



**Greater Huddersfield**  
Clinical Commissioning Group

# Engagement and Experience Strategy for Local People in Greater Huddersfield

**2015 – 2018**



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# Section 1: Background

## 1.0 Executive Summary

Our local strategy for engagement and patient experience sets out our local approach to engaging local people in Greater Huddersfield. We want the strategy to reflect what is happening now in our local area and to describe some of the work we have delivered to ensure the public and patients are at the heart of everything we do. As a CCG, we are doing what we believe will enhance and improve the process for engagement and involvement

We will continue to build on our approach to engaging local people and will be developing more approaches which will help to train and develop local people who can talk to people on our behalf. We also want to go where people are and engage in conversations to ensure we pick up the issues that matter to local people.

Our approach to patient experience means we can listen to local people and gather views through Patient Advice and Liaison Service (PALS), Complaints and patient opinion. We want to build on these mechanisms and ensure we work with partners such as Healthwatch to fully understand your experience of services.

Using the information we have gathered from engagement activities, we have successfully procured a number of services with the support of our public. 'Care Closer to Home' and services like Anticoagulation have benefitted from the input of patient views and from the recruitment of lay representatives in helping us choose providers through the procurement process.

Previous audits demonstrate that we meet and in some places exceed the required standards for engaging with the public. We will continue to build on this and strive to improve the quality of what we do to ensure we always listen to local people.

Priscilla McGuire  
Lay Member Patient and Public Involvement  
Greater Huddersfield Clinical  
Commissioning Group

Dr Steve Ollerton  
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Greater Huddersfield Clinical  
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## 2.0 Purpose and scope of the strategy

The purpose and scope of the strategy is to describe how we will ensure that the views of patients, carers, staff, stakeholders, partners and the wider community are fully represented in decisions about health care and treatment and in how services are proposed, planned and delivered in the future. The strategy will:

- Support the implementation of our Operating Plan.
- Support our providers in understanding what we want from them as a commissioner.
- Describe what local people can expect from our approach to engaging people.
- Describe our approach to gathering people's experience of services and describe how the information is used.
- Ensure that we describe a vision for engaging people as citizens of Greater Huddersfield.

This strategy will be implemented in line with other CCG strategies, such as Equality and Diversity, and Communications. The overarching responsibility for approval, delivery and monitoring of this strategy rests with the CCG Governing Body. The delivery of the strategy is outlined in the Engagement and Patient Experience Implementation Plan.

Throughout this document the term 'stakeholder' is used to mean any person or organisation whose interests are affected by, or can affect, our work to secure effective quality healthcare for the population of Greater Huddersfield. The term 'partner' refers to those with whom we have professional relationships and alliances, through collaboration and joint working. A glossary of common terms used within this document can be found in the Appendix.

## 3.0 Definitions

### 3.1 What do we mean by the term 'Patient Experience'?

Patient experience means putting the patient and their experience at the heart of quality improvement. Gathering feedback from patients, carers, friends and family is an important component in the monitoring of services and identifying opportunities for improvement. It also helps us to understand whether the services we commission deliver the quality we expect.

The Beryl Institute is a recognized international authority on patient experience. Their definition is: 'The sum of all interactions, shaped by an organisation's culture, that influence patient perceptions across the continuum of care.'

The following definition of patient experience is given in a recent report from the NHS National Quality Board. Improving experiences of care: Our shared understanding and ambition (January 2015)

*'Experience' can be understood in the following ways: 1. What the person experiences when they receive care or treatment – for example, whether they knew who to contact if they had a problem, whether the nurse explained the procedure to them, and whether the doctor asked them what name they would like to be called by. The 'what' of people's experiences can be thought of in two ways:*

- *the interactions between the person receiving care and the person providing that care, for example how a member of staff communicates with the person (this is known as the 'relational' aspects of experience);*
- *The processes that the person is involved in or which affect their experience, such as booking an appointment (this is known as the 'functional' aspects of experience).*

*2. How that made them feel – for example, whether they felt treated with dignity and respect, and whether they felt that the doctor told them about their diagnosis in a sensitive way.*

### 3.2 What do we mean by the term 'Patient and Public Engagement'?

Patient and public engagement is the process we use to actively listen to patients and the public, involve them and gather their views. When we describe engagement we are talking about:

- Individual engagement in any decisions about the care and treatment a person may receive
- Collective Engagement which takes account of a number of views and helps us to ensure services are planned and delivered, this can be through methods like co-production.

- Formal consultation which takes place when we need to make decisions about any changes to a service which will have a direct impact on the public.

### 3.3 Distinguishing patient experience and patient and public engagement

These are linked processes with engagement initiatives contributing to the gathering of patient feedback. It is important, however, to be able to distinguish between patient and carers experience and the experiences of staff, stakeholders, patient advocate groups, etc. which may also be gathered by engagement. Experiences and perceptions of patients and carers may not coincide with views expressed by other groups and may indeed be contradictory. Similarly it is important to distinguish, on the one hand, between patients' feedback on their relational and functional experiences of care and how they made them feel, and on the other hand, from opinions and ideas patients and others may express, which are not based on their experiences of care.

Put simply, it is important to distinguish 'feedback' – patients' experiences of care and their views based on them, from 'feedforward' - the opinions and ideas that patients and others may hold on the future of services, which are not based on their experiences of care.

### 3.4 What do we mean by the term 'Citizen'?

When we describe the public as citizens we aim for them to be active participants in the future of the NHS not just end users of the services they receive.

Citizens have the power to raise issues for discussion, connect with others who have the same interests, and are able to hold the CCG to account. We want to ensure that everyone living in Greater Huddersfield has the opportunity to understand what is happening in the local NHS and how they can influence decisions about services and work with others to improve services.

We want to ensure that as commissioners, we are open to listening and to learning from our citizens.

The CCG has developed a cycle of patient experience reporting to ensure that citizens can influence decisions about services and get feedback on the impact on service improvement that their influence has made.

## 4.0 Our Responsibilities

### 4.1 Legislation

#### 4.1.1 Health and Social Care Act 2012

The White Paper, 'Equity and excellence: Liberating the NHS', and the subsequent Health and Social Care Act 2012, set out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the National Health Service (NHS) will:

- put patients at the heart of everything it does
- focus on improving those things that really matter to patients
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services.

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution. Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals 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
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

#### 4.1.2 The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, which are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. Greater Huddersfield CCG has an Equality and Diversity Strategy.

### **4.1.3 The NHS Constitution**

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these is the right to be involved directly or through representatives:

- in the planning of healthcare services
- in the development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

Aside from the legislative requirements, we have outlined our commitment to engagement in the NHS Greater Huddersfield CCG Constitution.

