Draft for Consultation
Closing date:
1 September 2008

NHS Norfolk

Draft Patient and Public Involvement (PPI) Strategy

Consultation 14 July 08 - 1 September 08

involving local people in decision-making to shape services and improve health

excellent health outstanding care best value

Reader Information Box

Title	NHS Norfolk Patient and Public Involvement Strategy
Description	This strategy sets out NHS Norfolk's commitment to involving patients, carers, the public and other stakeholders in the planning and decision-making process of the services they commission.
Other relevant approved documents	NHS Norfolk Communications Policy NHS Norfolk Media Policy
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Consultation	Norfolk Interim Local Involvement Network (LINk) NHS East of England
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Executive Summary

NHS Norfolk (Norfolk Primary Care Trust) is committed to involving patients and carers in the planning and decision-making process around the services we commission. As a result of this commitment we have redesigned this strategy to reflect the way we now do business as World Class Commissioners.

The NHS has a legal duty to make sure the proposals for plans to develop services, or change the way in which they operate, will benefit the users of those services, as well as improve clinical standards and deliver value for money to the taxpayer.

The purpose of this strategy is to provide NHS Norfolk with a robust, evidence based comprehensive approach to patient and public involvement. We want to ensure, from a Norfolk perspective, where NHS Norfolk is now and where it needs to be with regards to patient and public involvement.

How to Give Your Views:

We now want to give you, members of the public, people who use services, their carers and stakeholders, the opportunity to tell us if the recommendations made in the draft strategy are right, or suggest areas for change.

Feedback to:
YourViewsMatter@norfolk-pct.nhs.uk

Communications & Patient & Public
Involvement (PPI) Department
FREEPOST RFRTX-RHYX-RYZG
NHS Norfolk
Lakeside 400
Old Chapel Way,
Broadland Business Park,
Thorpe St Andrew, Norwich, NR7 0WG

If you would like this leaflet in large print, audio, Braille, alternative format or a different language, please contact the Communications and PPI Team on 01603 257006 and we will do our best to help.

1 Introduction

NHS Norfolk (Norfolk Primary Care Trust) is committed to involving patients and carers in the planning and decision-making process around the services we commission. This document sets out how we will take this commitment forward. We also need to make sure that providers of health care from whom we commission services are also consistently and effectively involving the public.

The NHS has a legal duty to make sure that proposals for plans to develop services, or change the way in which they operate, will benefit the users of those services, as well as improve clinical standards and deliver value for money to the taxpayer.

Whether change is on the scale of a major service reconfiguration or how a particular service operates, the NHS must explain why change is needed. It must make sure that local people, and all other stakeholders, are actively involved in the planning and commissioning of services and developing and considering proposals for change, and explain the reasons for any decisions it takes. NHS Norfolk has to report back on the views and opinions of local people and other stakeholders collected during a consultation or involvement activity and how it has taken account of them when making a decision.

(By 'commissioning' we mean the process of assessing the needs of local people, defining priorities and choices, allocating resources, deciding on how services will be best delivered, planning and developing services and monitoring and evaluating the delivery and effectiveness of services.)

2 Who is this strategy for?

This strategy applies to:

- the Board and Directors of NHS Norfolk, the staff employed by NHS Norfolk and all services and activities undertaken by NHS Norfolk - to agree and follow the principles and practice,
- any organisation which delivers care on behalf of NHS Norfolk – to know that these are the standards we expect,
- our partner agencies – to work with us towards these aims,
- patients, public, carers and voluntary and community groups – to see what it is we want to do and to be able to tell us if we don't meet up to expectation, and
- members of Local Involvement Networks (LINks), Health Overview and Scrutiny Committee and other statutory groups and organisations - to make clear our intentions of working together.

3 What is patient and public involvement?

> **"A process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors which affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change."**

(Community participation in local health & sustainable development: a working document on approaches and techniques, World Health Organisation (WHO) 1999 (p9))

The involvement may, for instance, range from being informed about a service, to being consulted about a major plan, to being involved in negotiating a plan of care, or a service development. Some people may not wish to be more involved in health care and social care decision making, whereas other service users or members of the public may wish to assume substantial responsibility.

People can be involved as:

- people who use services (service users/carers),
- members of the public,
- communities, and
- representatives of organisations with specialist interests.

