

Item Number:

**MEETING:** WB CCG Board Meeting  
**DATE:** 22<sup>nd</sup> May 2012

<b>REPORT TITLE:</b>	<b>NHS Constitution Review</b>
<b>REPORT AUTHOR:</b>	<b>Julie Southworth</b>
<b>PRESENTED BY:</b>	<b>Julie Southworth</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>For information and assurance with regard to the CCG authorisation process</b>
<p><b>EXECUTIVE SUMMARY</b>            CCG Authorisation requires that the CCG demonstrate commitment to, have regard to and promote the NHS Constitution.</p> <p>This document sets out the constitution having regard to the rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.</p> <p>This paper is in 2 parts:            Part 1 provides an overview of the constitution.            Part 2 provides a review of the current evidence supporting the NHS Constitution and where there is none how this will be evidenced in the future.</p>	
<b>FURTHER ACTION REQUIRED:</b>	<b>Annual review</b>

**NHS Constitution Update  
To  
Wigan Borough Clinical Commissioning  
Group**

## Background

The NHS Constitution brings together in one place what staff patients and tax payers can expect of the NHS. It establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies and private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions.

It sets out principles and values to guide how all parts of the NHS should act and make decisions. CCG's will have an obligation to promote the NHS Constitution. As Wigan Borough CCG develops the right systems and processes that will support the CCG in meeting all of their statutory duties, the NHS Constitution provides a framework on which to build the essential core of good governance.

This paper is in 2 parts:

Part 1 provides an overview of the constitution.

Part 2 provides a review of the current evidence supporting the NHS Constitution and where there is none how this will be evidenced in the future.

## NHS principles

There are seven principles that guide how all parts of the NHS are expected to behave and make decisions.

- The NHS provides a comprehensive service available to all, irrespective of gender, race, disability, age, sexual orientation, religion or belief.
- Access to NHS services is based on clinical need, not an individual's ability to pay. NHS services are free, except in limited circumstances sanctioned by Parliament.
- The NHS aspires to the highest standards of excellence and professionalism in all that it does, including the development and support of staff, as well as the care and treatment of patients.
- NHS services must reflect the needs and preferences of patients, their families and their carers. Patients should not be seen as passive recipients of treatment, but as partners whose individual needs and preferences should be taken into account.
- The NHS works together across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population.
- The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources. As people live longer and scientific knowledge and technology advance, the NHS's resources have to be used responsibly and fairly.
- The NHS is accountable to the public, communities and patients that it serves – it takes most of its decisions locally and gives the local population the chance to influence and scrutinise its performance and priorities.

## NHS Values

Shared values become more important as local autonomy and professional freedom grow. They ensure that the NHS continues to operate with shared purpose when and where it matters. The NHS-wide values complement the local values that are being developed or refreshed by local NHS organisations and teams. There are 6 shared values:

- Respect and dignity - We value each person as an individual, respect their aspirations and commitments in life and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and can't do.
- Commitment to quality of care - We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from mistakes and build on successes.
- Compassion - We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.
- Improving lives - We strive to improve health and well-being and people's experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.
- Working together for patients - We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.
- Everyone counts - We use our resources for the benefit of the whole community and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

## **Staff Rights**

The NHS has a good record of fair employment and respecting the rights of staff. These rights are embodied in general employment and discrimination law, and are summarised in The Handbook to the NHS Constitution. Staff rights are there to ensure that staff:

- have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives;
- have safe and healthy working conditions – free from harassment, bullying or violence;
- have a fair pay and contract framework;
- receive fair and equal treatment that is free from discrimination; and
- can raise an internal grievance/seek redress if it is felt that a right has not been upheld

## **NHS pledges**

The Constitution sets out pledges that the NHS is committed to achieve. Pledges go above and beyond staff's legal rights. This means that they are not legally binding but represent a commitment by the NHS to meet the needs of staff. They were developed in response to the views of the 9,000 members of staff who contributed to the consultation What Matters to Staff in the NHS as well as more than a million survey responses:

- Provide all staff with clear roles and responsibilities, and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Provide all staff with personal development, access to appropriate training for their jobs and line-management support to succeed.
- Provide support and opportunities for staff to maintain their health, wellbeing and safety.
- Engage staff in decisions that affect them and the services they provide, individually and through their representative organisations and local partnership working arrangements.
- Empower all staff to suggest ways to deliver better and safer services for patients and their families

## Legal duties

The NHS Constitution summarises those legal duties that are relevant to all NHS staff.

- Accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body applicable to your profession or role.
- Take reasonable care of health and safety at work for you, your team and others, and co-operate with employers to ensure compliance with health and safety requirements.
- Act in accordance with the express and implied terms of your contract of employment.
- Don't discriminate against patients or staff and adhere to equal opportunities and equality and human rights legislation.
- Protect the confidentiality of personal information that you hold unless to do so would put anyone at risk of significant harm.
- Be honest and truthful in applying for a job and in carrying out that job.