### **4.1.4 'Patient and public participation in commissioning health and care' and 'Involving people in their own health and care': statutory guidance for CCGs and NHS England**

'Patient and public participation in commissioning health and care' and 'statutory guidance and Involving people in their own health and care' are the national guidance documents for both CCGs and NHS England. The documents set out the context, benefits and principles of involving people in health and care, the relevant legal duties and key actions for CCGs and NHS England.

The two sets of guidance, and a wealth of web based resources and best practice, together supersede the original 'Transforming Participation in Health and Care' guidance, which was published in 2013.

In response to service user feedback, elements of the original guidance have been retained and new features introduced, including a greater focus on people with the greatest health needs, and information on the practicalities of involvement.

The links between individual and collective involvement in health are clear; people who have advanced knowledge, skills and confidence to manage their own health are more likely to get involved at a group/community level in having a say about health and health services. Equally, those who have been involved in the commissioning process (planning, buying and monitoring) health services are more likely to be informed about health and health services; they will therefore be better placed to manage their own health and be involved about decisions relating to their care and treatment.

Voluntary community and social enterprise (VCSE) partners are vital in connecting CCGs and NHS England to people and communities. They can support people to be involved in their own health and care and at a community level, particularly those who experience the poorest health outcomes.

Each set of guidance has an accompanying equality and health inequalities analysis, including useful resources to help engage people who may experience barriers to participation. It details six key requirements for NHS commissioners:

- To make arrangements for and promote individual participation in care and treatment through commissioning activity
- To listen and act upon patient and carer feedback at all stages of the commissioning cycle – from needs assessment to contract management
- To engage with patients, carers and the public when redesigning or reconfiguring healthcare services, demonstrating how this has informed decisions
- To make arrangements for the public to be engaged in governance arrangements by ensuring that the CCG governing body includes at least two lay people
- To publish evidence of what ‘patient and public voice’ activity has been conducted, its impact and the difference it has made
- For CCGs to publish the feedback they receive from local Healthwatch about health and care services in their locality

#### *4.1.5 Annual reporting on the legal duty to involve patients and the public in commissioning*

Building on existing best practice in reporting, this guide has been co-produced with representatives from CCGs, local Healthwatch, and local and national voluntary sector organisations. It will help to ensure that annual reports meet the needs of patients and the public, CCGs, NHS England staff and relevant stakeholders. As a CCG we will need to demonstrate in our annual report an overview of the structure, processes and assurance methods in place to support patient and public participation. This will include;

- Details of how participation works at different levels of the organisation. For example this could be how the work of Patient Participation Groups (PPGs) in GP practices feeds into CCGs.
- An outline of the organisation’s participation principles (for CCGs the law requires that these principles are stated in the organisation’s Constitution), and a statement of the value that the organisation places on involving patients and the public.
- Details of how you enable and support those who want to get involved.
- Examples of the impact of participation
- Details of key involvement activities which have taken place and what the outcome has been.

Annual reports provide an opportunity to demonstrate step-changes from one year to the next and help the CCG demonstrate how patient and public participation is bringing about positive changes in healthcare.

#### **4.1.6 Five year forward View**

The NHS Five Year Forward View set out why improvements were needed on the triple aim of better health, better care, and better value. In March 2017 NHS England published 'Next Steps on the NHS Five Year Forward View'. This concentrates on what will be achieved over the next two years, and how the Forward View's goals will be implemented.

The review describes 'a more engaged relationship with patients, carers and citizens' and focusses on five key themes. The key areas of focus for commissioners are:

- Getting serious about prevention
- Empowering patients
- Engaging communities
- The NHS as a social movement
- New models of care

Each of the themes requires engagement and the analysis of patient experience feedback as a central part of delivery and NHS Greater Huddersfield CCG will describe how they will deliver these plans locally.

#### **4.1.7 Engaging Local People**

The document, Engaging Local People was published in September 2016 by NHS England and is for teams developing Sustainability and Transformation Partnerships (STPs) in each of the 44 footprint areas, and the statutory organisations which form part of them. Local statutory bodies are responsible for engaging and consulting on their proposals. It is intended to clarify the expectations on stakeholder involvement, in particular patient and public participation.

This guidance is intended to support the STP process but does not replace each organisations 'own legal responsibilities to involve the public. STP footprints are not statutory bodies – but decision making fora – so individual organisations within each remain accountable for ensuring their legal duties are met during the STP design, delivery and implementation process.

## 5.0 Key Drivers for Patient Experience

### 5.1 *The NHS Constitution*

The NHS Constitution came into force in January 2010 following the Health Act 2009. The Constitution places a statutory duty on NHS bodies and explains the principles, values of the NHS and the patient rights of users. One of these principles is that the NHS aspires to the highest standards of excellence and professionalism in the provision of high quality care that is safe, effective and focused on patient experience. The constitution also states that respect, dignity, compassion should be at the core of how patients and staff are treated.

### 5.2 *High Quality Care for All: NHS Next Stage Review (DH, 2008)*

This review placed quality as the central organising principle behind the NHS. Quality was defined as consisting of three components: patient safety, clinical effectiveness and patient experience.

### 5.3 *NICE Quality Standards for Patient Experience in Adult Services*

The NICE Quality Standards aim to deliver the best possible experience for patients who use NHS services – high quality care should be clinically effective and safe. Launched in February 2012, this quality standard and accompanying clinical guidance, aims to ensure that patients have an excellent experience of care from the NHS.

### 5.4 *The NHS Outcomes Framework 2013/2014*

The NHS Outcomes Framework is a set of indicators developed by the Department of Health to monitor the health outcomes of adults and children in England. They are updated each year.