4 What are our aims?

We will:

- Routinely ensure that patients and the public can share their experiences of health and care services and use this to inform commissioning.
- Have a deep understanding of different engagement options, including the opportunities, strengths, weaknesses and risks.
- Routinely invite patients and the public to respond to and comment on issues in order to influence commissioning decisions and to ensure that services are convenient and effective.
- Ensure that patients and the public understand how their views will be used, which decisions they will be involved in, when decisions will be made, and how they can influence the process, and publicises the ways in which public input has influenced decisions.
- Proactively challenge and, through active dialogue, raise local health aspirations to address local health inequalities and promote social inclusion.
- Create a trusting relationship with patients and the public, and be seen as an effective advocate and decision maker on health requirements.
- Communicate our vision, key local priorities and delivery objectives to patients and the public, clarifying our role as the local leader of the NHS.
- Respond in an appropriate and timely manner to individual, organisational and media enquiries.
- Undertake assessments and seek feedback to ensure that the public's experience of engagement has been appropriate and not tokenistic.
- Ensure that providers of healthcare from whom we commission services are also consistently and effectively involving the public.

These aims are taken from the Department of Health document World Class Commissioning – Competencies: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080958

5 National policies which tell us to do PPI

There are both national and local strategies and legislation, which require the NHS to engage actual and potential users of local services in making decisions at both an individual and collective level.

The NHS Plan (DH 2000) says that the government wants to move away from a system of patients being on the outside, to one where the voices of patients, their carers and the public generally are heard and listened to through every level of the service, acting as a lever for change and improvement.

Section 11 of the Health and Social Care Act 2001 was a law that was passed that put a duty on the NHS to involve and consult patients and the public in service planning, operation, and in the development of proposals for change.

The National Health Service Act 2006 consolidates much of the current legislation concerning the health service. Section 11 of the Health and Social Care Act 2001, the duty to involve and consult, became section 242 of the National Health Service Act 2006, which came into force on 1 March 2007.

The Local Government and Public Involvement in Health Act 2007 amended section 242 of the NHS Act 2006 and introduced new duties to report on consultation. These are set out in sections 17A and 24A of the NHS Act 2006. Section 242 tells us:

"Each relevant English body (in this case, NHS Norfolk) must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in:

- the planning of the provision of those services,
- the development and consideration of proposals for changes in the way those services are provided, and
- decisions to be made by that body affecting the operation of those services."

World Class Commissioning competencies published by the Department of Health in December 2007, are the organisational competencies that NHS Norfolk will need to develop in order to become world class. There are 11 competencies in total. Competency three specifically refers to patient and public involvement:

"Proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health."

6 Why is involving the public a good thing?

> "By involving users and carers during planning and development, there is less risk of providing inappropriate services and more chance of services being provided in the way people want them."

(Department of Health (DH) 1999)

The benefits of PPI have been extensively researched and highlighted. The Department of Health (1999) summarises this; "Working effectively in partnership with patients delivers better results for individual patients and better health for the population."

Successful patient and public involvement is not always easy to achieve. It requires time, commitment and cultural change to overcome the barriers that often exist. However, experience suggests that there are benefits both for those who use health and social care services and related services and for those who provide them:

- better quality and more responsive services,
- better outcomes of care and better health for the population,
- reductions in health inequalities,
- greater local ownership of health and social care services, and
- a better understanding of why and how local services need to change and develop.

It is important that public and patient involvement is genuine, not token, so that people at a local level are fully involved in decisions on the way in which services are commissioned and provided.

Working with individual users and carers and local groups can often provide a different view of problems and can lead to imaginative and innovative solutions. By involving users and carers during planning and development, there is less risk of providing inappropriate services and more chance of services being provided in the way people want them.

When people are involved in, and can influence decisions which directly affect their lives, their self-esteem and self-confidence increases and this in turn improves health and wellbeing. Involvement in discussions about health and health and social care services can help to encourage social networks and 'cohesion' within communities.

7. We can't develop services and continue to improve what we do without you!

The commissioning cycle is made up of a number of stages. These include:

- reviewing existing services,
- planning – assessing needs, deciding priorities and designing services,
- tendering – agreeing the specifications for tenders and contracts,
- choosing providers and agreeing terms and conditions with the chosen provider, and
- monitoring – managing performance and evaluating services to make sure good quality services are delivered. The findings from this stage also need to inform planning in the next cycle.

There are many places in the commissioning cycle where involving users would be of great benefit to developing innovative, patient-centred services. It is important that commissioners work with patients and the public throughout the cycle and make sure their views and preferences are considered at each stage.

We cannot commission relevant services and develop policies without understanding patients' needs. If we consider our accountability to the taxpayer too, it is not cost-effective to develop a service only to have to re-design it if we find it does not meet the needs of patients. Investing in PPI ensures we invest energy and appropriate resources into developing the right services.

> Commissioners act on behalf of the public and patients. They are responsible for investing funds on behalf of their communities, and building local trust and legitimacy through the process of engagement with their local population. In order to make commissioning decisions that reflect the needs, priorities and aspirations of the local population, world class commissioners will engage with the public, and actively seek the views of patients, carers and the wider community. This new relationship with the public is long term, inclusive and enduring, and has been forged through a sustained effort and commitment on the part of commissioners. Decisions are made with a strong mandate from the local population and other partners.