## Expectations of staff

The Constitution also includes expectations that reflect how staff should play their part in ensuring the success of the NHS and delivering high-quality care. Staff should aim to:

- Maintain the highest standards of care and service, taking responsibility not only for the care you personally provide, but also for your wider contribution to the aims of your team and the NHS as a whole;
- Take up training and development opportunities provided over and above those legally required for your post;
- Play your part in sustainably improving services by working in partnership with patients, the public and communities;
- Be open with patients, their families, carers or representatives (including if anything goes wrong);
- Contribute to a climate where the truth can be heard and the reporting of, and learning from, errors is encouraged;
- Welcome feedback and address concerns promptly and in a spirit of co-operation; and
- View the services you provide from a patient standpoint involving patients, their families and their carers in services and working with them, their communities and other organisations, and making it clear who is responsible for their care.

## Patient Rights

### Access to health services:

#### Rights:

- to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.
- to access NHS services. You will not be refused access on unreasonable grounds.
- to expect your local NHS to assess the health requirements of the local community and to commission and put in place the services to meet those needs as considered necessary.
- in certain circumstances, to go to other European Economic Area countries or Switzerland for treatment which would be available to you through your NHS commissioner.
- not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age.
- to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution.

#### Pledge:

- to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution;
- to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered ;
- to make the transition as smooth as possible when you are referred between services, and to include you in relevant discussions.

## **Quality of care and environment:**

### **Rights**

- to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality.
- to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

### **Pledges**

- to ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice:
- to continuous improvement in the quality of services you receive, identifying and sharing best practice in quality of care and treatments.

## **Nationally approved treatments, drugs and programmes:**

### **Rights**

- to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.
- to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.
- to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS-provided national immunisation programme.

### **Pledge**

- to provide screening programmes as recommended by the UK National Screening Committee.

## **Respect, consent and confidentiality:**

### **Rights**

- to be treated with dignity and respect, in accordance with your human rights.
- to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests.
- to be given information about your proposed treatment in advance, including any significant risks and any alternative treatments which may be available, and the risks involved in doing nothing.
- to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure.
- of access to your own health records. These will always be used to manage your treatment in your best interests.

### **Pledge**

- to share with you any letters sent between clinicians about your care

## **Informed choice:**

### **Rights**

- to choose your GP practice, and to be accepted by that practice unless there are reasonable
- grounds to refuse, in which case you will be informed of those reasons.
- to express a preference for using a particular doctor within your GP practice, and for the practice to try to comply.
- to make choices about your NHS care and to information to support these choices. The options available to you will develop over time and depend on your individual needs. Details are set out in the Handbook to the NHS Constitution.

### **Pledge**

- to inform you about the healthcare services available to you, locally and nationally

- to offer you easily accessible, reliable and relevant information to enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the quality of clinical services where there is robust and accurate information available

### **Involvement in your healthcare and in the NHS:**

#### **Rights**

- to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this.
- to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

#### **Pledge**

- to provide you with the information you need to influence and scrutinise the planning and delivery of NHS services;
- to work in partnership with you, your family, carers and representatives.

### **Complaint and redress:**

#### **Rights**

- to have any complaint you make about NHS services dealt with efficiently and to have it properly investigated.
- to know the outcome of any investigation into your complaint.
- to take your complaint to the independent Health Service Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS.
- to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body.
- to compensation where you have been harmed by negligent treatment.

#### **Pledge**

- to ensure you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and the fact that you have complained will not adversely affect your future treatment;
- when mistakes happen, to acknowledge them, apologise, explain what went wrong and put things right quickly and effectively (pledge); and
- to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services (pledge).

7 NHS Principles	Supporting Evidence
The NHS provides a comprehensive service available to all, irrespective of gender, race, disability, age, sexual orientation, religion or belief	Integrated in all aspects of the CCG – Strategy on a page, Commissioning Plan, Corporate Objectives – Core Value
Access to NHS services is based on clinical need, not an individual's ability to pay. NHS services are free, except in limited circumstances sanctioned by Parliament	Integrated in all aspects of the CCG – Strategy on a page, Commissioning Plan, Corporate Objectives – Core Value
The NHS aspires to the highest standards of excellence and professionalism in all that it does, including the development and support of staff, as well as the care and treatment of patients.	Integrated in all aspects of the CCG – Strategy on a page, Commissioning Plan, Corporate Objectives – Core Value Quality Strategy, Quality Monitoring, Monthly Quality reports to Board, Contract and CQINN monitoring
NHS services must reflect the needs and preferences of patients, their families and their carers. Patients should not be seen as passive recipients of treatment, but as partners whose individual needs and preferences should be taken into account.	Integrated in all aspects of the CCG – Strategy on a page, Commissioning Plan, Corporate Objectives – Core Value Quality Strategy, Quality Monitoring, Monthly Quality reports to Board, Contract and CQINN monitoring
The NHS works together across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population	WBCCG locally works with all providers, the local authority, the voluntary sector. Public and patients. The CCG also works within and in partnership across the NHS Greater Manchester network, the Northwest and North.
The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources. As people live longer and scientific knowledge and technology advance, the NHS's resources have to be used responsibly and fairly.	WBCCG has a robust QIPP plan which is monitored through the local leaders network. The key objectives of the plan are to work across the whole health care sector to drive out waste, generate financial savings, improve productivity and performance and drive up the quality of all the services delivered locally.
The NHS is accountable to the public, communities and patients that it serves – it takes most of its decisions locally and gives the local population the chance to influence and scrutinise its performance and priorities.	Public Board Meetings are held every month, The WBCCG Website has been established, An annual report is published. Public engagement and communications id key to decision making. Frontline clinicians who deal with patients daily are increasing involved in local leadership.