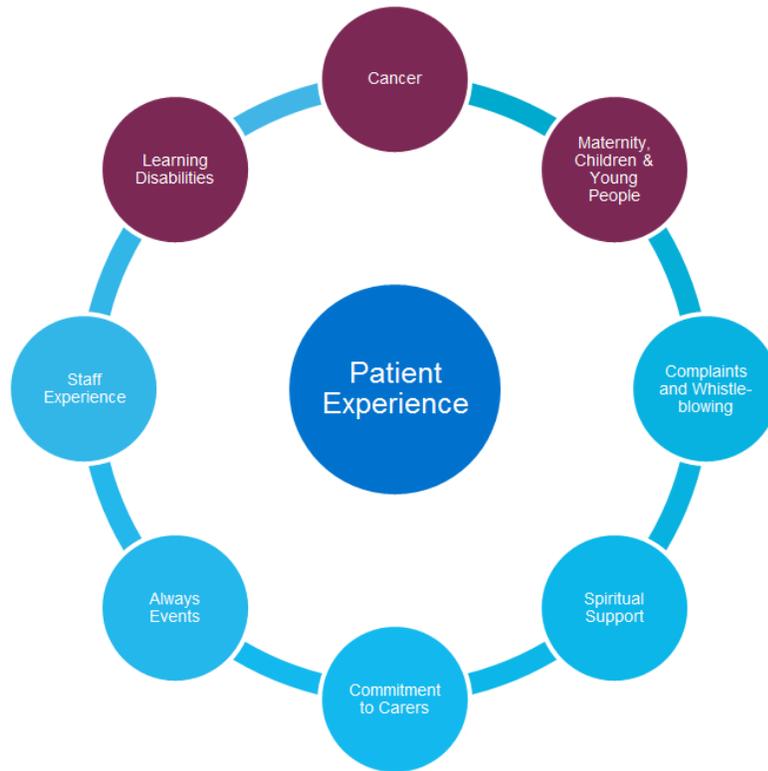
The framework consists of five domains which reflect the three dimensions of quality. Domains one to three include outcomes relating to the effectiveness of care, domain four relates to patient experience, and domain five includes patient safety.

- Domain 1: Preventing people from dying prematurely
- Domain 2: Enhancing quality of life for people with long-term conditions
- Domain 3: Helping people to recover from episodes of ill health or following injury
- Domain 4: Ensuring that people have a positive experience of care
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

These will act as the catalyst for driving improvement and outcome measurement and form the basis of the Commissioning Outcomes Framework.

## 5.5 NHS England Patient Experience Priorities, 2017-2018

NHS England has recently published their priorities for improving patient experience 2017-2018. These are:



Source: NHS England Patient Experience Priorities (2017-2018)

## 5.6 The King's Fund

The King's Fund is an independent charity working to improve health and care in England. They do this by:

- Undertaking research and analysis
- Developing individuals, teams and organisations – building capability to improve care
- Promoting understanding of the health and social care system
- Bringing people together – through events and networks – to learn, share knowledge and debate.

Publications specifically relevant to patient experience include:

- Understanding NHS financial pressures - How are they affecting patient care? (March 2017)
- User feedback in maternity services (October 2016)

As well as their policy work on patient experience, they explore what a more collaborative relationship with patients, service users and citizens might look like, and how it could be supported.

### **5.7 The Local Authority and NHS Complaints Regulations (England) 2009**

CCGs are expected to have robust systems and processes in place to investigate, respond to, and learn from complaints in a transparent, open and constructive manner. The 2009 regulations provide the framework for the duties that CCGs (and providers) must undertake and evidence in their complaint handling procedures and outcomes.

## Section 2: Our approach

### 6.0 What we need to deliver

Our target audience for the strategy is the population of Greater Huddersfield and our approach is to ensure that we use a variety of different mechanisms, methods and approaches to engage with people. We need to understand how we can best involve people, when they need to be engaged or indeed want to be engaged.

The purpose of the strategy is to support commissioners to improve individual and public participation and to better understand and respond to the needs of the communities they serve. 'Everyone Counts: Planning for Patients 2013/14' outlines the incentives and levers that are used to improve services and sets out the expectations of how participation is central to achieving these improvements. NHS England published '**Patient and public participation in commissioning health and care**' which sets out the focus for engagement and patient experience as,

- Individual participation
- Public participation
- Insight and feedback
- Resources

Equality and diversity is also a key component to strengthening the accountability of services and driving service improvements. Engagement to address inequalities needs to ensure that:

- We reach communities with distinct health needs and those experiencing poor health outcomes.
- Ensure our protected characteristics are integral to both individual and collective engagement and patient experience
- We reach those that experience difficulties accessing health services.
- People who lack capacity are protected and empowered.

Our approach to 'Patient Experience and Patient and Public Engagement' is also to ensure that we adopt a whole system approach to supporting this work. We will do this by embedding the public voice into everything that we do. We will ensure that we are able to distinguish the experiences of patients from those of others and the perceptions of patients based on their experiences of care from opinions and ideas they may express which are not based on their experience of care.

## 6.1 What will help us to deliver?

### 6.1.1 *Appropriate information and communication*

*'Effective, clear and timely communication underpins our engagement process. We must ensure that that local people, patients and stakeholders are informed about our work, vision and challenges and know how they can have their say. It's also important that we feedback how local views have influenced decisions.'* Siobhan Jones, Head of Communications

The first two building blocks for good engagement are:

- How we inform the public; and
- How we communicate with the public.

Ensuring we communicate in a variety of different ways, including using plain language, easy read versions of documents and offering translations where appropriate. We also are using much more social media and online methods for involving people.

The images and information we present will help us to engage with our diverse population and ensure that we provide messages that are relevant, clear and informative. This will range from the information and communication patients and carers receive during treatment through to the information we provide when we are asking for people's views on services'.

The stakeholders we need to target will dictate the mechanisms we use, and all engagement plans set out who the target audience will be and how information will be presented. In addition we will provide people with information on the full range of accessible methods they can use to communicate with us. As we gather feedback we must ensure our mechanisms are flexible enough to meet the needs of all our population.

### 6.1.2 *Effective equality monitoring*

*'As part of our equality duty it is important that we continue to consider the needs of all our protected groups in the work that we do. We want everyone to be able to access and benefit from local services. By gathering the views of protected groups we can begin to understand if we are achieving that aim.'*

*Kate Bell, Equality Manager, NHS Greater Huddersfield CCG.*

We want to make sure we hear from all the people and communities in Greater Huddersfield - everyone's opinions matter. We understand that the way we ask for people to share their views can make a big difference to who responds so we will ensure we design our patient experience and engagement processes with this in mind. We will also use equality monitoring methods to assess the

representativeness of the views we have gathered. Where there are gaps or we identify trends in opinion these will be looked into and plans made to address them.

We know from local and national research that some communities often have a poorer experience when using the NHS than others and we need to understand why this might be and establish ways to improve this when designing and commissioning future services.

Our legal duty to remain compliant with the Equality Act 2010 was outlined in 5.1.2. and our commitment is not only about legal compliance. We are committed to making a real difference for the local community in how they access services, their outcomes and the experience they have while using them. This approach is detailed in our 'Equality and Diversity Strategy'.