(Real Involvement, Section 242 Practice Guidance, DH)

Patient and Public Involvement research is invaluable in helping the NHS Board to make informed decisions when developing policies and strategies which affect patients, planning and deciding how, what and where services are delivered and ensuring that people have the opportunity to have their say. Public involvement activity and consultations are funded by the taxpayer, so we have a responsibility to get it right first time. NHS Norfolk commissions accurate, representative, independent and effective research to help make this happen with cost efficiency and speed.

Increased PPI will support us to gain a stronger understanding of the needs and priorities of our community, so we can shape services around the patient and target them where they are needed most in order to help reduce health inequalities.

This does not necessarily mean that we will be able to respond to all needs and wishes of the community. However, when we have to make difficult decisions about the allocation of scarce resources, we will endeavour to ensure patient's views are taken into account and we will always explain why we came to those decisions.

The views of patients are taken into account along with other factors when decisions are being made. Solutions need to be affordable, clinically safe and acceptable to the public, patients and staff.

Responding to petitions

Some people may respond to a consultation on a major service change by signing a petition. Petitions are most likely to be submitted when people think that a valued service is going to be lost or put at risk, or if they do not want a service to be situated in their locality.

The Department of Health tells us:

- A consultation is not a referendum, ie a public vote. Attention should always be given to the most convincing ideas and arguments, rather than the largest number of signatures. (It is often easier to sign a petition than to take the trouble to find out precisely what is being proposed, and the implications).
- People are often misled by petitions, they may not provide information on the subject of the consultation, may focus on a single issue or the wrong issue. For example, saving a hospital from closure when the hospital is not threatened with closure.

PPI should not stop once a service or policy has been developed. We want to achieve ongoing PPI through a variety of mechanisms so we continually learn about the experiences of patients, carers and the public.

Part of the process of PPI helps to build better relationships with our stakeholders, and supports the development of a culture of openness and transparency. Strengthening our relationships with our stakeholders enables us to work in collaboration with the wider community to gather evidence in order to support change and improvement. Targets and outcomes need to be meaningful to our stakeholders, in particular our patients.

In our view, PPI is not something we add onto the end of a project. We want PPI to be at the heart of everything we do.

8 Keeping it going

We will continue to build systematic patient and public involvement into the way we operate. We will do this by:

- including people who use services and appropriate user and carer organisations or individuals on drafting, implementing or monitoring policies,
- including user and carer representation on health improvement, commissioning, clinical governance and other committees,
- ensuring there is training and induction for users and carers to enable them to participate fully in policy and strategy development, and
- keeping people informed of opportunities to get involved and find out what we are doing and why.

9 At the right time

- Within the constraints of nationally driven timetables we will ensure appropriate time for people to comment, to participate and consult within their own organisations.
- NHS Norfolk will follow the Cabinet Office Code of Practice on Written Consultation (November 2000).

10 Build on what's already being done

Many existing networks (for example West Norfolk Patient Partnership (WNPP), Patient Participation Groups, patient coalitions and forums, Citizen Panel, etc) are already effective at engaging with local people and local groups.

We will work with existing groups and networks where they are appropriate and fit for the purpose.

11 Involving everyone - being inclusive

This issue of inclusivity has been considered locally and guides for involving people, particularly those the NHS traditionally perceive as 'hard to reach', have been produced. Local people helped us to write 'Hard to Reach' guides (available from the Communications and Patient and Public Involvement Department) working with the local community to ensure that:

- we do our best to ensure people can attend and have their say, and
- people can have their say even if they are unable to attend meetings.

Personal experience has shown that it is hard for a patient or carer to wait for a pause in the discussion to have his or her say at meetings, as everyone present is often waiting for just such a moment. Although lay rep training can give users confidence to have their say, the onus should be on those present at meetings to ensure patients have the opportunity to speak. NHS Norfolk has a 'Welcome Pack' for patients and carers who sit on our committees and work programmes that explain how we will support them, what they can expect from us and what we expect from them.

A coloured card system can be used:

- green for 'yes, I agree',
- red for 'stop, I want to say something' and
- yellow for 'please slow down/say that again'.

This card system effectively slows down the meeting, allowing more effective user participation, which is particularly useful for involving young people or people with learning difficulties. We would like to thank People First, the local learning difficulties advocacy project, for this initiative.

We will pay particular attention towards identifying and engaging groups and individuals who in the past have been under-represented when giving their views. This includes consideration of the following factors: age, culture, finances, access to transport, ethnicity, physical and mental disability, and sensory impairment.