<b>6 NHS Values</b>	<b>Supporting Evidence</b>
<p>Respect and dignity - We value each person as an individual, respect their aspirations and commitments in life and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and can't do.</p>	<p>Integrated in all aspects of the CCG – Strategy on a page, Commissioning Plan, Corporate Objectives – Core Value Quality Strategy, Quality Monitoring, Monthly Quality reports to Board, Contract and CQINN monitoring, Complaints monitoring, Incident reporting, Clinical and Corporate governance.</p>
<p>Commitment to quality of care - We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from mistakes and build on successes</p>	<p>Integrated in all aspects of the CCG – Strategy on a page, Commissioning Plan, Corporate Objectives – Core Value Quality Strategy, Quality Monitoring, Monthly Quality reports to Board, Contract and CQINN monitoring, Complaints monitoring, Incident reporting, Clinical and Corporate governance.</p>
<p>Compassion - We respond with humanity and kindness to each person's pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for those we serve and work alongside. We do not wait to be asked, because we care.</p>	<p>Integrated in all aspects of the CCG – Strategy on a page, Commissioning Plan, Corporate Objectives – Core Value Quality Strategy, Quality Monitoring, Monthly Quality reports to Board, Contract and CQINN monitoring, Complaints monitoring, Incident reporting, Clinical and Corporate governance.</p>
<p>Improving lives - We strive to improve health and well-being and people's experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation</p>	<p>Integrated in all aspects of the CCG – Strategy on a page, Commissioning Plan, Corporate Objectives – Core Value Quality Strategy, Quality Monitoring, Monthly Quality reports to Board, Contract and CQINN monitoring, Complaints monitoring, Incident reporting, Clinical and Corporate governance.</p>
<p>Working together for patients - We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries</p>	<p>Integrated in all aspects of the CCG – Strategy on a page, Commissioning Plan, Corporate Objectives – Core Value Quality Strategy, Quality Monitoring, Monthly Quality reports to Board, Contract and CQINN monitoring, Complaints monitoring, Incident reporting, Clinical and Corporate governance.</p>
<p>Everyone counts - We use our resources for the benefit of the whole community and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier</p>	<p>Integrated in all aspects of the CCG – Strategy on a page, Commissioning Plan, Corporate Objectives – Core Value Quality Strategy, Quality Monitoring, Monthly Quality reports to Board, Contract and CQINN monitoring, Complaints monitoring, Incident reporting, Clinical and Corporate governance.</p>

<b>Staff Rights</b>	<b>Supporting Evidence</b>	<b>Gap Analysis and Future Plans</b>
have a good working environment with flexible working opportunities, consistent with the needs of patients and with the way that people live their lives	We have a flexible working policy for staff and operate a flexitime system.	The policies need to be updated to reflect the NHS ALW on behalf of WBCCG and other associated changes
have safe and healthy working conditions – free from harassment, bullying or violence	We have a Dignity at Work policy which covers bullying and harassment. In the previous 12 months no incidents have been reported to the organisation	
have a fair pay and contract framework	Staff work to the NHS terms and conditions. Posts are evaluated against Agenda for Change to ensure consistency throughout the organisation	
receive fair & equal treatment that is free from discrimination	The organisation has an Equality and Diversity Policy	
can raise an internal grievance/seek redress if it is felt that a right has not been upheld	The organisation has a Grievance Policy with an appeals process	
<b>Staff Pledges</b>		
Provide all staff with clear roles and responsibilities, and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities	All staff should have job descriptions which reflect their roles and responsibilities. Currently we are going through a time of great change and not all staff have job descriptions that reflect their current roles.	Roles need to be adjusted and made more clear to reflect recent changes
Provide all staff with personal development, access to appropriate training for their jobs and line-management support to succeed	All staff should have annual PDR's and there is a policy to reflect this. As an organisation we monitor the PDR rate and address non compliance with the appropriate Directors	The policies need to be updated to reflect WBCCG and other associated changes
Provide support and opportunities for staff to maintain their health, wellbeing and safety	The organisation buys in an Employee Assistance Programme from Right Management Corecare. We have a Staff Health Safety and Wellbeing Group and have recently been awarded Workplace Wellbeing Achievement level as part of the Good Work: Good Health Award scheme in Greater Manchester.	
Engage staff in decisions that affect them and the services they provide, individually and through their representative organisations and local partnership working arrangements	The organisation has staffside representatives that meet with management on a regular basis. Staff has regular briefings from senior management and there is a monthly newsletter. The MD has a weekly non blog blog and global emails are used to keep staff updated.	
Empower all staff to suggest ways to deliver better and safer services for patients and their families	Key role of all staff as a commissioning organisation. QIPP has encouraged staff to contribute more widely and share ideas.	Consider suggestions box

