

Communications, Engagement and Involvement Strategy

2008-09 – 2010-11

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South West Specialised Commissioning Group

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1 Introduction

- 1.1 This strategy describes how the South West Specialised Commissioning Group (SCG) will improve the services it commissions by involving people in how services are planned, delivered and evaluated. Involving the public in the work of the SCG helps to ensure that services are patient centred, accessible, equitable and of high quality.
- 1.2 For the development of this strategy, the SCG formed a steering group including the public engagement leads from the 14 Primary Care Trusts (PCTs) in the South West, a Local Involvement Networks (LINKs) representative and Strategic Health Authority (SHA) representation. Their advice has been sought and views discussed and noted in the production of the draft strategy. In addition, valuable advice was gathered from an information sharing event held by the SCG together with Overview and Scrutiny Committees (OSCs) from across the South West.

2 Linked documents

The following SCG documents are linked to this strategy:

- Priority setting and decision making policy
- Specialised service designation guide

Copies of these policies can be obtained by telephoning 0117 330 2635 or emailing swscg.mailbox@nhs.net

3 What is specialised commissioning?

- 3.1 This section describes specialised commissioning and the services that it covers, together with information about how the NHS expects to engage with and involve service users, other stakeholders and the public in general.
- 3.2 Specialised services are complex and/or expensive services, usually provided in a small number of specialist centres that tend to serve a geographical area much larger than the area normally served by local hospital or community services. These services face particular challenges including training specialist staff and maintaining the competence of individual clinicians and teams. It is important that they have the skills to treat conditions that are rare in occurrence and can make cost effective use of highly technical equipment.
- 3.3 There are 35 categories of specialised services covering over 100 services. See appendix 1 for a list of the service categories with links to more detailed information. The definitions for each category are currently under review. This will mainly involve more precise definition of services rather than categories being added or removed entirely.
- 3.4 The SCG undertakes the whole range of commissioning activities for the services in these categories. This involves, long term planning and development, investment funding, designation, evaluation, monitoring, performance management and contracting and procurement. . Designation

involves formally identifying which organisations will provide specialised services for the populations served by the Specialised Commissioning Group, please refer to the glossary).

- 3.5 Guidance on the commissioning of specialised services was originally issued in 2003, but over time, concern was expressed about the variability of commissioning arrangements across the country and the range of services covered. As a result, an independent review of specialised services was undertaken by Professor Sir David Carter. The Review of Commissioning Arrangements for Specialised Services¹ was published in May 2006 and made 32 recommendations. The recommendations were taken forward within Health Reform in England: Update and Commissioning Framework Annex² which set out the approach to co-ordinating the commissioning of specialised services developed from the Carter Review. See appendix 2 for the Carter recommendations relating to public engagement, and a link to the full Carter review. Expectations regarding implementation have also been included within the NHS Operating Framework, which is published annually, usually in December.

4 About the South West of England

The South West has over five million people living in two million households. 80% live in a city or town and its immediate environment – a lower proportion than any other region of England. It has the highest proportion of people aged over 65 years in England, 21% in 2002. There are challenges in planning and delivering services to a widely dispersed, rather than a concentrated population. The population is projected to increase as one of the four fastest growing regions in England, largely due to net migration from the South East and London.

5 The South West Specialised Commissioning Group

The South West Specialised Commissioning Group (SCG) was established in April 2007. It commissions specialised services for the 14 Primary Care Trusts in the South West of England and has the same boundaries as The South West Strategic Health Authority. See appendix 3 for a list of the Primary Care Trusts within the South West. The SCG is a formal sub-committee of each of the member PCT Boards and has delegated authority to act on their behalf.

6 The duties and responsibilities of NHS organisations

- 6.1 The Local Government and Public Involvement in Health Act 2007³ received Royal Assent in October 2007. The act can be downloaded from the NHS Centre for Involvement Website: www.nhscentreforinvolvement.nhs.uk/LGPIHAct/. The National Centre for Involvement has produced a useful summary guide⁴ The act introduced a number of key changes that relate to public engagement and involvement relevant to specialised services commissioning which are summarised below:
- 6.2 **Involvement** - PCTs, NHS Trusts, NHS Foundation Trusts and Strategic Health Authorities must make arrangements for people who receive or may receive services to be involved in:
- Planning and provision of those services