We will do this by:

- Working with organisations which are advocates on behalf of those under-represented and seek their guidance about best practice.
- Implementing Norfolk Guidelines 'Accessibility Matters' 1 and 2 on the publication of printed materials, and accessibility of public meetings.
- Ensuring that independent research companies we use make sure participants are a representative sample of the population or representative of the users and/or potential users of the service/care pathway.
- Completing an equality impact assessment for each public involvement activity undertaken to monitor (and where appropriate take steps to improve) the experience of under-represented individuals and groups to ensure they are not disadvantaged in any way.

12 Money, time and people - resources

Public Involvement does not come free. It needs resources – including money, people and time. The Communications and PPI Department is allocated a budget to enable them to carry out effective, independent and representative PPI activity, research and consultation. The Programme Commissioning Boards of NHS Norfolk also consider any additional funding and capacity for PPI through their work.

People who use services, their families and carers should not be out of pocket for being involved in the planning and decision making process as this can be a major factor in preventing users and user groups being involved properly leading to under-representation. To this end, NHS Norfolk has a Patient and Public Involvement Expenses Policy. (Appendix A). We reimburse the individual's expenses for public involvement activities.

When using independent public involvement research companies (such as IPSOS Mori or the Picker Institute), we will ensure that participants are not out of pocket.

13 Being clear about what we are going to do

Given the complexity of decision making, we can be more accountable to local people by being clear about how decisions were made and how factors are balanced and weighted against each other. We also need to be accountable to the local people we are involving for the process we use.

All public involvement exercises will begin with openness and information. This should include:

- what we want to know,
- why we want to know this information,
- what we are going to do with the information once we have obtained it,
- who is committed to the work - and who is not,
- the scope to make changes or influence decisions, and
- how we will know if we have been successful.

We are monitored and scrutinised to ensure that we carry out our duty under the NHS Act 2006 and World Class Commissioning competencies.

NHS Norfolk must prepare a report on the consultations it has carried out, or it proposes to carry out, before it makes commissioning decisions. The report must show how feedback from the consultations has influenced NHS Norfolk's commissioning decisions.

Reports are to be prepared on an annual (financial year) basis and published within six months of the end of the financial year. They must include:

- retrospective reports of consultations carried out over the relevant 12 month period, and
- a prospective, forward look to consultation activity that is to be carried out over the forthcoming 12 month period.

Reports must include an outline of the consultation undertaken in the previous 12 months and planned consultation activity for the next 12 months. Consultation includes the wide range of activity undertaken throughout the commissioning cycle, including needs assessment, assessment of priorities, service planning and development, evaluation of service provision (patient's experiences). It is broader than the activity usually associated with consultation on major service change but will include the:

- users consulted,
- range of views, feedback and contribution to service planning and development secured over the same period, and
- impact on commissioning decisions of the above over the same period.

In their reporting, organisations must have regard to proportionality and seek to reflect and profile those consultation activities that are noteworthy, having secured significant involvement from the local population on matters of service change or development.

The reports must be published electronically and hard copies made available in NHS venues and public places.

14 Being held to account

As part of a transparent decision making process and to ensure we are more accountable to local people, NHS Norfolk holds regular Board meetings held in public. This means that people are invited to ask questions at the beginning of each meeting and at the end of each item of business.

Norfolk Health Overview and Scrutiny Committee (HOSC) was established in January 2003 and consists of representatives from each of the seven district councils and eight county councillors. It has a role to scrutinise NHS Norfolk and other appropriate health organisations including the NHS East of England. NHS Norfolk must provide information to OSCs, must consult with them on major decisions for change and must attend OSC meetings when requested.

Patient Advice and Liaison Service (PALS) provides information, advice and support to help patients, families and their carers. As part of the decision making process, we will use PALS enquiries, alongside complaints and compliments, to ensure we are reactive and answerable to issues raised by local people.

15 Telling you what we did - feedback

Feedback to those who have been involved is essential, as people have given their time and their personal views. This is critical to ensure that members of the public can see how they have influenced change. Positive feedback can lead to feelings of satisfaction, competence, accomplishment and increased self-esteem. People are quite capable of understanding practical problems and constraints as long as the organisation is open and honest about them.

We will report back to people:

- what has been done as a result of what has been said?
- what is going to be done and when? and
- what is not going to be done and why?

We will be explicit about the results of public involvement by including:

- what were the publics' views and were there any differences?
- what was the final decision(s)?
- how were the publics' views balanced, used, and weighted in the decision making process alongside other factors, such as clinical need and cost effectiveness? and
- an explanation the basis on which the decision(s) were made.

Having determined what we need to feedback to the public we will make sure that we inform as many people as possible through use of the press, user groups, public website etc.

We will also ensure that:

- the public can easily get an explanation of how the decision was made,
- the decision making process can be challenged - it will be transparent, open and accountable, and
- the public can obtain the information they need to challenge the decision making process.

