

NHS Wigan Borough CCG Consultation Protocol

This Consultation Protocol

The Wigan Borough CCG Consultation Protocol sets out the process we will locally follow to decide whether we should consult and how a consultation should be delivered. Consultation uses a mixture of engagement, market research, feedback and data and information-giving to make sure it is robust.

It applies to the development and review of important strategies and the development and review of services.

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1. Our Commitment

- 1.1. We are committed to continuously engaging with our patients and the residents of our Borough (see Appendix 1 for the process). When we are making changes to healthcare provision that we consider to be 'substantial' or 'controversial', we commit to involve our patients and run a formal consultation process.
- 1.2. We are committed to engaging because we recognise that good quality engagement and consultation activity can lead to better decisions and improve the quality and effectiveness of local services. The transparency in decision-making that engagement creates increases the credibility of decisions and the trust between health organisations and patients.

2. Legal Requirement for Patient and Public Involvement

- 2.1. The Health and Social Care Act (2012) provides a broad overview of legal requirements for CCGs to engage and consult. This is strengthened by decisions taken by the courts. For more detailed information, see Appendix 2.

3. Different Types of Involvement:

Consultation

A formal process of gathering feedback and views where patients and residents can influence the decision-making process. The process of consultation is supported by laws.

Engagement

An informal process of gathering feedback. It is about listening to patients and learning from their experiences so we can understand their needs and expectations.

Market Research

One tool that can be used to understand how people use and view services.

Feedback and Data

This is collected on all our services and includes Friends and Family Tests and complaints data.

Information-giving

Communications activities that can be used to support involvement. This is not a two-way process.

- 3.1. All these forms of involvement should be followed by feedback to the people involved on what was said and what happened as a result.

4. When You Can Expect us to Consult

4.1. We will consult when a development or review can be considered either 'substantial' or 'controversial'.

Substantial

A development or review would be considered 'substantial' if it has the potential to:

- Close any facilities
- End a service
- Relocate a service to where access is potentially more difficult (e.g. out of a town centre, away from a bus route)
- Impact a large number of patients
- Impact the wider community
- Impact on the use of A&E
- Have a big impact on a protected characteristic group.
- Have a big impact on the patients who use the service

If a development or review is considered to be 'substantial', we should take reports to the local Health Scrutiny and Overview Committee for them to review and comment. They can challenge us, and refer the matter to the Secretary of State for Health.

Controversial

To determine if a development or review is controversial, a risk assessment will be carried out that considers these five elements:

- Involvement and sign-up of the people who deliver the service (e.g. doctors and nurses)
- Whether there are any legal risks (e.g. HR and workforce)
- The political context, including MPs, Councillors and any known history
- The impact on the public and their interest and current involvement
- Any known management challenges.

Each element is scored out of 10. If the average of the scores is 6.5 or above, or 2 or more areas score 7 or above, a development or review is considered to be 'controversial'. However, good quality engagement work can be done to understand and reduce the risk.

4.2. Sometimes we may choose to formally consult even if the development or review isn't substantial or controversial by these measures, however, that will be in exceptional circumstances and reflects the fact that the decision is to a certain degree an intuitive judgement.

5. When We Won't Consult

5.1. We can't hold Borough-wide formal consultations on every decision we take; it wouldn't be a good use of public money that could be better spent on healthcare services, and you would get fed up of us asking you to talk to us.

5.2. We will engage but not consult if:

- A development or review isn't substantial or controversial.
- We already hold a lot of information following a similar and relevant review in the last two years
- We have done lots of engagement work on the development or review and all the people involved are comfortable with the decisions
- If a decision needs to be taken immediately to keep patients safe and stop them coming to harm

6. How the Decision on Whether to Consult Will be Taken

6.1. Whether we consult is decided by our Senior Leadership Team (SLT). SLT is made up of our Chief Officer, the Director of Quality and Safety, the Chief Finance Officer and our six Associate Directors – each with their own speciality.

6.2. After the pre-consultation engagement has happened, a report will be taken by the project lead to SLT. The report will include:

- an overview of the engagement activity undertaken,
- the feedback from patients,
- the results of the risk assessment, and
- an initial judgement on whether it is considered to be substantial or controversial.