- Developing and considering proposals for changes in the way those services are provided; and
 - Decisions to be made affecting the operation of those services
- 6.3 Involvement can mean being formally consulted or being provided with information in other ways. The Act also says that 'involvement' can be either direct or through representatives.
- 6.4 The NHS needs to involve people in the development and consideration of proposals for changes in the way services are provided and decisions about the operation of services only if implementation of the proposal or decision would have (at the point when those services are received by users) an impact on:
- The manner in which the services are delivered; or
 - The range of services available to those users (further guidance may be issued about how the NHS is expected to discharge this duty and this policy will adopt all subsequent guidance/direction issued by the Secretary of State)
- 6.5 **Reporting back** - Strategic Health Authorities and PCTs must prepare annual reports about consultations they have carried out, or propose to carry out, before making commissioning decisions and on the influence that the results of consultation have on commissioning decisions. Where these consultations relate to specialised services details will be posted on the South West Specialised Commissioning Group website and published in the annual report for the SCG.
- 6.6 **Overview and Scrutiny** - The Act Provides powers for Overview and Scrutiny Committees (OSCs) to review and scrutinize the actions of key local public services providers. OSCs were established under the Health and Social Care Act 2001 in order to be able to respond to consultations by local NHS bodies on substantial variations or developments of health services and to exercise the power of overview and scrutiny of broader health issues.
- 6.7 **Local Involvement Networks** - The Act abolished Patient and Public Involvement Forums and introduced Local Involvement Networks (LINks). LINks will be networks of local people and groups that will ensure local communities can monitor service provision, influence key decisions and have a stronger voice in the process of commissioning health and social care. They will have powers requiring health and social care managers to respond to them. LINks will also be able to refer matters to OSCs within councils.
- 6.8 **Guidance for the NHS to manage service change** – The NHS has issued guidance; Service Improvement: Quality Assurance of Major Changes to Service Provision⁵ following a review by Sir Ian Carruthers OBE, Chief Executive of the South West Strategic Health Authority.

7 Who are the public/ stakeholders?

- 7.1 The public include patients, carers, the general public and organisations that represent them, with the interests of stakeholders at a community level being served by OSCs and LINKs. Individual patients may be represented by patient groups or voluntary organisations focusing on specific conditions or types of treatment.
- 7.2 Other stakeholders include the organisations that are involved in planning, commissioning and delivering health services, including the staff who work within them.
- 7.3 See appendix 4 for a list of potential stakeholders.

8 Our vision

- 8.1 **World Class Commissioning** - The NHS World Class Commissioning vision⁶ identifies the following outcomes that commissioning and commissioners should achieve:

Better health and well-being for all

- People live healthier and longer lives
- Health inequalities are dramatically reduced.

Better care for all

- Services are evidenced based, and of the best quality
- People have choice

Better value for all

- Investment decisions are made in an informed and considered way, ensuring that improvements are delivered within available resources.
- PCTs work with others to optimise effective care

- 8.2 **Inclusive** - Our vision is for an SCG that sees the public, service users and carers as an integral part of commissioning effective services.
- 8.3 **Dealing with difficult decisions** - There are occasions when we will have to make difficult decisions for example in the re-configuration of services. We will strengthen accountability to local communities through improved engagement by working in an open and transparent way. We will do this by seeking the views of service users and taking time to involve and consult the public about the way in which we plan and commission services to improve the quality of care and the outcomes of treatment for patients.
- 8.4 **When consultation may not be possible** - If there are occasions where consultation is not possible, for example where national guidance is issued or a change to the law occurs, the specialised commissioning group has a duty to involve the public in the local implementation planning stages and we will fulfil this duty.

9 Principles underpinning this strategy

The following principles underpin the strategy:

- 9.1 **Approach** – we will adopt an honest and open approach, which will include being clear at the outset, who is being involved, why and in what capacity; we will be clear about the extent of their influence.
- 9.2 **Information** - We will ensure that the public and other stakeholders have clear information on our services, proposed and agreed priorities, plans and decisions.
- 9.3 **Involvement** – We will ensure that advice on how to get involved is provided to the public and other stakeholders at an early stage of any process.
- 9.4 **Inclusion** – We will adopt best practice to engage and involve a wide range of people from diverse backgrounds. This includes ensuring that the way we involve people is in line with equality standards for gender, race, age, sexual orientation and faith. We will ensure that involvement activity is physically and culturally accessible through the use of accessible venues avoiding specific religious dates where this would present a significant barrier to involvement and by holding meetings at different times of day. We will use plain English and other formats as required.
- 9.5 **Balanced** – we will aim to maintain a balanced approach when considering a range of views, which may be conflicting. All views will be considered but change may not always follow in quite the way individuals or specific groups had hoped. This may be frustrating to some and so we will provide feedback on the decisions taken and the reasoning underpinning them.
- 9.6 **Integration** – We will ensure that our ways of working are integrated with those of other NHS organisations within the South West in order to ensure a cohesive approach to linked work streams.
- 9.7 **Investment** – We will identify resources to support engagement and involvement including funding for information events, training for staff on engagement and involvement and for patient and other public representatives to enable them to participate as fully as possible.
- 9.8 **Reporting back** – We will report back regularly on the decisions that have been taken and how patient and public involvement has influenced the commissioning of specialised services.