The key to this process is the searchable consultation and public involvement database hosted by the Norfolk Strategic Partnership website pages: **www.YourNorfolkYourSay.org**

16 Checking how we did - evaluation

All too often, the useful and important information gained from public involvement fails to be used to improve commissioning or providing for service users for a variety of reasons. Evaluation can help explain some of these reasons.

The main purpose of an evaluation is to indicate the level of success achieved, or to offer the opportunity to explore and record the reasons for failure. The evaluation should also be a learning process embedded in the development of the initiative. It will enable us to check whether the information and views obtained from our initiative have been put to good use.

NHS Norfolk agrees to:

- Ongoing evaluation of the process intended to improve performance and maximise the likelihood of achieving the desired outcomes. This is seen as 'learning and modifying as you go', ensuring that learning and reflection is used and turned into further action.

- Impact of outcome evaluation to provide evidence of achievements and effects. It involves measuring against a baseline or against objectives to determine if there has been improvement or if objectives have been achieved. This will be done at an end point or at given stages within a project.

17 Methods for involving the public

Listed below are some of the practical tools NHS Norfolk will continue to use as part of its public involvement work. This is not meant to be an exhaustive list.

Public meetings	A meeting for which there has been an open invitation. There may be a set agenda or discussion may focus on issues raised at the meeting.
Questionnaires	Set of questions on a form to hand or mail out to a number of people in order to collect statistical information.
Focus groups/discussion groups	In-depth discussion groups of between eight to twelve people, which are focused around a specific set of issues to topics. The discussion is facilitated by a trained moderator and a recording may be made or note-taker present.
Meetings with carers and user groups	These meetings may be initiated by either party and may have a set agenda or be unstructured.
Seminars and conferences	A discussion group which aims to impart, exchange and receive information.
Exhibitions	These aim to convey information in a visual form and audiences may be specifically targeted, eg, in the workplace, schools, shopping centres etc.
Health Forums and Panels	Groups used to explore local peoples views on issues and involving the wider public in decision making.
Open 'surgery' style or 'drop-in' sessions	A time at which members of the public have the opportunity to discuss health care issues with a representative of the relevant organisation.
Board Meetings	Held in public with the opportunity for the public to ask questions at the end of each item of business.
Media	The press, radio, live phone-ins etc.
User and carer input into early planning of policy and strategy development	Representation on planning, strategy and development committees.
Commissioning independent patient and public involvement research	Commissioning research organisations, such as Ipsos MORI, to carry out accurate, representative, independent and effective research to ensure our commissioning decisions reflect the needs, priorities and aspirations of our local population.
Patient Panels	Those who may not be able to attend meetings but are 'at home' contributors who receive discussion papers and feedback and contribute written or verbal comments on proposals.

NHS Norfolk will follow the Norfolk guidelines on making public events accessible. Accessibility Matters 2: http://www.norfolk.gov.uk/consumption/groups/public/documents/article/ncc028645.pdf

18 Keeping track - audits and baselines

Norfolk's Consultation Finder is a searchable database of all of Norfolk's consultations in one place. You can use this site to find out about current consultations and public involvement activity, register your interest in future consultations and see what happened as a result of past consultations. Where you see a green flag you can also have your say on-line. Using the search engine you can look for consultations about a specific interest or put in your postcode to see what it going on locally.

For NHS Norfolk, it allows us to check back to ensure that we are involving patients and carers in the planning and decision making process of all the services we commission.

Consultation Finder – www.YourNorfolkYourSay.org

19 Confidentiality and anonymity

NHS Norfolk will:

- ensure data protection issues are followed throughout (Data Protection Act 1998),
- ensure that names and addresses of individuals contacted to participate in a project or research will not be used, or passed on to another individual or organisation, without their written permission,
- ensure that all information gained during research is treated confidentially and that people are not identified either by their name, address or condition,
- ensure views of all participants are anonymised, and
- take care when seeking the views of a small group of patients that their comments, even though anonymised, are still not readily attributable to individuals.

20 Storage of Information

NHS Norfolk will:

- ensure that all information which can be attributable to individuals eg, results of interviews with individual carers, is kept in a secure location and is only accessible by named individuals,
- follow the local policy on the length of storage of 'raw data', and,
- ensure that 'raw data' (eg tape recording of group discussions, paper records of individual interviews) are destroyed (ie tape cut in several places; paper material shredded) once the final report has been disseminated.

21 What is already out there?

There are already structures in place through which patients, public and staff can become involved in the work and function of NHS Norfolk and in planning and delivery of services, these are listed below.

The current structures are:

> Local Involvement Networks (LINks)

The government is currently in the process of setting up a new system of public involvement which will require the abolition of some of the structures below and a new way of getting involved called Local Involvement Networks (LINks).