### 6.1.3 Measuring patient experience

*“As a CCG we are committed to improving each individual’s experience of care. In order for us to achieve this we need to understand what people are saying about local health services. We are working with partners to develop mechanisms and give everyone a chance to feedback. Over the next few years we are keen to develop this further and ensure that we use patient feedback to improve existing services and in the design of future local health services.” Emma Bownas, Quality Manager, Greater Huddersfield CCG*

In October 2011 the NHS National Quality Board (NQB) agreed on a working definition of patient experience to guide the measurement of patient experience across the NHS. Our approach is to use these definitions to measure quality and gather the views of direct service users on the following measures:

- **Respect for patient-centred values, preferences, and expressed needs**, including: cultural issues; the dignity, privacy and independence of patients and service users; an awareness of quality-of-life issues; and shared decision making;
- **Coordination and integration of care** across the health and social care system;
- **Information, communication, and education** on clinical status, progress, prognosis, and processes of care in order to facilitate autonomy, self-care and health promotion;
- **Physical comfort** including pain management, help with activities of daily living, and clean and comfortable surroundings;
- **Emotional support** and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances;
- **Welcoming the involvement of family and friends**, on whom patients and service users rely, in decision-making and by demonstrating awareness and accommodation of their needs as care-givers;
- **Transition and continuity** as regards information that will help patients care for themselves away from a clinical setting, and coordination, planning, and support to ease transitions;

- **Access to care** with attention for example, to time spent waiting for admission or time between admission and placement in a room in an in-patient setting, and waiting time for an appointment or visit in the out-patient, primary care or social care setting.

By gathering information on an on-going basis we begin to understand more about the services we commission, what service users want from our services and how we need to improve services in the future.

The patient experience framework helps us to gather feedback in a systematic way so we can identify key themes and trends across a wide range of service areas. This data undergoes a rigorous content analysis to produce these themes and trends. This analysis is crosschecked with other intelligence drawn from a wide range of local, regional and national sources of quantitative data. Recommendations are drawn up based on this intelligence and the CCG works with its partners to turn these into action. Progress and outcomes of these actions to improve services will then be fed back to patients and public on a 'you said we did' basis.

The information we gather is through our service providers which includes the information gathered from the friends and family test which gathers patient views in both the hospital and GP practice.

#### ***6.1.4 Working in partnership with key stakeholders***

As a CCG we are committed to working in partnership with our providers, partner organisations, staff, public, patients and carers. We already have a good relationship with a number of key stakeholders including the local authority and third sector and we want to continually work with and invest in our partnerships to help us deliver our engagement strategy.

In addition the CCG has a memorandum of understanding with Kirklees Council to work in partnership on all engagement activity. A grants programme jointly funded by Kirklees Council, Greater Huddersfield Clinical Commissioning Group and North Kirklees Clinical group has also strengthened our partnership approach to delivering direct improvements; the commissioning group for this scheme is also managed by the community partnership.

Our providers and partners have a wealth of local knowledge and relationships as well as other partnerships in which we can tap into to ensure we reach the population of Greater Huddersfield. We know that our third sector colleagues are better placed to help us reach grass roots communities and our partners can help us reach patients and service users. We need to grow these relationships to ensure everyone contributes to the delivery of all our engagement and patient experience plans.

We will develop partnerships that will help us to come together formally and informally to achieve some common purpose. We understand that partners don't have to be equal in skills, funds or even confidence, but what we want to develop is a mutual trust in each other and share commitment to the future of healthcare in this area, we acknowledge that building trust and commitment takes time.

We will use a number of mechanisms to develop partnerships:

- We will work collaboratively on specific projects and ensure membership is reflective of the local population, drawing on the expertise of those members
- Continue discussions with partner agencies, patient groups and communities to build up trust and confidence
- Look to the local community when we want to talk to local people and invest in the skills and relationships which already exist
- Work with local people to develop our plans and proposals for service redesign or development.
- Work with service providers commissioned by the CCG to turn recommendations based on analysis of patient experience into actions for service improvement.

We want the relationships to develop as partnerships as we acknowledge partners as co-providers of services. We need our partners to help us to support the aim of developing active citizens who feel they can participate and have a voice in the provision and design of local NHS services.

## 7.0 What mechanisms do we have in place?

There are a number of mechanisms already in place which help us to engage with people these are:

### ➤ Patient and Public Engagement and Experience (PPE&E) Steering Group

The purpose of the Patient and Public Engagement and Experience Steering Group is to shape, steer and advise on engagement and consultation activity. This group is chaired by the NHS Greater Huddersfield CCG lay representative and members include Healthwatch, Local Authority and NHS Provider colleagues and VAC.

### ➤ Patient Experience Group

The purpose of the Patient Experience Group (PEG) is to help shape and improve patient experience across a geographical footprint that includes Calderdale, Greater Huddersfield, North Kirklees and Wakefield CCGs. The group is chaired in rotation by the CCG lay representatives. Members include providers, commissioners and partners such as Healthwatch.

### ➤ PRG Network

The PRGN has been set up by NHS Greater Huddersfield CCG as a forum to gather together representatives from each of the member practices patient reference groups (PRGs). PRGs are

interested patients from each individual practice who meet regularly with their practice manager to discuss and improve services. The PRGN brings representatives from those PRGs together quarterly so we can tell them about our plans, consider and debate our proposals and engage with us on any decision making.

**Case Study: Angela Hunter – Waterloo Practice  
(Patient Reference Group member and member of the CCG P&PEE Steering Group)**

**Why did I want to sit on the P&PEE Steering Group?**

I have always had a keen interest in being involved as a member of the public in health and disability related issues. I wear several hats. My hope is to inform and encourage others to get involved in the services which affect them.

**What do I bring to the meetings?**

I am a retired health care professional but also I live with Ehlers-Danlos syndrome and have experienced being a patient of various services over the years. I have always taken an active, and hopefully informed interest in public engagement.

**What has been my experience?**

Although it took some time to gain an understanding of systems, processes and personnel involved I now feel fully involved. The role of the representative from the patient reference group network continues to develop and I now have insights into the statutory and legislative guidelines under which the CCG work.

➤ **Greater Huddersfield CCG website ([www.greaterhuddersfieldccg.nhs.uk](http://www.greaterhuddersfieldccg.nhs.uk))**

Greater Huddersfield CCG has a website which provides information to the public and has a page called 'Get Involved'. As a CCG we use our website to inform of our plans to engage, raise awareness of any consultation activity and also provide opportunities to become involved. The website is updated on a regular basis and we regularly report on the outcomes of consultations and what we have done as a result of our engagement activity.