10 Types of Engagement and Involvement

- 10.1 The South West Specialised Commissioning Group will use appropriate means of communication, engagement and involvement. We will use evidence based tools such as focus groups, citizen jury, public information days and review groups, as appropriate, in the following areas:
 - 10.1.1 **Giving information** – for example providing information about our Designation Programme and about each service. Our Annual Report will provide information about our work generally over a year and also about the consultations we have undertaken, the decisions

taken and how the consultations have influenced the results and the commissioning of the services concerned

- 10.1.2 **Getting information** – Getting feedback on information provided, not just the content but how well we presented the information and how we could improve; asking for the views of patients about existing services and how they could be improved.
- 10.1.3 **Forums for debate** - gathering views from stakeholders about potential priorities or options for the future provision of services; working together to achieve a common goal such as establishing new services locally so that people from the South West don't have to travel outside of the region for treatment.
- 10.1.4 **Participation** – Patient and public membership of specific groups that play a role in planning and commissioning specialised services. This includes being part of procurement processes during which we choose which provider would be best to deliver a particular service.

11 Involvement in service planning

- 11.1 The Specialised Commissioning Group has agreed to include patient and public involvement within the following processes:
 - Priority setting
 - Designation process
 - Annual Operational planning
 - Other service development planning
- 11.2 Individual service planning will follow the policy and procedures set out within the SCG's Priority Setting and Decision Making Policy.
- 11.3 Where service planning specifically relates to service provider Designation, the process will follow the procedures set out within the Designation Programme Guide.
- 11.4 Each of these documents identifies how patients and the public will be engaged and be given the opportunity to be involved.

12 Service improvement that involves significant change

- 12.1 In the course of delivering its responsibility to drive up the quality of specialised services and prevent wasteful duplication of services⁷, the Specialised Commissioning Group (SCG) will undertake service improvement in a variety of ways. Some of this will involve investment in brand new services or strengthening existing ones. However, on some occasions, service improvement will involve making significant changes to existing services. This could involve bringing services together in one place, delivering services from a different place in order to achieve improvements to quality not achievable in the current site or to bring them nearer to other services with which they need to work closely.
- 12.2 All of these processes will need to incorporate patient and public engagement and involvement, with some proposals requiring public consultation. Where these situations arise we will:

- Publish a programme of expected issues
- Provide information on each service
- Consult with stakeholders about the process for engagement and involvement
- Visit the relevant Overview and Scrutiny committee/s and provide an appropriate engagement programme for the proposed process.
- Provide information on the outcome of the process and explain the reasoning behind final decision making.

13 Continuing the development of patient and public involvement

The SCG will develop and maintain a work programme aimed at continuous development of patient and public involvement in the commissioning of specialised services. It will encourage feedback to allow it to build levels of trust and improve relationships with stakeholders.

14 How the strategy will address health inequalities

The SCG will use the whole of the commissioning cycle including health needs assessment, planning and prioritisation in order to work towards reductions in health inequalities in the South West. We will use the designation of providers and our general contracting processes to ensure that services are safe and that each of the populations served by the SCG has access to services providing the best outcomes possible. Patient and public involvement will help the SCG to understand the needs of patients, the barriers to accessing services and how we can improve the way care is delivered better to meet their needs and to ensure the best outcomes following treatment.

15 Legal implications of the strategy

- 15.1 This strategy reflects the national policy, guidance and legislation relating to patient and public involvement. The legislation includes a requirement that NHS Trusts and Primary Care Trusts consult with OSCs. If OSCs do not agree with the reasons given by the SCG for any exemption from consultation, they may refer the issue to the Secretary of State and convene an independent review panel.
- 15.2 The duty to involve and consult applies to all SCGs and will be performance managed by Strategic Health Authorities.