<b>Expectations of Staff</b>		
Maintain the highest standards of care and service, taking responsibility not only for the care personally provided, but also for the wider contribution made to the aims of your team and the NHS as a whole	CQINNS built into the contracting with providers and the monitoring of quality delivered by those providers facilitate the monitoring by commissioners of care delivered by providers. Staff are encouraged through the PDR process to make a wider contribution to the aims of the CCG and the NHS as a whole.	
Take up training and development opportunities provided over and above those legally required for your post	Staff has the opportunity to discuss their training and development needs and desires as part of the PDR process. If this is supported by their line manager they can source and attend appropriate training	The organisation is planning to develop some bite size training around things of interest to staff eg interview technique.
Play your part in sustainably improving services by working in partnership with patients, the public and communities	The nature of WBCCG as a commissioning organisation is to continually look at sustainably improving services by working in partnership with patients, the public and communities. The Clinical leadership of the CCG see this as a core objective.	
Be open with patients, their families, carers or representatives (including if anything goes wrong)	Being Open Policy and Procedure Complaints Management Policy and Procedure	
Contribute to a climate where the truth can be heard and the reporting of, and learning from, errors is encouraged	Incident Reporting Policy and Procedure Incident Trend Reports Policy for the Performance Management of SUIs	
Welcome feedback and address concerns promptly and in a spirit of co-operation	Complaints/PALS reports Complaints Management Policy and Procedure	
View the services you provide from a patient standpoint involving patients, their families and their carers in services and working with them, their communities and other organisations, and making it clear who is responsible for their care	Community engagement, feedback and involvement is a key workstream of the CCG. Patient Participation groups are a bedrock of practice membership of the CCG. A website is already established, practices are embedding the PPGs. Feedback is through the locality executives and the CCG Board. A Lay member of the Board has been appointed with a particular responsibility to represent the patients and the public. Also lessons learned from incidents, complaints and public enquiries.	

Patients Rights and Pledges	Supporting Evidence	Gap Analysis and Future Plans
<b>Access to health services - Rights</b>		
to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament	The CCG's existing agreements allow access to a comprehensive and geographically convenient portfolio of services, and the need to seek referral to a service, which is not covered by a service agreement, should therefore be minimal. To gain maximum benefit for the local population, the CCG needs to focus on treatments with the highest clinical priority. Consequently, a small number of treatments have been awarded a lower priority, and are not routinely funded. Prior funding approval is therefore required for procedures of low clinical priority. The CCG has in place an Effective Use of Resources Policy to define a fair and consistent approach to determining commissioning principles and decisions for funding treatments of low clinical priority services.	
to access NHS services. You will not be refused access on unreasonable grounds	The Effective Use of Resources Policy provides the CCG with an evidence based approval process. An evidence basis is considered for all funding requests received by the CCG (this will include bodies such as the National Institute for Clinical Excellence (NICE) or its equivalent).	
to expect your local NHS to assess the health requirements of the local community and to commission and put in place the services to meet those needs as considered necessary	The WBCCG Commissioning Plan for 2012-2013 sets out the commissioning group's ambition for the commissioning of high quality health care services for the population of Ashton, Leigh and Wigan. It reflects the aspirations and intentions of a committed collaboration between like-minded clinicians to learn, understand and take responsibility for the commissioning of health services on behalf of its registered patient population. It shows the developmental journey of an emergent highly effective commissioning group to deliver transformational commissioning of health services for the population.	Further development and refinement of the commissioning plan to be completed. To include commissioning intentions for 13/14, updates to local delivery plans and GM work, expansion on LTC and integrated care teams