A LINk is a network of local people, organisations and groups that want to make care services better. The Norfolk LINk is being set up on an interim basis until the autumn 2008.

A LINk will give you the chance to say what you think and to suggest ideas to help improve services. They are expected to represent everyone. A LINk will also work with care professionals to make sure your views are heard. There will be a LINk in every Local Authority area that has social services responsibility, which means there is one LINk for Norfolk.

LINks will encourage and support local people to get involved in how local care services are planned and run. They will listen to local people about their needs and about their experiences of services. LINks will look at all health and social care services in an area that are funded by taxpayers. It will not matter whether they are provided by the NHS, a local authority, a private company, a social enterprise or a charity.

LINks will feed back this information to the people responsible for commissioning, providing, managing and checking up on health and social care services so that things can change for the better. LINks will not take over from groups that are already working for the community. Instead, because LINks will bring together the whole community and will have certain powers, they should make it easier for groups and individuals to be heard.

LINks around the country will have the same powers and responsibilities, but each LINk will be set up in a way that works best for its local community.

> Overview and Scrutiny Committees (OSCs)

Overview and Scrutiny Committees (OSCs) are the Local Authority's "watchdogs", examining decisions and recommendations of the council and other bodies, such as the local NHS. They are also "think tanks", openly exploring issues, services and policies. The members of Norfolk Local Involvement Network are invitees to OSC meetings and can refer matters of concern to the OSC and work closely with them on projects of mutual concern. The Norfolk Health Overview and Scrutiny Committee (HOSC) has scrutiny powers under the NHS Act of 2006.

http://www.norfolk.gov.uk/consumption/idcplg?IdcService=SS_GET_PAGE&ssDocName=NCC021267&Committee=Norfolk%20Health%20Overview%20and%20Scrutiny%20Committee&CommitteeId=NCC021267

>Patient Advice and Liaison Service (PALS)

The PALS can provide advice and information for patients and the public on any aspect of the health service. They aim to resolve problems and concerns quickly and effectively before they become more serious. PALS can also inform people of the complaints procedure. Every Primary Care Trust and NHS Trust has a PALS service and patients should be able to access the service in any health organisation, regardless of which organisation their concern is about.

To contact NHS Norfolk PALS telephone: **0800 587 4132** (calls are free from landlines)
or email: **pals@norfolk-pct.nhs.uk**

>Complaints

NHS Norfolk has a clear, easy to use, well-publicised complaints procedure. However, if users, carers or visitors have a concern or need to complain they are encouraged to speak to staff in the first instance. Alternatively, NHS Norfolk has dedicated staff to deal with complaints who can be contacted to discuss them in more detail.

NHS Norfolk uses complaints as a way of learning about how well its services are used or perceived, and sees them as a positive method to find ways to improve our services.

Patients wishing to make a complaint about the **Commissioning** of services should now call **01603 257017** or write to:

Complaints Manager (Commissioning)
NHS Norfolk, Lakeside 400
Old Chapel Way, Broadland Business Park
Thorpe St Andrew, Norwich, NR7 0WG

For matters concerning **Norfolk Community Heath Care**, complaints are best raised immediately with staff directly involved. This is not always possible, and a formal complaint can be made by contacting **01603 697381** or writing to:

Complaints Manager (Provider Services)
Norfolk Community Health Care, Elliot House
130 Ber Street, Norwich
Norfolk, NR1 3FR

E-mail: **complaints@norfolk-pct.nhs.uk**

>Independent Complaints Advocacy Service (POhWER ICAS)

The NHS has a duty under the Health & Social Care Act 2001, to provide independent advocacy services to people who want to complain formally about their NHS care or treatment. The ICAS enables people to do this. It does not investigate complaints but acts as an advocate for the patient making the complaint.

Unit 26A, E Space North
181 Wisbech Road
Littleport
Ely, Cambridgeshire
CB6 1RA

Tel: **0845 456 1084.** Minicom: **0845 337 3067.** Fax: **0845 337 3050**

Email: **pohwericas@pohwericas.net**

>Non-Executive Directors

The Trusts have five non-executive directors in addition to the Chair; these are all lay members of the public and have brought to NHS Norfolk a wide range of experience from various walks of life, including community and carer involvement.

http://www.norfolk-pct.nhs.uk/board/members/index.html

>NHS Norfolk Board meetings

NHS Norfolk Board meetings are not public meetings, but are meetings held in public. As such questions from members of the public can only be raised at the discretion of the Chair. However, the Chair invites questions or comments from the audience at the beginning of each Board meeting and after each item on the agenda. The agenda is made public before the meetings and is available in libraries and other public places. Any concerns can be raised with a NHS Norfolk officer either before or after the meeting.

http://www.norfolk-pct.nhs.uk/board/meetings/index.html

>National Patient Surveys

National Patient Surveys are carried out on an annual basis, either as a general survey or covering specific health topics, as decided by the Healthcare Commission. In addition to this, NHS Norfolk may choose to use surveys to gather information from patients, public and staff throughout the year on a variety of topics.