16 Finding out more

- 16.1 If you would like to find out more about specialised commissioning or how you could be more involved, please contact Louise Tranmer on 0117 330 2635 or email louise.tranmer@nhs.net or contact us at the address below:

South West Specialised Commissioning Group
Hampton House.
Top of St Michaels Hill
Cotham
Bristol BS6 6AU

17 Glossary and abbreviations

Term or abbreviation	Description
Cfps	Centre for public scrutiny
Commissioning	The overall term to describe the process of planning funding procuring and monitoring healthcare services.
DOH	Department of Health
Designation	A means of safeguarding high standards and preventing unsafe or wasteful duplication of specialised services, by formally designating (selecting) an appropriate number of service providers to serve an SCG population, that are best placed to provide high quality and best value services. The process involves assessing the compliance of current services against a set of standards for example about the facilities required, the skilled staff and technology needed, the proximity or nearness to other key services, other measures relating to quality of care and patient experience. Where services are compliant they can be designated and if they are close to meeting standards an action plan can be put in place in order to meeting requirements in a certain time period. In some cases however, it may be necessary to consider moving the service in order to achieve the best standards/outcomes or to designate additional service providers to meet demand. See the specialised service designation programme guide. Copies can be obtained by telephoning 0117 330 2635 or emailing Jo.chew@nhs.net
Local Involvement Networks (LINKs)	Local Involvement Networks – Networks relating to the boundaries of Local Authorities. Their role includes promoting and supporting the involvement of people in the commissioning, provision and scrutiny of health and social care services; obtaining the views of people about their need for, and experiences of, local health and social care services; enabling people to monitor and review the commissioning and provision of care services; raising the concerns of local people with those responsible for commissioning, providing, managing and scrutinising services
Overview and Scrutiny Committees (OSCs)	Overview and Scrutiny Committees – Committees established by Local Authorities with social services responsibilities to undertake their powers outlined in the Local Authority (Overview and Scrutiny Health Scrutiny Functions) Regulations 2002. Information about OSCs is available on the Centre for Public Scrutiny Website www.cfps.org.uk
PCT	Primary Care Trust - They are part of the NHS responsible for the planning and securing of health

	<p>services and improving the health of a local population. There are 14 PCTs in the South West of England – a list of them is shown in appendix 1</p>
<p>Specialised Commissioning Group (SCG)</p>	<p>A Specialised Commissioning Group is comprised of all the Primary Care Trusts in a given geographical area that come together to commission specific group of services that have been defined as specialised. There are 10 SCGs in England all with the same boundaries as the Strategic Health Authorities covering the same area. Specialised services generally involve complex procedures or require very specialised workforce and or treat/care for conditions that are rarer than those treated in local hospital and so services often serve a wider population catchment than do local services.</p>
<p>Specialised services</p>	<p>Specialised services are those services provided in relatively few specialist centres to catchment populations of more than 1 million people (as defined in SI 2002 No.2375). Specialised services are not provided by every hospital, they tend to be found in larger hospitals based in big towns and cities. Specialised services are high-cost, low-volume interventions and treatments. The risk to an individual PCT of having to fund expensive, unpredictable activity is reduced by PCTs grouping together to commission such services collectively and share financial risk. Specialised services are either commissioned regionally, by the 10 Specialised Commissioning Groups (SCGs), or nationally by the National Commissioning Group (NCG). This depends on the rarity of the condition or treatment.</p>
<p>World Class Commissioning</p>	<p>The vision for world class commissioning sets out our aspirations for the way we commission health and care services. It outlines what it means to be world class and describes how commissioners will help deliver wider health improvement.</p>

18 References and bibliography

- 18.1 The Review of Commissioning Arrangements for Specialised Services. Professor Sir David Carter. 2006. Department of Health.
- 18.2 Health Reform in England: update and commissioning framework annex. 2006. Department of Health.
- 18.3 Local Government and Public Involvement in Health Act 2007
www.nhscentreforinvolvement.nhs.uk/LGPIHAct/.
- 18.4 Summary: Local Government and Public Involvement in Health Act 2007. The National Centre for Involvement
- 18.5 Service Improvement: Quality Assurance of Major Changes to Service Provision. Sir Ian Carruthers OBE. Gateway Reference 7857. February 2007. Department of Health.
- 18.6 World Class Commissioning: Vision. December 2007. Department of Health.
- 18.7 The Operating Framework for the NHS in England 2008-09. Department of Health.

19 Helpful websites

- 19.1 The Centre for Public Scrutiny - www.cfps.org.uk/
- 19.2 The NHS Centre for Involvement - www.nhscentreforinvolvement.nhs.uk

20 **Appendix 1 - Specialised service definitions categories**

The specialised services definitions were developed through national working groups (one for each service). They identify the activity that should be regarded as specialised and therefore subject to collaborative commissioning arrangements. The definitions provide a helpful basis for service reviews and strategic planning, and enable commissioners to establish a broad baseline position to make initial comparisons on activity and spend.