	<p>This plan demonstrates the CCG's ability to secure healthcare safely, and to discharge responsibly the stewardship of most of the NHS budget. The strategy reflects the clear clinical focus and added clinical value that WBCCG brings to the process.</p> <p>The focus is on commissioning services which meet the needs of patients. As part of this process health and well being challenges within the local population have been identified based on the Joint Strategic Needs Assessment.</p>	
<p>in certain circumstances, to go to other European Economic Area countries or Switzerland for treatment which would be available to you through your NHS commissioner</p>	<p>WBCCG complies with guidance provided to help local health commissioners in England handle requests from the public to go to other European Economic Area countries, under the freedom to provide services provisions of Article 49 of the EU Treaty, for treatment to which they are entitled to under the NHS. Article 49 is now numbered Article 56 under the Treaty on the Functioning of the European Union (TFEU).</p> <p>The guidance accompanies the NHS Regulations 2010 (Reimbursement of the Cost of EEA Treatment). These set out the obligations of Primary Care Trusts (PCTs) in England in relation to claims for reimbursement of treatment costs and applications from patients who seek prior authorisation from the PCT for the receipt of health care in another EEA State. It also provides guidance about the exercise of those functions by PCTs. There is also some information for NHS providers who may receive requests from overseas patients for treatment in the UK.</p>	<p>No funding requests for treatment outside of the UK have been received, but WBCCG complies with Department of Health policy</p>

<p>not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age</p>	<p>WBCCG has adopted an Exceptionality policy and an Appeals policy to deal with any perceived discrimination. Funding will only be provided for a patient outside the Local Delivery Plan if the patient is able to demonstrate that the patient's circumstances are exceptional.</p> <p>Not every decision made by the CCG will be accepted. Therefore, there needs to be a mechanism for appeal. In the event of an appeal a panel should be convened to determine whether the decision-making process by which the original decision was made, was valid, to judge whether the decision was reasonable and to judge whether the decision was fair in the light of competing priorities and the treatment of other patient groups.</p>	
<p>to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution</p>	<p>WBCCG has an Access Policy that is compliant with the NHS Constitution Rights for Patients around access. Recently (since January), we have implemented a series of waiting list initiatives and enhanced access to the independent sector for patients who are due to breach 18 weeks</p>	<p>The new Performance Management Sub-Committee to the Contract Management Group will performance manage this area more closely with the main host provider of acute services, WWLFT.</p>

Access to health services - Pledges		
<p>to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution</p>	<p>Patients have the right to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions; and to be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.</p> <p>If this is not possible, the PCT or SHA which commissions the treatment must investigate offering a range of suitable alternative providers that would be able to see or treat more quickly than the original provider.</p> <p>The right to treatment within 18 weeks from referral will include treatments where a consultant retains overall clinical responsibility for the service or team, or for treatment. This means the consultant will not necessarily be physically present for each appointment, but will take overall responsibility for care. The setting of your consultant-led treatment, for example whether hospital based or in a GP-based clinic, will not affect the patient's right to treatment within 18 weeks. WBCCG Monitors these waiting times robustly.</p> <p>There are some exceptions and the right will cease to apply in circumstances where:</p> <ul style="list-style-type: none"> <li>• you choose to wait longer;</li> <li>• delaying the start of your treatment is in your best clinical interests, for example where smoking cessation or weight management is likely to improve the outcome of the treatment;</li> <li>• it is clinically appropriate for your condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage;</li> <li>• you fail to attend appointments which you had chosen from a set of reasonable options; or</li> </ul>	

	<ul style="list-style-type: none"> <li>• the treatment is no longer necessary. The following services are not covered by the right:</li> <li>• non-medical consultant-led mental health services;</li> <li>• maternity services.</li> </ul>	
to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered	<p>A website has been established for WBCCG and Board papers are now published on the site. Community engagement, feedback and involvement is a key work stream of the CCG. Patient Participation groups are a bedrock of practice membership of the CCG, practices are embedding the PPGs. Feedback is through the locality executives and the CCG Board. A Lay member of the Board has been appointed with a particular responsibility to represent the patients and the public. Service planning and consultation will develop and become an increasingly important contribution to service development.</p>	
to make the transition as smooth as possible when you are referred between services, and to include you in relevant discussions	<p>Service redesign, development and improvement follows a clear process with regard to pathway development in order to make the transition between services as smooth as possible. Examples include Hospital at Home, Intermediate Care services, Stroke service redesign, Urgent care.</p>	

