW	This document gives priorities for 2013-14	
Structures are open and transparent	In line with our statutory responsibilities, CCG Board meetings will be open to the public from April 2013 We will publicise this and why public attendance is important	April 2013	TBC	To be clarified		
1.2	Identify resources for a variety of engagement mechanisms	Web	April 2013	HW/CSU comms	Mechanisms available on new web site to be agreed. Additional training need (HW) acknowledged	Mechanisms for online surveys established. Consideration of other uses pending
		Social media		HW/CSU comms		
		Touch screen survey equipment	June 2013	HW	Contract to June 2013	
		Patient opinion			Contract to March 2014	
1.3	Embed patient and public engagement and patient experience in provider	Ensure providers meet duties and targets in terms of starting to collect data via the Friends	April 2013		Providers start to collect full data	

**Draft Rotherham CCG PPE Strategy 2013-2015**

	<b>Objective</b>	<b>Action</b>	<b>When by</b>	<b>Who by</b>	<b>Comments and monitoring</b>	<b>Completed/Evidence</b>
	contracts, monitor data captured, and utilise in commissioning services	and family Test Questions				
		Review data from provider reports			Data should provide themes for improving services	
		Using information from Friends and Family Test Question and other data in commissioning	Jan 2014	HW/CS/A D	1 <sup>st</sup> reports should start to be available	
1.4	Develop the role of the lay member with lead responsibility for patient and public engagement.	Yr 1 - understanding role and making community links; developing links with PPGs	April 2014		Time Resources for PPG network	Board reports. Attendance at Patient Participation Groups and chairing PPG network
		Yr 2 tbc	April 2015			
1.5	Collect and use feedback from a variety of sources to act as an 'amber alert' for services where there are concerns	Mechanisms for pulling together and using data from the following sources:- -Web (ie Patient opinion) -Engagement activity (community feedback) -Providers (ie friends and family test)	January 2014	HW		
<b>2</b>	<b>Create a dialogue with all our community</b>					
2.1	Use knowledge of the local population through mapping and Equality Impact Assessments to identify less-heard groups or communities in order to promote engagement	Community Mapping completed 2011 Joint Services Needs Assessment	April 2013	Various	Documents completed	Information used to inform the Annual Commissioning Plan
				HW	Looked after children identified as an immediate priority.	Work plan in place to establish engagement mechanisms for looked after children and their carers
2.2	Use knowledge of the local population through mapping and EIAs to identify key stakeholder groups in order to create	Work with VAR Mapping completed JSNA	April 2013	HW SW VAR	Sessions arranged with VAR to meet identified needs of third sector organisations	Further sessions to be planned for 2013

## Draft Rotherham CCG PPE Strategy 2013-2015

	Objective	Action	When by	Who by	Comments and monitoring	Completed/Evidence
	opportunities for dialogue and partnership working	ACP Other docs				
2.3	Encourage and support both geographical and communities of interest to be part of health planning	Work with VAR Outreach to groups and communities where priorities identified	March 2014	HW SW	As above.	Evidence of meetings and engagement activity
2.4	Ensure we engage in a variety of open and creative ways, seeking out and listening to disadvantaged groups	Different mechanisms Outreach to communities Year on year plan 2013- work on urgent care	March 2014	HW		Evidence of meetings and engagement activity
2.5	Use real time feedback from the new Friends and Family Test to ensure the voice of all the community is heard	Work with providers of healthcare to make sure that we use the information effectively to improve the way patients and the public are treated as consumers and service users	Start July 2013; process by January 2014	HW	Questions will include demographics, will need to check if all community responds . first reports in due to be published summer 2013	CCG will need to demonstrate action taken as a consequence of feedback from FFT
2.6	Support engagement at practice level, widening participation	Establishment and ongoing development of practice based Patient Participation Groups, and a PPG network	March 2014	HW SL	PPG network continues to meet and develop. Evidence of support to and development of individual PPGs	
2.7	Partnership working–work with all our partners across the Local Strategic Partnership and the Health and Wellbeing Board to ensure we are consistent in our approach to engaging with the wider population and that we share resources to ensure economies of scale.	Work with HealthWatch and the Health and Wellbeing Board to ensure that plans for PPI match local expectations for how they want to be engaged at both individual and collective levels  Also ensure that the Health and Well Being Strategy influences the Annual Commissioning Plan enabling Partnership involvement in CCG plans		SW		Check with SarahW