A review project for the third version of the definitions set is now underway. The initial eight revised definitions will be published in early 2008.

Department of Health service definition categories. Internet links:

[1 Specialised cancer services \(adult\)](#)

[2 Specialised services for blood and marrow transplantation \(all ages\)](#)

[3 Specialised services for haemophilia and other related bleeding disorders \(all ages\)](#)

[4 Specialised services for women's health](#)

[5 Assessment and provision of equipment for people with complex physical disabilities \(all ages\)](#)

[6 Specialised spinal services \(all ages\)](#)

[7 Complex specialised rehabilitation for brain injury and complex disability \(adult\)](#)

[8 Specialised neurosciences services \(adult\)](#)

[9 Specialised burn care services \(all ages\)](#)

[10 Cystic fibrosis](#)

[11 Specialised renal services \(adult\)](#)

[12 Home parenteral nutrition \(adult\)](#)

[13 Specialised cardiology and cardiac surgery \(adult\) including cardiothoracic transplantation \(all ages\)](#)

[14 Specialised services for HIV/AIDS treatment and care services \(all ages\)](#)

[15 Cleft lip and palate services \(all ages\)](#)

[16 Specialised clinical immunology services \(all ages\)](#)

[17 Specialised services for allergy \(all ages\)](#)

[18 Specialised services for infectious diseases \(adult\)](#)

[19 Specialised services for hepatology](#)

- 20 Medical genetic services (all ages)
- 21 Specialised learning disability services
- 22 Specialised mental health (adult)
- 23 Specialised services for children
- 24 Specialised dermatology services (adult)
- 25 Specialised pathology services (all ages)
- 26 Specialised rheumatology services (adult)
- 27 Specialised endocrinology services (adult)
- 28 Hyperbaric treatment services (adult)
- 29 Specialised respiratory services (adult)
- 30 Specialised vascular services (adult)
- 31 Specialised pain management services (adult)
- 32 Specialised Ear Surgery (all ages)
- 33 Specialised colorectal services (adult)
- 34 Specialised orthopaedic services (adult)
- 35 Specialised morbid obesity services (all ages)

Internet link: [Specialised services definition : Department of Health](#)

21 **Appendix 2 – Recommendations from the Carter Review**

Internet link: [Review of commissioning arrangements for specialised services](#)

Carter recommendation 27

Specialised Commissioning Groups (SCGs) and the National Commissioning Group (NCG) should be required to have an ongoing Patient and Public Involvement (PPI) strategy and to report progress against the strategy in their annual report.

Specialised Commissioning Groups and the National Commissioning Group should have patient representation on their committee. Specialised Commissioning Groups and the National Commissioning Group should ensure strong patient and public input to the designation process.

Specialised Commissioning Groups and the National Commissioning Group should routinely involve patient representatives in the annual prioritization process and annual commissioning plans.

Carter Recommendation 28

In the interests of progressing timely, well-managed service change, the Department of Health advises the setting up of joint Overview and Scrutiny Committee (OSC) standing committees based on Strategic Health Authority boundaries.

Where the Specialised Commissioning Group has applied to an individual/joint Overview and Scrutiny Committee and has not received a decision within 6 months, the Specialised Commissioning Group should be free to proceed with the service change.

When the Specialised Commissioning Group is proposing a substantial variation to services it would consult with the joint Overview and Scrutiny Committee.

22 Appendix 3 - PCTs in the South West

Bath & North East Somerset PCT

Bristol PCT

Bournemouth and Poole PCT

Cornwall and Isles of Scilly PCT

Devon PCT

Dorset PCT

Gloucester PCT

North Somerset PCT

Plymouth PCT

South Gloucester PCT

Somerset PCT

Swindon PCT

Torbay PCT

Wiltshire PCT

23 Appendix 4 - Identified list of stakeholders

Department of Health

General public

Independent sector health service providers

Local Authorities including adult social services and those service children and families

Local Involvement Networks (LINKs)

Media – written, television, radio and internet

Members of parliament and local political representatives

National Commissioning Group (NCG)

National Specialised Commissioning Group (NSCG)

NHS Foundation Trusts (acute, mental health and learning disability providers)

NHS Trusts (acute, mental health, learning disability and ambulance service providers)

Overview and Scrutiny Committees (OSCs)

Patients, patients forums and other patient and carer representative groups and organisations

Primary Care Trusts and their GP practices/Practice based Commissioning consortia.

Professional organisations and bodies

South West Strategic Health Authority (NHS South West)

Specialised Commissioning Groups in other parts of the country

