Fact Sheet 4 – Patient and Public Involvement (PPI) in Commissioning

A key aim of the Health and Social Care Act 2012 is to enable a greater voice for patients.

“If the fundamental purpose of the Government’s proposed changes to the NHS – putting the patient first – is to be made a reality, the system that emerges must be grounded in systematic patient involvement to the extent that shared decision making is the norm.” (NHS Future Forum 2011 p4)

The Act provides for the establishment of Healthwatch England as a statutory committee of the Care Quality Commission and Local Healthwatch organisations (funded by the Local Authorities) “will help ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care.” (Department of Health Fact Sheet B3 2012)

The Act also sets out duties for NHS commissioners with respect to patient and public participation which includes:

• Ensuring the public are engaged in governance arrangements i.e. through the appointment of Lay Members to the CCG Board
• Ensuring services are commissioned in a way that encourages and promotes the participation of individuals in making decisions about their care and treatment
• Listening and acting upon patient and carer feedback at all stages of the commissioning cycle
• Engaging with patients, carers and the public when redesigning or reconfiguring healthcare services and demonstrating how this has informed decisions.
• Publishing evidence of what ‘patient and public voice’ activity has been conducted, its impact and the difference it has made
• Publishing feedback received from local Healthwatch about health and care services in the area served by the CCG.

The CCG also has responsibilities regarding Equality and Diversity under the Equality Act 2010.

Providing the opportunities, securing the voice and views of patients and the public in commissioning and being publically held to account regarding this, is everyone’s business, at all levels of the organisation.

To discharge the above duties the East Riding of Yorkshire CCG has:

• Appointed 3 lay members each with joint corporate responsibilities and individual role specific responsibilities: Audit/Finance (statutory), PPI/Patient Champion (statutory) and a Vice Chair/Quality.
• Provided each lay member with a role description, joint corporate responsibilities and objectives - that all the lay members jointly [and separately] agree to - and individual role specific corporate responsibilities and objectives that are clearly defined and measured through the CCG performance and appraisal process.
• Developed a 5 year Involvement, Communication and Engagement Strategy (reviewed annually) together with associated strategic and operational plans – this sets out our vision, aims, ambition and goals.
• Established a monthly Involvement, Communication and Engagement Steering Group whose membership includes at least 3 members of the public.
• A dedicated in-house Communications and Engagement team
• Established a Memorandum of Understanding (MOU) with Local Healthwatch - this sets out expectations regarding the relationship, frequency and nature of meetings, responses, etc.
• Provided staff and Governing Body with training and support regarding PPI and engagement and how it should be embedded in the commissioning cycle.
• Incorporated PPI explicitly into the Project Management Office (PMO) and subsequent paperwork and reporting.
• Developed a Knowledge Based Commissioning framework that underpins commissioning decision making by asking for, and taking an evenly balanced account of, research evidence, clinical insight, experience and expertise and public/patient insight, preference and experience.
• Developed a local involvement network of members of the public.
• Continued to develop patient and public involvement through a range of activities in the community, and patient/public membership of working parities, steering groups, stakeholder groups and committees.
• Continued to joint fund (with the local authority) a Disability Advisory and Monitoring Group and an Equalities Network.
• Developed two glossaries; one of NHS/Commissioning terms and the other regarding Acronyms/abbreviations – both are available to members of the public via our website.
• Continued to report back to the public through a wide range of media as to the involvement and engagement work undertaken, the results of this work and how it has been used to inform commissioning decisions.

Self Check
• Do you know your lead officers for involvement, engagement and how they provide information to you as a member of the governing body? Do you know how to contact them?
• Do you understand the impact of your commissioning practices on equality and diversity as required under the Equality Act 2010? How does your CCG demonstrate how it takes into account the varying needs of people in the region and in particular the needs of people with protected characteristics?
• Do you know your lead officers for equality and diversity and how they provide information to you as a member of the governing body?
• Are you familiar with the CCG’s responsibilities under the Health and Social Care Act 2012 regarding PPI and engagement? Do you understand your role?
• Do you understand the difference between PPI and engagement and the process of formal consultation and the responsibilities therein? Who do you need to speak to for clarification regarding this?
• Does your CCG have an Involvement, Communication and Engagement (or similar) Strategy in place? Has the Governing Body read/signed up to this? How/where is this being monitored and evaluated?
• Do you understand your individual and corporate responsibilities regarding PPI?

Useful Resources

Further Information
For further information about this fact sheet, please contact one of the Lay Members through ERYCCG.ContactUs@nhs.net, 01482 672156.

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