➤ **Patient Advice and Liaison Service (PALS)**

PALS help the NHS to improve services by listening to what matters to patients and their families, and making changes when appropriate. PALS provide the following functions to the population of Greater Huddersfield:

- Providing the public with information about the NHS Helping resolve concerns or problems for those using the NHS
- Providing information about the NHS complaints procedure and how to obtain independent help if the person decides they want to make a complaint
- Providing information and help for example: support groups outside the NHS

- Improving the NHS ensuring that people who design and manage services are aware of the issues raised
- Providing an early warning system for NHS Trusts and monitoring bodies by identifying problems or gaps in services and reporting them.

#### ➤ Healthwatch

Healthwatch is the consumer champion for both health and social care. It exists in two distinct forms: local Healthwatch – Healthwatch Kirklees - and Healthwatch England. Healthwatch Kirklees is an independent organisation and Greater Huddersfield CCG works alongside the service to ensure that it forms part of our engagement of the local population. The aim of Healthwatch Kirklees is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

#### ➤ Community Voices

Community Voices is an asset based approach to engagement and is a new approach to engagement for the CCG and involves training members of the voluntary and community sector as engagement leads. The aim of the project is to support the voluntary and community sector voice in commissioning and to use their communities to ensure we reach local people at a grass roots level.

Community Voices are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. By working with volunteers in this way the response to our conversations has strengthened and increased, particularly amongst seldom heard groups.

## Case Study: Community Voices and the Whitehouse Project

Community Voices are people working in the voluntary and community sector who have been trained to engage with local people. We now have 45 representatives who work on behalf of 22 voluntary and community organisations across Huddersfield. The network helps to support the CCG to reach most of our protected groups and support conversations about healthcare services with local resident.

**Whitehouse Centre Engagement:** The Whitehouse Centre is a GP Practice for people that have difficulty accessing mainstream health provision. Its main focus is to provide care to people that often have a complexity of needs due to circumstance's outside their control.

Using our community voices we were able to reach 250 service users who gave their views on the engagement. Those respondents represent a group of people who are particularly hard to reach and represent some of our most vulnerable and diverse patients. The sample size reached 17% of the total practice population of 1480 patients.

The impact of using community voices to support this work is evident in this response rate. The members gathered detailed feedback in a way that fully engaged their target audience.

### ➤ Patient Opinion and NHS Choices

Patient Opinion is a feedback platform for the public so they can share their story or experience of healthcare services. Anyone can post an opinion on the website. NHS Choices also provides a similar facility. Greater Huddersfield CCG will search these facilities by provider to listen to what patients are saying about NHS services. Healthwatch Kirklees has recently initiated a similar facility on its website which we will also search for stories about patient experience of services.

### ➤ National and local surveys

National and local surveys take place throughout the year from various providers and local GP practices. Patients are encouraged to contribute to these surveys. The public can use surveys to have their say on current services and Greater Huddersfield CCG is able to use such surveys to understand the patient's view of the service. In addition surveys can be used collectively to inform commissioning decisions.

### ➤ Service redesign activities

Throughout the year we actively promote opportunities for members of the public to become in a range of activities. In addition we ask if people would like to have their name stored on a people bank so we can contact individuals directly about healthcare services. Information gathered in engagement activities will feed into the overall themes arising locally as part of the development of our commissioning intentions and support our decision making in respect of future actions. We will regularly cross reference the themes which arise from patient and public engagement to update and reflect on the intelligence we have to date.

### **Case Study: Learning Disability Transforming Care Programme (LDTCP) An asset based approach – supporting people with a learning disability to have a voice.**

VAC, a Calderdale based organisation that specialise in community and voluntary sector support and advice, developed a programme to help give a voice to people with learning disabilities.

This programme was used to support a 6 month pilot for the Learning Disability Transforming Care Partnership across Kirklees, Wakefield, Calderdale and Barnsley. The purpose of the pilot was to create a mechanism where participants could gain the confidence to respond to any planned engagement and consultation activity.

The programme builds on the CCGs engagement approach ‘Community Voices,’ which is in place to ensure local people have a say in healthcare services. The project aims were to:

- Develop capacity for people with a learning disability to engage in co-production conversations
- Create a network of service users who could work with commissioners and providers in developing learning disability services
- Identify opportunities for future events to be service user led and include the voice through patient stories

The programme recruited 20 participants to take part in two programmes of training (10 participants at each session). Kirklees now have 20 ‘Community Voices’ who are adults with learning disabilities as a result of this pilot.

#### ➤ **Patient Stories**

Patients and carers are able to provide feedback about their experiences of care via the CCG’s Patient Stories programme. These stories are gathered in a variety of ways, and are shared with our Governing Body as ways of ensuring patients are at the heart of everything we do. Where applicable (and only with appropriate consent) stories can be shared with relevant providers, partners and neighboring CCGs. This enables the impact to be widened and helps to ensure we continue with a system-wide approach to understanding patient and carer voice.

## 8.0 How will our approach support commissioning?

This strategy is central in helping NHS Greater Huddersfield CCG to achieve its commissioning function so that we can ensure that patients and the public are at the centre of all our commissioning decisions. We need to ensure that our commissioning cycle (diagram 1) includes patient and public engagement and experience at each stage.

Diagram 1: The Commissioning Cycle



**Assess needs:** As part of our assessment of any service we use a number of data sources including feedback from service users and carers. Existing feedback is used to help us understand the requirements of future services.

**Review current service provision:** Service user and carer feedback forms part of the information required when we are reviewing a service. Engagement in service redesign is considered as a key part of any plans to develop future services.

**Decide priorities:** We want all our stakeholders to help us decide our priorities, this means we will share and engage on our plans and where necessary formally consult on any changes to the way a service is currently provided or delivered.

**Design services:** We want patients, carers, staff and service users to be at the centre of all our service redesign. This means co-producing solutions together or using engagement to help us design appropriate services.

**Shape structure of supply:** Service specification will be developed with the information we gather from our engagement and patient experience activities and service users will help us to shape specifications so they deliver the right service for service users.

**Manage demand and ensure appropriate access to care:** Using patient views we will gather patient experiences of service to help us understand how appropriate services are and if there are specific areas we need to focus on for improvements.

**Clinical decision making:** Supporting lay representatives to engage in clinical decisions and providing information from service users to support decisions are an important part of ensuring clinical decisions are representative. Patient stories and real time feedback ensure clinicians are kept up to date with service user views.

## 9.0 What we are aiming to achieve

*'We as patients and carers recognise that involving us in the procurement process was a new concept and we welcomed the opportunity. For us it demonstrated a new relationship with the NHS one of trust. The patient panel were involved in all aspects of the process and felt our views were listened to and valued'. Fatima Khan-Shah, lay representative, 'Care Closer to Home' procurement*

We want to reach a point where we can ensure that every person living in Greater Huddersfield is given the opportunity to have a voice in the decisions that are made to commission services and have an opportunity to provide feedback and comments on the services we commission. We will ensure that people are made aware of the impacts of their influence on the improvement of services. We want to ensure that as citizens, people feel informed and that they can engage in a meaningful way.