6.3. SLT will review all the evidence and paperwork and make three decisions:

1. Is the development or review substantial or controversial?
2. Has proper pre-consultation engagement activity been undertaken that is sufficient for the size of the project?
3. Is a consultation required?

6.4. They will use the criteria in this protocol, but will also use their specialist knowledge and strategic oversight to make their decisions.

7. Our Consultation Process

36 weeks	Stage 1: Pre-consultation engagement	- All projects
	Stage 2: Consultation (actual consultation is 6-12weeks)	- Only those required
	Stage 3: Post-consultation and decision-making	- Only those required

7.1. We have a three stage process that takes 36 weeks to implement properly from start to finish. All our developments and reviews should complete stage 1. Stages 2 and 3 will be completed by those developments and reviews which the Senior Leadership Team has decided need a formal consultation.

- 7.2.** A diagram outlining the steps in the three stages is on page 6. More detail on each step of the three stages can be found in Appendix 3.
- 7.3.** Further information on what we will include in a consultation document and what kind of activities we will engage in can be found in Appendices 4 and 5.

8. More Information

- 8.1.** If you would like to comment on anything within this protocol, would like any more information, or you would like to get involved with the CCG, please contact the CCG engagement team on shapeyournhs@wiganboroughccg.nhs.uk, or call us on 01942 482711.
- 8.2.** If you would like support or advice in implementing the protocol, please speak to the communications and engagement teams.

STAGE 1 (12 weeks)

PRE-CONSULTATION

Purpose: Engaging with stakeholders and patients to understand issues, needs and potential options

1. Write an 'Issues Paper' **P**

2. Do Equalities Analysis **P**

3. Do Risk Assessment

4. Determine if 'substantial'

5. Write case for change (initial business case) **P**

6. Identify stakeholders

7i. Engage:
Create discussion through focus groups

7ii. Engage:
Use survey to test ideas from discussion

7iii. Engage:
Review feedback in workshop

8. Evaluate engagement

9. Produce potential options

10. Update Risk Assessment and Equalities Analysis

11. Write a report **P**

12. Senior Leadership Team decision on consultation

STAGE 2 (18 weeks)

CONSULTATION

Purpose: To formally seek the views of patients, stakeholders and the wider public

1. Write 'Scoping document'

2. Full stakeholder analysis

3. Determine length and activities

4. Produce project plan

5. Write consultation document & questions

6. Senior Leadership Team approve plans and documentatoin

7. Book workshops/events

8. Produce communications materials (e.g. poster)

9. Launch Consultation – publish info on website and distribute **P**

10. Consult
Press releases
Social media activity
Workshops
Public meetings
Information days
Etc...

11. Review consultation halfway through and adjust

12. Close consultation

STAGE 3 (6 weeks)