Quality of care and environment – Rights		
<p>to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets required levels of safety and quality</p>	<p>Assurance is required from providers by the WBCCG. This is supplied through the Clinical Quality Review meetings reporting to the Contract Monitoring meeting and the Clinical Governance Subcommittee. The Clinical Governance Committee agenda focuses on evidence of quality in the three domains of Quality and Safety, Clinical Effectiveness and Patient/Service User/Carer Experience.</p> <ol style="list-style-type: none"> <li>1. WBCCG Board Lead for Quality and Safety</li> <li>2. WBCCG Board Nurse</li> <li>3. WBCCG Corporate Objectives 2012/13</li> <li>4. CCG Governance Structure for Quality &amp; Risk</li> <li>5. WBCCG Board Committee/s <ul style="list-style-type: none"> <li>▪ Agendas/Minutes</li> <li>▪ Chairpersons Reports</li> </ul> </li> <li>6. Draft Quality Strategy and Work Plan 2012/13</li> <li>7. QIPP Plan (Work-stream: Safety Express)</li> <li>8. CQUINs</li> <li>9. Providers compliant with CQC Essential Standards</li> <li>10. Quality Report</li> <li>11. Provider CQR process (Acute/Community/MH)</li> <li>12. Contract procurement approval, monitoring and review</li> <li>13. Performance reports</li> <li>14. Compliance with NICE guidance</li> </ol>	<p>WBCCG Corporate Objective - Quality and Safety (NB: BAF 2011/12 Corporate Objective 3 Improve Quality of Care Innovating and Implementing Best Practice to Achieve Excellent Performance)</p> <p>Quality Strategy and Work Plan 2012-2013 in Draft Provision of assurances around CQC compliance Quality report is being refocused. Review required with regard to monitoring quality of providers Provider assurances on compliance with NICE</p>
<p>to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide</p>	<p>Assurance is required from providers by the WBCCG. This is supplied through the Clinical Quality Review meetings reporting to the Contract Monitoring meeting and the Clinical Governance Subcommittee. The Clinical Governance Committee agenda focuses on evidence of quality in the three domains of Quality and Safety, Clinical Effectiveness and Patient/Service User/Carer Experience.</p> <ol style="list-style-type: none"> <li>1. WBCCG Board</li> </ol>	<p>Review required of the CQR processes for WWLFT/BCHCT/5BPs to ensure inclusion of:</p> <ul style="list-style-type: none"> <li>▪ <i>Provider Incidents/ Near miss events - monitoring</i></li> <li>▪ <i>Provider Complaints/ Concerns - monitoring</i></li> <li>▪ <i>Provider Claims/ Litigation -</i></li> </ul>

	<ol style="list-style-type: none"> <li>2. WBCCG Board Committee/s <ul style="list-style-type: none"> <li>▪ Agendas/Minutes</li> <li>▪ Chairpersons Reports</li> </ul> </li> <li>3. QUIP Plan (Work-stream: Safety Express)</li> <li>4. CQUINs monitoring</li> <li>5. CQR process (Acute/Community/MH)</li> <li>6. WBCCG Incident Reporting, Review and Investigation</li> <li>7. Performance Management of Provider SUIs</li> <li>8. Contract monitoring and review process</li> <li>9. Performance Reports</li> <li>10. CCG Lead for Safeguarding Children and Adults <ul style="list-style-type: none"> <li>▪ Appointed Designated Doctor</li> <li>▪ Appointed Designated Nurse</li> <li>▪ Appointed Named GP</li> </ul> </li> <li>11. NICE guidance</li> </ol>	<i>monitoring</i>  Also monitoring of other providers
<b>Quality of care and environment – Pledges</b>		
to ensure that services are provided in a clean and safe environment that is fit for purpose, based on national best practice	WBCCG must ensure that Provider comply with CQC Essential Standards Facilities Management currently monitor sites (that sit within the residual functions of NHS ALW) and liaise with Foundation for Life (Lift Co).	Processes to be reviewed.
to continuous improvement in the quality of services you receive, identifying and sharing best practice in quality of care and treatments	Assurance is required from providers by the WBCCG through: Provider Quality Reports, Lessons Learned - Incident Reporting, Review and Investigation, Lessons Learned - Performance Management of SUIs	

Nationally approved treatments, drugs and programmes - Rights		
to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you	<p>Follows the Greater Manchester Medicines Management Group (GMMMG) formulary and Red, Amber, Green list for specialist drugs. This has been produced based on clinical evidence and guidance from NICE.</p> <p>Included within contracts and SLAs with providers and performance managed eg secondary care CQUINS CCG Medicines Management Committee reviews and considers NICE guidance on drug therapy for the patients in the Borough.</p>	
to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you	<p>Follows GMMMG guidance on new specialised drugs that have not yet been reviewed by NICE. GMMMG reviews all available evidence and makes prescribing recommendations and full information on the process followed and the actual decision for the funding of the drug is available on the website. PCT has an Effective Use of Resources policy which is followed for funding requests. This policy describes the communication process.</p>	
to receive the vaccinations that the Joint Committee on Vaccination and Immunisation recommends that you should receive under an NHS-provided national immunisation programme	<p>All national immunisation programmes are implemented locally:</p> <ul style="list-style-type: none"> <li>• Childhood immunisation programme</li> <li>• Seasonal influenza immunisation programme</li> <li>• Pneumococcal immunisation programme for people aged 65 and above</li> <li>• Human papillomavirus (HPV) immunisation programme</li> <li>• BCG immunisation for at-risk newborn babies</li> </ul> <p>The key guidance followed locally that contains the recommendations of the Joint Committee on Vaccination and Immunisation is the publication 'Immunisation against Infectious Diseases'. This is maintained and updated on the Department of Health website under 'Green Book'.</p>	