>Patient Participation Groups (PPGs) in GP surgeries

> "At its simplest, Patient Participation refers to patients taking an active interest in their health care. At present, most Patient Participation Groups operate within GP surgeries and health centres. Their priorities are developed and agreed locally in order to meet local needs and to reflect the interests and energies of the participants."

National Association of Patient Partnerships (NAPP) website 2008.

Nearly half of the practices in NHS Norfolk have a PPG. As well as feeding back on patient opinion of the services in the practices, they can also help practices deliver some services to help patients, such as:

- patient transport,
- befriending,
- questionnaires,
- health fairs, and
- health promotion projects.

In West Norfolk, the PPGs have come together to form the West Norfolk Patient Partnership. They make up a network of groups that look at trends and themes in common across the area. NHS Norfolk is hoping to encourage similar Partnerships to emerge in other parts of Norfolk.

NHS Norfolk

Expenses Policy - Patient and Public Involvement

The purpose of this paper is to indicate the basis on which members of the public can claim certain allowances and expenses for attending work groups, conferences, focus groups and other meetings, and to outline the process of reimbursement. Wherever possible, reimbursement will be made on the day of the claim.

Travel costs

- Petrol - public transport rates (23p per mile) paid, using mileage chart for actual miles travelled to and from destination. No extra paid for passengers.
- Buses – reimbursed on sight of ticket.
- Taxis – discretionary, depending upon availability of public transport and ability of patient taking into account:
  - rural availability – taxi fares reimbursed for the cost of travelling to a place where transport is not readily available to a maximum of £10 on sight of receipt,
  - disability – where health/medical needs of the individual mean they are unable to use public transport. Supporting letter from GP required or reimbursement will be restricted to the cost of public transport.
- Prior arrangement/booking:
  - if it is an open access event we will pay reasonable taxi fares,
  - if specific targeting of groups, eg disabled groups, the agreement will be to organise transport.

Childcare costs

- Where and when possible we will organise crèche facilities.
- Where unable to do this we will consider reimbursing the cost of childcare. However, in order to be reimbursed the childcare provider must be a registered child minder. A list can be obtained form Norfolk County Council. This list does not imply a recommendation of their service by NHS Norfolk.
- A claim form will need to be completed which will include a space for the childminders registration number.
- We will pay up to a maximum of £2.50 per hour.
- We will reimburse the cost of childcare for dependents to the age of up to 16.

Carer costs

- Where and when possible, and if appropriate, we will organise temporary carer support.
- Reimburse costs of registered or approved temporary carers or additional cost of their regular registered carer.
- We will pay up to a maximum of £10 per hour.

Making a claim

All claims for reimbursement of expenses should be made on the appropriate Claim Form.