Greater Huddersfield CCG wants to create a system that allows for everyone who has a stake in healthcare services the opportunity to have a voice.

## Section 3: Our process

### 10.0 Introduction

Our approach to public engagement and consultation is to ensure that we use a variety of different mechanisms, methods and approaches to engage with people. We need to understand how we can best involve people, when they need to be engaged or indeed want to be engaged.

The 'Patient and Public Engagement and Experience Strategy' sets out our plans for the next three years and enable us to put in place a whole system approach to supporting this work.

The strategy will enable us to meet our responsibilities under the Health and Social Care Act 2012 by:

- putting patients at the heart of everything we do
- focusing on improving those things that really matter to our patients
- empowering and liberating clinicians to innovate, with the freedom to focus on improving healthcare services and,
- Reflecting on/incorporating the recommendations of the Francis Report.

The strategy shows that we are committed to ensuring that we will actively engage with patients, the public and other key stakeholders to ensure that the commissioning, design, development, delivery and monitoring of healthcare in Greater Huddersfield meets the needs of our population. By listening to patients, and learning from their experience of health care we can understand what really matters to people.

We want to make sure we hear from all the people and communities in Greater Huddersfield - everyone's opinions matter. We understand that the way we ask for people to share their views can make a big difference to who responds so we ensure we design our patient experience and engagement processes with this in mind. We also use equality monitoring to assess the representativeness of the views we have gathered. Where there are gaps or we identify trends in opinion these are looked into and plans made to address them.

Throughout the year we actively promote engagement activities for members of the public. The 'Annual Report for Involvement' is our opportunity to present the work we have undertaken, catalogue our activities and present any changes as a result of this work. This report will be published on our website and circulated to our member practices and key stakeholders.

## 11. How we involve local people

We know that local people want to be fully engaged in making positive choices about their own health and lifestyles. This means we need to ensure that local people can participate in the shaping and development of health and care services and feel able to choose which health services they can use and how to access them.

We know that the public want a much greater say in how health services are organised, and we know that patients and their carers want much more say in how their personal care is delivered. We also know that patients and the public want much more and better information about how they can stay well or help to manage their own illness and to have greater access to information, communication and technology to support t

Our approach to collecting views from the public about their own care and treatment and on the services we commission requires that we follow a number of actions which will assure our process. These actions are to:

- Provide appropriate information and effective communication to ensure the public understand the services we are responsible for commissioning
- Ensure that when we review our services we will engage with appropriate stakeholders and service users whilst utilising current, focused patient experience intelligence to inform our decisions
- Make sure we will equality impact assess our commissioning intentions and decisions and assess if we need to take mitigating actions or change our plans to ensure we meet our legal duties in relation to equality and other legislation
- Decide our priorities by formally consulting with public, patients and carers using a wide range of methods which take into account the needs of our local population
- Use our patient experience mechanisms to listen to patients views on the service we have commissioned
- Work in partnership with patients, staff and carers to ensure that the service meets their needs through service redesign and procurement
- Continue to engage with our partners and use their networks and relationships to reach people.
- Use the commissioning cycle to drive our decision-making process so that the public is at the centre of everything we do.

### 11.1 *Our process for engagement*

Engaging people on service change is not just a legal requirement we are committed to engaging people on any changes to the way a service is currently provided or delivered and in the development stage of any proposals. A good engagement process will ensure the organisation is enabled to make better commissioning decisions based on the views of local people. We use a number of processes to support this engagement work:

- Engagement – gathering views through a number of approaches
- Co-production – developing solutions together

- Pre-engagement – ensuring we have had the right conversations before formal decisions are made about options for formal consultation.

As part of our process for delivering any engagement activity we will always:

- Complete an internal assurance tool which sets out what the service is, the impact and what the change will be.
- Review any existing information we already hold on peoples' views, based on their experiences of service use, including individual comments raised through our patient experience systems.
- Develop a clear plan which sets our plans for engagement, including who will be engaged and how with an accompanying action plan.
- Deliver our engagement activity within a 6-8 week timeframe depending on the service.
- Write a report of findings from our engagement activity
- Consider the findings and provide an appropriate time for consideration.
- Provide feedback on our findings from our engagement process and describe the next steps.

In addition we will always follow a number of principles in the delivery of our collective engagement activity so that the public know what to reasonably expect from our commissioners and providers. Our principles are to:

- Ensure that we engage with our public, patients and carers early enough throughout any process
- Be inclusive in our engagement activity and consider the needs of our local population
- Ensure that engagement is based on the right information and good communication so people feel fully informed
- Ensure that we are transparent in our dealings with the public and discuss issues openly and honestly
- Provide a platform for people to influence our thinking and challenge our decisions
- Ensure that any engagement activity is proportionate to the issue and that we provide feedback to those who have been involved in that activity.
- Be clear about our plans and what the public can and can't influence and why
- Make sure we engage with the right target audience and consider equality and the impact on diverse groups
- Demonstrate that we have listened to people's views in all of our plans
- Provide feedback on our website, through newsletters and local media of any outcomes from engagement activity.

## 11.2 *Our process for formal 'Consultation'*

This process is supported by our legal obligations and the requirement to make decisions on options that have been developed as part of any engagement stage. Formal consultations are always delivered after we have completed an engagement process. Consultations help commissioners make final decisions on any options. As part of our process for delivering any formal consultation we will always:

- Develop our options based on what people have already told us.
- Develop a clear plan which sets our plans for formal consultation with an accompanying action plan.
- Develop a clear communication plan to support our consultation process.
- Deliver a formal consultation within a 12 week timeframe where possible using a variety of methods and approaches.
- Write a report of findings from the formal consultation.
- Consider the findings and provide an appropriate time for making a decision.
- Provide feedback on our decision and describe the next steps.

### **Case Study: 'Right Care, Right Time, Right Place' hospital and community consultation**

The Right Care, Right Time, Right Place programme is the commissioners' response to the case for change that was developed as part of a services review undertaken in 2013. Following extensive engagement in 2015/16 a consultation on the proposals for service change took place in 2016/17.

A full consultation document, survey and accompanying summary and easy read documents were produced to explain the proposals. A consultation ran for 14 weeks from 15 March to 21 June 2016.