**Draft Rotherham CCG PPE Strategy 2013-2015**

	<b>Objective</b>	<b>Action</b>	<b>When by</b>	<b>Who by</b>	<b>Comments and monitoring</b>	<b>Completed/Evidence</b>
3	<b>Support involvement in commissioned services and projects</b>					
3.1	We will aim to make engagement part of all projects, if we can't we will explain why	Ensure there are plans to address any gaps or overlooked areas Ensure that commissioning plans and projects include Equality Impact Assessments	October 2013	Project leads; HW	HW to refresh delivery matrix to identify existing plans and highlight gaps	Impact Assessments Leads supported Activity recorded on delivery matrix
3.2	As 2.2 above – we will use feedback (such as information from the Friends and Family Test questions) to inform how we plan and commission services.					As 2.2
3.3	Ensure that reports to the CCG governing body on service change proposals/business cases demonstrate what engagement has taken place, what further plans are in place, and the impact this has had on the commissioning plans	Assurance group to discuss (TBC) Need board level advice for this	April 2013	SL		Evidence on CCG Board papers
4	<b>Engage stakeholders in setting organisation strategy and priorities</b>					
4.1	Continued dialogue with the public to provide a better overview and understanding of the financial pressures facing the NHS in relation to any proposed changes to services.	Consultation on the Annual Commissioning Plan (ACP)	Jan 2014	HW/LG/RC (TBC)	Develop annual cycle of engagement on the commissioning plan	
		Urgent care consultation and pre-consultation	April 2013 – July 2013	TBC		
		Other projects as identified				
4.2	Continued dialogue with the public to ensure that the local population is aware of service developments and how it can influence healthcare	<b>Evidence of engagement with ACP</b> Continued dialogue with the public to share openly the CCG plans with local communities and stakeholders. Feedback on 2013 plan will	Jan 2014	HW/LG/RC (TBC)	Develop annual cycle of engagement on the commissioning plan	Completed in 2012-13 for 2014 plan; start process in Sept 2013 for following year

**Draft Rotherham CCG PPE Strategy 2013-2015**

	<b>Objective</b>	<b>Action</b>	<b>When by</b>	<b>Who by</b>	<b>Comments and monitoring</b>	<b>Completed/Evidence</b>
		inform 2014 plan				
	Emergent projects	Test out further issue raised on terms (self care is best care)	tbc	HW		
<b>5</b>	<b>Involve patients in decisions about their care</b>					
5.1	Develop vision and board lead/clinical champion, recognise individual involvement in the CCG strategy and other relevant documents	Board lead – Su Lockwood; Clinical lead Sue Cassin	April 2013	Gov body	In place	ACP reflects individual involvement (ref)
		Including individual – not representative – patients on working groups and pathways (ie case management work)			Defer to after delivery matrix is refreshed	
5.2	Continue to promote and support patient choice where possible	Resources needed – do patients have the information and health literacy they need to be involved in decisions			To check	
5.3	Reflect individual patient involvement in commissioning intentions	Holding providers to account – ie are they involving people in making decisions?		SL?	As item above; confirm with contracting	
5.4	Supportive commissioning – ie third sector to provide education/self management support	ie VAR programme; work with REMA.		SW?		
5.5	Look at how patient feedback could be used linking this to the commissioning cycle and including new data streams	Checking how involved people feel, checking if there are links between services that involve patients, and the satisfaction levels, complaints levels etc <i>in the future, is there chance to link one key question into FFT question?</i> <i>Inpatient survey</i>	<i>one for the future/ longer term) 2015?</i>	? TBC	Needs further discussion	