Using independent public involvement research companies

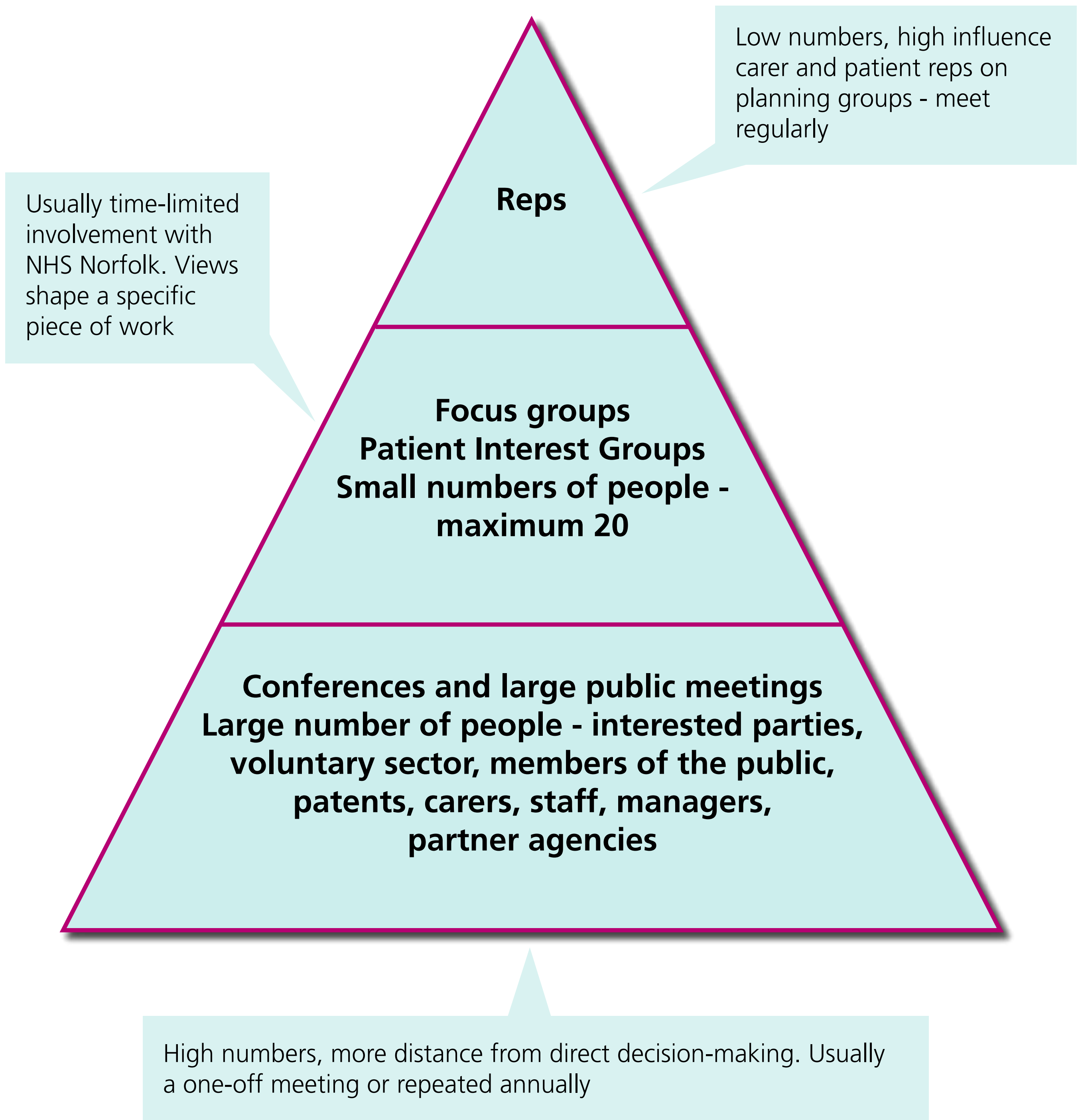
Independent research companies, commissioned by NHS Norfolk to obtain the views and opinions of local people, will have their own reimbursement policies. However, NHS Norfolk will ensure that nobody is out of pocket for giving their time.

Review of policy - Due annually in April.

Appendix B

Pyramid of Involvement

Patient and Public Involvement needs to be embedded at all levels of planning and decision-making, from large conferences with facilitated workshops where everyone with an interest is invited to attend, through to a couple of lay representatives who are able to give a patient and carer view to the main decision-making group.



Appendix C

Glossary - what the words mean

Carer	Carers are people who support and care for partners, relatives or friends who, because of disability or illness, cannot manage at home without help.
Communities	Is a collective term referring to people who share identities, experiences or interests. For example, this might include people living in the same locality, people sharing identities as members of a minority ethnic group or as disabled people, or people who share the experience of being a single mother or living in poverty.
Commissioning	Process in which the health service identifies local needs for services and assesses them against the available public and private sector provision. Priorities are decided and services are purchased from the most appropriate providers through contracts and service agreements. As part of the commissioning process services are subject to regular evaluation.
Consultation	A formal, statutory means of talking to local people and service providers and commissioners, used when a major variation is service is proposed by a trust, health authority or NHS Norfolk.
NHS Norfolk	See 'Primary Care Trust'.
Patients	Are people who are currently using or waiting for health services.
Primary Care Trust	A group of family doctors and community nurses working with others, including social services, to improve the health and healthcare of local people. Norfolk Primary Care Trust is known as NHS Norfolk.
Programme Commissioning Boards	There are eight Programme Commissioning Boards driving NHS Norfolk's commissioning cycle for the areas identified within their portfolio. Women and Children's Health, Planned Care, Unplanned Care, Mental Health, Learning Difficulties and Substance Misuse, Long Term Conditions, End of Life Care, Primary Care, Drugs and Therapeutics. These programmes are co-chaired by a director and one of our clinical executive members.
Public	An umbrella term used to describe everyone who is not part of the organisation or the professional team. We are all members of someone else's 'public'.
Service user/user	Anyone who uses or who has used a product or service. This may mean current users or also include potential users.

A glossary is also available on our website:
http://www.norfolk-pct.nhs.uk/publications/glossary/index.html

If you would like this strategy document in large print, audio, Braille, alternative format or in a different language, please contact NHS Norfolk on 01603 257006 and they will do their best to help.

This document has been produced by NHS Norfolk's Communications and Patient and Public Involvement Department.
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