<b>Nationally approved treatments, drugs and programmes - Pledges</b>		
to provide screening programmes as recommended by the UK National Screening Committee	<p>All the screening programmes recommended by the UK National Screening Committee are provided locally:</p> <ul style="list-style-type: none"> <li>• Bowel cancer screening (including the age extension covering ages 60 – 74 inclusive)</li> <li>• Breast cancer screening (including the age extension covering ages 47 – 73 inclusive)</li> <li>• Cervical cancer screening</li> <li>• Diabetic retinopathy screening</li> <li>• Abdominal aortic aneurysm screening</li> <li>• Antenatal and newborn screening: Linked Antenatal &amp; Newborn Sickle Cell &amp; Thalassaemia; Infectious Diseases in Pregnancy; Down’s Syndrome &amp; Fetal Anomaly Ultrasound Screening; Newborn Hearing; Newborn and Infant Physical Examination; Newborn Blood Spot</li> </ul>	
<b>Respect, consent and confidentiality - Rights</b>		
to be treated with dignity and respect, in accordance with your human rights	The organisation has a <a href="#">Confidentiality and Information Sharing Policy</a> which adopts the Confidentiality: NHS Code of Practice and outlines patients’ rights under the Human Rights Act, the Data Protection Act and the common law duty of confidentiality. It also details accountability and responsibility with regards to the Caldicott Guardian, Senior Information Risk Owner and the duty of all staff to respect the rights of individuals. The Caldicott Guardian and Senior Information Risk Owner will specifically champion patients’ rights within this area.	Appointment of a WBCCG Caldicott Guardian and Senior Information Risk Owner prior to April 2013. Board members are aware of this requirement.
to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests	All clinicians are encouraged to provide information to patients with regard to the choices based on information about their choices, also to gain consent for examination and treatment. A range of advocacy services are in place, in line with statutory requirements. Translation services are also available.	Review CQUINS

<p>to be given information about your proposed treatment in advance, including any significant risks and any alternative treatments which may be available, and the risks involved in doing nothing</p>	<p>All clinicians are encouraged to provide information to patients with regard to proposed treatments including any significant risks. A range of advocacy services are in place, in line with statutory requirements. Translation services are also available</p>	<p>Review CQUINS</p>
<p>to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure</p>	<p>The organisation has a Confidentiality and Information Sharing Policy, appropriate responsibility has been allocated and staff are trained and made aware of any new developments in patients' rights. Also, there are other policies in place to protect the privacy, confidentiality and security of service user information. Such policies include an Information Governance Policy, a Safe Haven Policy and an Information Security Policy. The organisation also completes the annual self assessment of the DH Information Governance Toolkit which covers in detail all aspects of this pledge. The organisation is currently assessed at an overall green rating of 71%. The self assessment was subject to internal audit and received a rating of significant assurance</p>	<p>A review of all actions required to maintain standards in all areas of Information Governance assurance. A programme of implementation is to be outlined in the Annual Information Governance report due July 2012.</p>
<p>of access to your own health records. These will always be used to manage your treatment in your best interests</p>	<p>The organisation has robust access procedures for staff dealing with patient health records. Patients are made aware of how to gain access via a patient leaflet and via the website.</p>	<p>All documentation needs to be updated and rebranded to WBCCG. A review of all health records held by the organisation will be conducted prior to April 2013. This will be included in the Annual Information Governance Report as part of the WBCCG's IG framework.</p>
<p><b>Respect, consent and confidentiality - Pledges</b></p>		
<p>to share with you any letters sent between clinicians about your care</p>	<p>WBCCG encourages General Practices and service providers, where appropriate, to copy patients into letter in line with DH, Copying Letters to Patients: Good Practice Guidelines.</p>	<p>WBCCG's will act upon any recommendation as appropriate.</p>

<b>Informed choice - Rights</b>		
to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons	WBCCG does not restrict the patients choice of GP and applies the rights of the NHS constitution in full.	
to express a preference for using a particular doctor within your GP practice, and for the practice to try to comply	WBCCG encourages General Practices, where appropriate, to support patients in expressing a preference for using a particular GP in line with the NHS constitution.	
to make choices about your NHS care and to information to support these choices. The options available to you will develop over time and depend on your individual needs. Details are set out in the Handbook to the NHS Constitution	The GP surgeries in WBCCG use Choose and Book Software to offer choice and to book appointments. Details of individual services are contained within the software and these can be discussed with the GP or can be accessed personally via Choose and Book once an initial request for referral has been produced in the software. WBCCG also offer a choice service where patients can ring a health care worker to discuss the options open to the. GPs can offer this when they feel their time is limited	
<b>Informed choice - Pledges</b>		
to inform you about the healthcare services available to you, locally and nationally	The Directory of Services (a list of acute services with detailed explanations for each service offered) has been developed to support Choose and Book. The full details of each service allow clinicians the opportunity to consider all the services and discuss in detail with the patient as necessary. The Directory of Services is constantly being monitored and improved to improve appropriate access for patient	
to offer you easily accessible, reliable and relevant information to enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the quality of clinical services where there is robust and accurate information available	Together with the Directory of Services, NHS Choices is kept up to date with the latest information about services. Patients can access details relating to quality issues, waiting times, and facilities on site.	