The consultation was delivered through a range of communications, social media and website content as well as 3 public meetings, 17 information sessions and 16 roadshow activities. There were a total of 36 meetings with a range of stakeholders. We also received feedback from the activities of a range of community groups who ran a variety of consultation activities on our behalf as part of the Community Voices programme. We received 7,582 survey responses from local people on a range of questions under each of the proposal headings which were:

- Urgent Care
- Emergency Care
- Planned Care
- Community Services
- Maternity and paediatric services
- Travel and transport

The findings from the consultation generated over 40,000 individual comments and reached all or protected groups. The feedback generated from the process was carefully considered by the organisation and the findings published on a dedicated website which had been set up to manage the consultation.

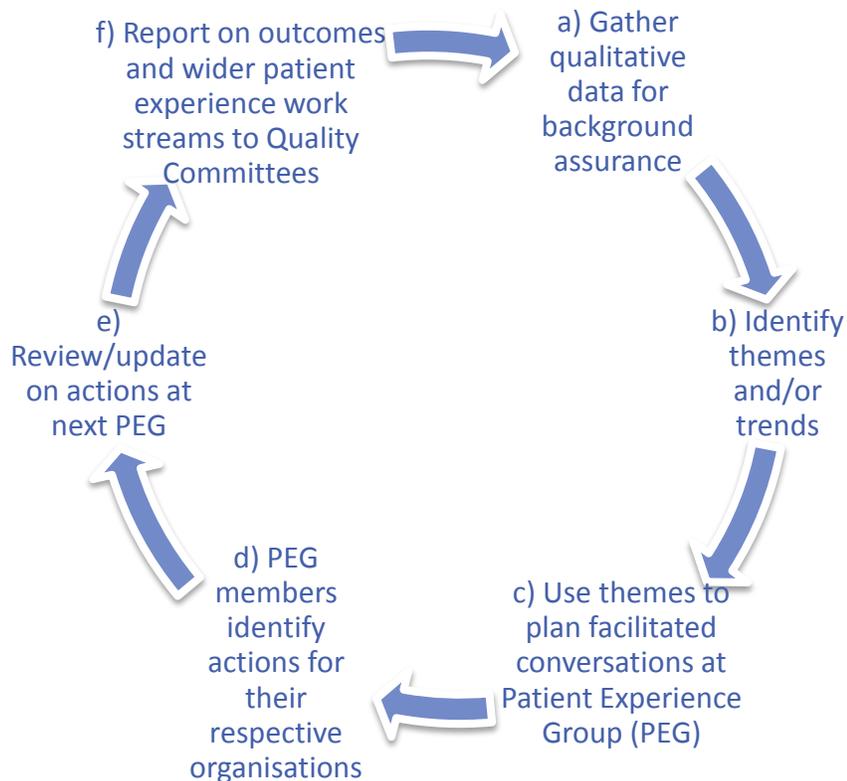
The Governing Bodies of NHS Calderdale Clinical Commissioning Group (CCG) and NHS Greater Huddersfield CCG met in parallel in public on Thursday, 20 October 2016 to reach a decision on the outcome of the consultation and next steps on proposed changes to hospital and community health services in Calderdale and Greater Huddersfield.

### 11.3 Our process for gathering patient experience

The process is about gathering views from patients about their experience. We do this by listening to patients, families and carers during or after a course of care and treatment and by providing opportunities to provide feedback.

Following the creation of CCGs in 2013, the priority in terms of patient experience was to obtain assurance that providers were a) gathering and monitoring their patient feedback and b) acting upon it. By March 2016 we recognised that there was strong assurance that what the CCG was hearing mirrored what providers were also reporting; without exception.

As a result we concluded that it was appropriate to shift the focus to patient experience improvement work rather than data gathering and assurance. As a result we have adapted our cycle of patient experience reporting (see diagram 2) to reflect these changes.



In order to continually listen to our patients, clients and customers regarding the services we commission we have systems set up to gather information and feedback. The views of our service users are therefore collected on an on-going basis and reported via the Quality Dashboard to Quality Committee. The current sources of 'patient voice' data we use are:

- Engagement initiatives, surveys, etc.
- Complaints

- Care Opinion
- NHS Choices
- Healthwatch reports and survey responses
- Reports from providers
- Local and national surveys, e.g. National GP Survey
- Friends and Family Test data
- Third sector healthcare service providers
- Through member practices

Our aim is to ensure that we review the information we receive on a regular basis, identify any areas of concern, and develop recommendations on which to base actions in partnership with providers for the improvement of services.

## 12. Insight and Feedback

As part of our decision-making processes we use insight and feedback to continually learn from our local population. Insight and feedback supports a whole system approach in helping us identify how services may need to change and the aspects of a service that require redesign.

We are using patient stories, gathering case studies and building in insight into our communications. The CCG continues to listen to the feedback and learn from the insight, views and experiences we gather. We continue to evidence how information is used in a much more robust manner.

Our audit trail of evidence which supports any decision we make is strengthening. When asked, we can demonstrate how the views of patients, carers and staff have influenced our commissioning decisions. This is a key part of upholding our legal requirement and ensuring we have taken the time to consider all insights and feedback.

Our process of feeding back to people as part of our process for engagement, involves a number of communication methods and approaches which are dependent on the target audience. The mechanisms we use are:

- Greater Huddersfield CCG and Kirklees Council websites; and wider partner websites where appropriate.
- Directly in the form of presentations and conversations to the people who contributed.
- Through our partners organisations such as the PRG Network.
- Through media stories and press releases.
- By producing an annual report of our engagement activity in October each year.

## Case Study: Insight report for 'Right Care, Right Time, Right Place'

Every engagement and consultation delivered throughout the year provides more rich information and intelligence to support service development and design. Prior to embarking on a piece of work to gather views, the CCG gather any existing patient experience and engagement information.

By working through existing intelligence the CCG can identify key emerging themes and also identify where there are gaps. In addition we can also identify through the Equality Impact Assessment (EQIA) the communities we have already reached and need to reach in line with our equality duties. The information sources we use are:

- Patient Advice and Liaison (PALS) queries
- Reported Complaints
- Friends and family test
- Websites such as Patient Opinion and Patient Choices
- National and local surveys
- Findings from any engagement/consultation activity

The information we gather is saved in a format that allows for further interrogation. The insight report developed to identify themes for the Right Care Programme was managed by the CCG and supported by Healthwatch. Healthwatch reviewed 45 engagement reports that had been captured over two years to produce an insight report for the programme.

By using what we already know we can draw down information again and use it to support other service areas. The data we hold not only allows us to draw on a wealth of intelligence but further assures our local population that their views are an important source of business intelligence.

## Section 4: Monitoring and governance

### 13.0 How will we monitor what we do?

The Governing Body's role is to ensure that we uphold the approach set out in this strategy and that evidence of assurance is provided by commissioning managers regarding public engagement and patient experience activity in any proposed plans to change the way services are provided, delivered or commissioned in the future.