POST-CONSULTATION

Purpose: To make a decision that takes account of the consultation feedback

1. Write consultation report **P**

2. Hold decision making workshop(s)

3. Write decision-making report **P**

4. Senior Leadership Team review reports

5. Governing Body make a decision **P**

POST-DECISION

6. Engage throughout procurement

7. Engage throughout implementation

8. Evaluate

9. Review new service

P = publish online

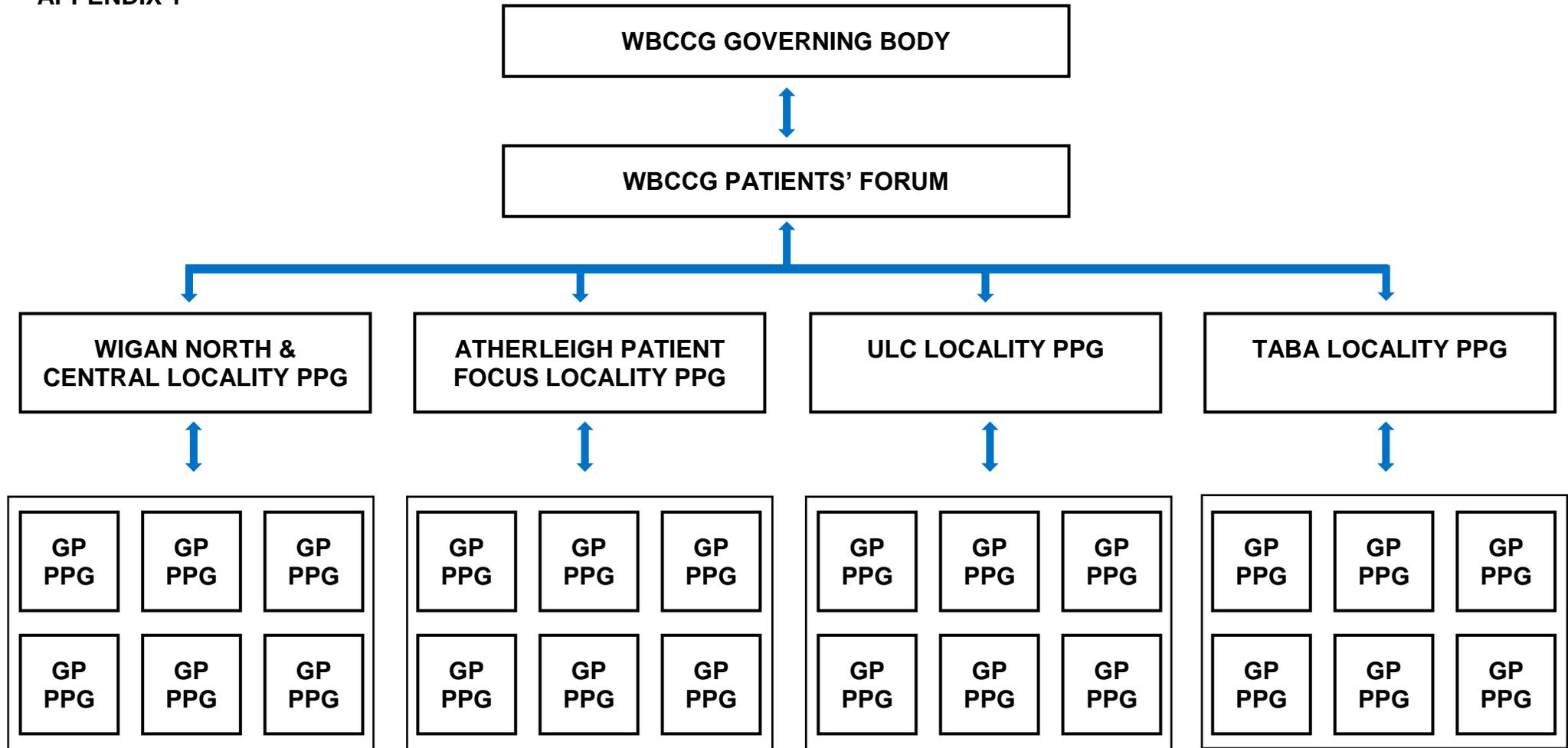
8 weeks

8 weeks

6-12 weeks

NHS Wigan Borough CCG Continuous Engagement Cycle

APPENDIX 1



3 STEP PROCESS:

- 1 Chairs from GP Practice Patient Participation Groups are invited to attend Locality PPGs. They should feed information to the Chair to take to Patients' Forum and take information back to their PPG from the Locality about other PPGs and what was discussed at the meeting (including the Patients' Forum)
- 2 Chairs from Locality PPGs are invited to attend the Patient Forum. They should feed information from the locality and feed information back to the locality from the CCG.
- 3 Three members of the Patients' Forum attend the CCG's Governing Body on a quarterly basis. They take a report and update and challenge the Governing Body on the concerns of the Patients' Forum.

APPENDIX 2

1. Laws of Involvement and Consultation

1.1. The Health and Social Care Act 2012, Section 14z2:

The Clinical Commissioning Group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

(a) in the planning of the commissioning arrangements by the group,

(b) in the development & consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

1.2. The Gunning Principles:

- I. consultation must take place when the proposal is still at a formative stage;
- II. sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
- III. adequate time must be given for consideration and response; and
- IV. the product of consultation must be conscientiously taken into account.