<b>Involvement in your healthcare and in the NHS - Rights</b>		
to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this	Community engagement, feedback and involvement are a key work stream of the CCG. Patient Participation groups are a bedrock of practice membership of the CCG. A website is already established, practices are embedding the PPGs. Feedback is through the locality executives and the CCG Board. A Lay member of the Board has been appointed with a particular responsibility to represent the patients and the public. Service planning and consultation will develop and become an increasingly important contribution to service development.	Further development is required.
to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services	Community engagement, feedback and involvement are a key work stream of the CCG. Patient Participation groups are a bedrock of practice membership of the CCG. A website is already established, practices are embedding the PPGs. Feedback is through the locality executives and the CCG Board. A Lay member of the Board has been appointed with a particular responsibility to represent the patients and the public. Service planning and consultation will develop and become an increasingly important contribution to service development.	Further development is required
<b>Involvement in your healthcare and in the NHS - Pledges</b>		
to provide you with the information you need to influence and scrutinise the planning and delivery of NHS services	Community engagement, feedback and involvement are a key work stream of the CCG. Patient Participation groups are a bedrock of practice membership of the CCG. A <b>website</b> is already established, practices are embedding the PPGs. Feedback is through the locality executives and the CCG Board. A Lay member of the Board has been appointed with a particular responsibility to represent the patients and the public. Service planning and consultation will develop and become an increasingly important contribution to service development.	Further development is required

<p>to work in partnership with you, your family, carers and representatives</p>	<p>Community engagement, feedback and involvement are a key work stream of the CCG. Patient Participation groups are a bedrock of practice membership of the CCG. A website is already established, practices are embedding the PPGs. Feedback is through the locality executives and the CCG Board. A Lay member of the Board has been appointed with a particular responsibility to represent the patients and the public. Service planning and consultation will develop and become an increasingly important contribution to service development.</p>	<p>Further development is required</p>
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<b>Complaint and redress – Rights</b>		
to have any complaint you make about NHS services dealt with efficiently and to have it properly investigated	The organisation's complaints policy and procedure outlines systems processes in compliance with the statutory instrument; Local Authority Social Service & NHS Complaints (England 2009) Regulations. A PALS service triages all complaints on a risk matrix basis. The complaints/PALS service is open for the public Monday to Friday 9-4pm. Access is available via email and in person by appointment. Out of hours and bank holidays a telephone answering service is available 24 hours. Calls to this service are promptly triaged by the next working day.	Improve monitoring of Providers systems, processes and activity
to know the outcome of any investigation into your complaint	A complaint's leaflet guide is available explaining the complaints process. The outcome of the investigation will be provided in a full response. The leaflet and policy can be accessed via the internet and the leaflet is available in all primary care premises.	Improve monitoring of Providers systems, processes and activity
to take your complaint to the independent Health Service Ombudsman, if you are not satisfied with the way your complaint has been dealt with by the NHS	The complaint's leaflet provides the Health Service Ombudsman details which is reiterated in the organisations final response letter.	
to make a claim for judicial review if you think you have been directly affected by an unlawful act or decision of an NHS body	The organisation has a Being Open Policy	
to compensation where you have been harmed by negligent treatment	The organisation does not directly provide clinical services, however if the Ombudsman receives a complaint they review in line with their principles of remedy, i.e. Quickly acknowledging and putting right cases of maladministration or poor service that have led to injustice or hardship. They consider all relevant factors when deciding the appropriate remedy, ensuring fairness for the complainant and, where appropriate, for others who have suffered injustice or hardship as a result of the same maladministration or poor service.	Improve monitoring of Providers systems, processes and activity

<b>Complaint and redress - Pledges</b>		
to ensure you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and the fact that you have complained will not adversely affect your future treatment	Training is provided to staff on handling complaints sensitively and treating complainants with courtesy. This includes keeping complaints information completely separate from medical records. The independent Complaints Advisory Service (ICAS) details are given to complainants and provided in the complaints leaflet. All staff handling calls are trained to ensure callers are treated with courtesy and signposted to appropriate support services.	
when mistakes happen, to acknowledge them, apologise, explain what went wrong and put things right quickly and effectively	The Being Open Policy & Procedure is available on the internet. Complainants are informed when a mistake happens, what went wrong and how things have been put right. The organisation has systems in place for recording and reviewing this information, which include; Clinical Governance Committee & Clinical Review Assurance Group (CRAG)	
to ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services	Quarterly complaints reports and litigation claims including lessons learned and action taken are analysed by the Clinical Governance Committee (on the board's behalf) and monthly information is provided to CRAG. Patterns are identified where possible for review.	