#### 13.1 Governance

In addition through the Governing Body and its committees we have a number of mechanisms in place to ensure the organisation is assured of its responsibilities in delivering public and patient engagement and experience. The mechanisms for assurance are:

##### *13.1.1 Quality and Safety Committee*

The Quality Committee will oversee progress against the Patient Experience and Patient and Public Engagement agenda and approve the annual action plan for delivering this work on an annual basis. The minutes for the Patient and Public Engagement and Experience Steering Group (PPE&E) are a standing agenda item for this committee who provide delegated responsibility to the steering group for ensuring the action plan is delivered.

##### *13.1.2 Patient and Public Engagement and Experience (PPE&E) Steering Group*

The purpose of the Patient Experience and Patient and Public Engagement Steering Group is to ensure the action plan for the PPE&E strategy is developed and delivered as part of an annual cycle. In addition the group has four main components;

- **Shaping** – to develop, initiate and co-ordinate the patient and public engagement and experience activities ensuring specific work streams within Greater Huddersfield CCG are informed by stakeholder views
- **Steering** – to provide direction for Greater Huddersfield CCG regarding patient and public engagement and experience strategy and activity
- **Advising** – to provide advice regarding approaches to patient and public engagement and experience
- **Monitoring** – to monitor intelligence gathered from patient and public engagement and experience activities in order to inform Greater Huddersfield CCG and providers of patients opinions, feedback and suggestions, and to identify areas of concern.

We will do this by ensuring that:

- We oversee the implementation of the Patient Experience and Patient and Public Engagement Strategy for 2015/2016 supported by an annual implementation plan

- We determine actions required to fulfil the Patient Experience and Patient and Public Engagement strategy
- We develop and co-ordinate the mechanisms supporting the delivery of engagement, consultation and patient experience.

## **13.2 Telling the public about our plans, what we have done and what we are doing**

### ***13.2.1 Annual Report for Involvement***

The Annual Report for Involvement will be our opportunity to present the work undertaken, catalogue our activities and present any changes as a result of this work. The report will be published in July /August each year. This report will be published on our website, circulated to all practices and key stakeholders.

### ***13.2.2 Greater Huddersfield CCG website***

Greater Huddersfield CCG has a website which provides information to the public including a section called 'Get Involved'. As a CCG we will fully use our website to inform the public of our plans to engage raise awareness of any consultation activity and also provide opportunities to become involved. This website is updated on a regular basis so we can regularly report on the outcomes of all consultations and what we have done as a result of our engagement activity.

### ***13.2.3 Media and press releases***

We will ensure that we use the media and press to keep the public informed of our plans and proactively respond to letters and articles as part of media monitoring in the communication framework.

## **14.0 Next Steps**

The strategy will allow us to take the next steps which are to:

- Develop an annual implementation plan to reflect delivery of the strategy which details activities, outcomes and targets.

## Appendix: Glossary of Terms

Term	Definition
<b>Calderdale and Huddersfield Foundation NHS Trust</b>	NHS hospital trust covering the Calderdale and Huddersfield areas
<b>CCG</b>	See Clinical Commissioning Group
<b>CHFT</b>	See Calderdale and Huddersfield Foundation Trust
<b>Clinical Commissioning Group</b>	New local NHS commissioning organisation consisting of clinical management and a membership of constituent GP practices
<b>commissioning cycle</b>	Process for effective commissioning including assessing needs, reviewing services, contract implementation and managing provider performance. To be treated as a constant cyclical process.
<b>commissioning support units/services</b>	Organisations set up to provide commissioning and administrative support for Clinical Commissioning Groups
<b>constituent practices</b>	The individual GP Practices that fall within a Clinical Commissioning Group's membership
<b>Constitution</b>	A set of fundamental principles stating how the organisation will be governed.
<b>GHCCG</b>	See Greater Huddersfield Clinical Commissioning Group
<b>Greater Huddersfield Clinical Commissioning Group</b>	The Clinical Commissioning Group covering the Greater Huddersfield area
<b>Health and Wellbeing Board</b>	Forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch to discuss how to work together to better the health and wellbeing outcomes of the people in their area.
<b>HealthWatch</b>	HealthWatch will be the new consumer champion for both health and adult social care, superseding Local Involvement Networks at a local level
<b>LA</b>	See Local Authority
<b>LDC</b>	See Local Dental Committee
<b>LMC</b>	See Local Medical Committee
<b>LOC</b>	See Local Optical Committee
<b>Local Dental Committee</b>	Statutory Body that represents contractors and performers providing general dental services in a defined locality
<b>Local Medical Committee</b>	Statutory Body that represents contractors and performers providing general medical services in a defined locality
<b>Local Optical Committee</b>	Statutory Body that represents contractors and performers providing general ophthalmic services in a defined locality
<b>Local Pharmaceutical Committee</b>	Statutory Body that represents all NHS pharmacy contractors and performers in a defined locality
<b>LPC</b>	See Local Pharmaceutical Committee
<b>Monitor</b>	Non-departmental public body with a duty to protect and promote patients' interests as well as continuing role to authorise and regulate NHS foundation trusts
<b>NHS brand</b>	Guidelines protecting the use and placement of the NHS logo and colours.
<b>NHS England</b>	An independent, statutory body from October 2012 with overall responsibility for the NHS budget, allocating the majority directly to Clinical Commissioning Groups
<b>NHS Constitution</b>	Document which sets out rights and pledges for patients, public and NHS staff

<b>Overview and Scrutiny Committee</b>	Committee which is composed of councillors who are not on the Executive Committee of the local authority, which looks into issues that affect local people and services
<b>PALS</b>	See Patient Advice and Liaison Service
<b>Patient Advice and Liaison Service</b>	Service within current Primary Care Trusts and hospital trusts which offers confidential advice, support and information on health-related matters
<b>Patient Reference Group</b>	An official group of registered patients which offers feedback to GP practices about their services
<b>Public Health England</b>	National body within the Department of Health responsible for Public Health functions and campaigns
<b>QIPP</b>	Quality, Innovation, Productivity and Prevention. A large scale transformational programme for the NHS involving all NHS staff, clinicians, patients and the voluntary sector
<b>social media</b>	Web-based and mobile based technologies which are used to turn communication into interactive dialogue between organizations, communities, and individuals.
<b>stakeholder</b>	Any person or organisations whose interests are affected by, or can affect the organisation's work.
<b>White Paper</b>	Authoritative report or guide that helps solve a problem, usually linked with formal consultation about its content

