

**ADULTS AND HEALTH SCRUTINY COMMITTEE**

**TUESDAY 11 JANUARY 2022**

**7.00 PM**

**Sand Martin House**

**SUPPLEMENTARY AGENDA**

**Page No**

**5. Neuro-Psychological Rehabilitation Consultation**

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Committee Members:

Councillors: Ansar, Barkham, Burbage, Elsey (Chair), Farooq, Hemraj, Qayyum, B Rush (Vice Chairman), Tyler and Warren

Substitutes: Councillors: Fenner, Howell, Iqbal, N Sandford and Skibsted

Further information about this meeting can be obtained from on telephone or by email –

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<b>ADULTS AND HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 5
<b>11 JANUARY 2022</b>	<b>PUBLIC REPORT</b>

Report of:	Cambridgeshire Community Services NHS Trust and Cambridgeshire and Peterborough Clinical Commissioning Group	
Contact Officer(s):	Jane Webster - Director of Commissioning at the CCG Matthew Smith - Senior Responsible Officer, Urgent and Emergency Care at the CCG Tracey Cooper, Service Director - Ambulatory Care CCS	Tel. 03 300 571 030

## NEURO-PSYCHOLOGICAL REHABILITATION CONSULTATION

<b>RECOMMENDATIONS</b>
It is recommended that the Adults and Health Scrutiny Committee comment on the public consultation following the neuro-rehabilitation review at their meeting on 11 January 2022 and the consultation proposal to cease provision of Neuro-Psychological Rehabilitation at the Oliver Zangwill Centre.

### 1. ORIGIN OF REPORT

1.1 This report is submitted to the Adults and Health Committee following earlier circulation of a consultation process plan and a draft detailing the public consultation.

### 2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to:

- (a) provides additional or background information requested by the Committee*
- (b) note the recommendation to cease funding the provision of neuropsychological rehabilitation at the Oliver Zangwill Centre*
- (c) to obtain views on the proposals outlined in the Neuro-rehabilitation consultation document (to follow)*

2.2 This report is for the Adults and Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

3. Scrutiny of the NHS and NHS providers.

### 4. BACKGROUND AND KEY ISSUES

4.1 The Oliver Zangwill Centre provides neuropsychological assessment and rehabilitation for adults with acquired brain injury. It is an incredibly specialist service, and the only one of its kind currently commissioned by any part of the NHS.

Referrals from the NHS and private providers to the service have been decreasing over a number of years, with a sharper reduction over the last two years.

The service costs around £800,000 pa to provide, and with reducing referrals and several other services that patients can be referred into, the system cannot continue to operate a specialised service in this way.

In this financial year, six patients have been assessed as appropriate for the holistic rehabilitation programme, but these clients have chosen to postpone their treatment for a range of reasons.

A clinically led pathway review of the whole neuro-rehabilitation pathway in 2019, including the Oliver Zangwill Centre (OZC), combined with further reducing patient referrals to this service has resulted in the development of a joint proposal from the CCG and CCS to cease the provision of neuropsychological rehabilitation at the Oliver Zangwill Centre.

In advance of this decision, other avenues to increase referrals were explored, including out of area referrals and insurance funded patients, but despite best efforts the service has continued to see a drop in referrals indicating the service is no longer receiving sufficient referrals to remain viable.

In the current financial year six patients have been assessed as appropriate for the holistic rehabilitation programme work, but the clients have chosen to postpone their treatment for several reasons. 15 further patients continue to receive bespoke care and one patient is on the holistic rehabilitation pathway. As a block funded contract, the service continues to cost the NHS £800,000 per annum despite the lower number of patients cared for. As an indicative representation of the cost per patient per annum, this year the service costs an average of around £50,000 per patient per annum. However, depending on the level of treatment provided, the true cost per patient can vary considerably. As an indication the following applies:

- Assessment £2000 per patient
- Therapy sessions course £1800 per patient
- Therapy programme £34,000 per patient

This is set against a context of a range of other neuro-rehabilitation services funded by the NHS in Cambridgeshire & Peterborough which meet the reasonable needs of our local population.

#### 4.2 **Review outcomes in relation to the Oliver Zangwill Centre (OZC)**

A clinically led pathway review of Community Services took place in 2019. It identified further analysis of the whole neuro-rehabilitation pathway, including the Oliver Zangwill Centre (OZC) was needed.

This further analysis was undertaken in 2020. It considered the cost per course of treatment at the Oliver Zangwill Centre, which at the time was relatively high at an average £16,000 to £18,000 per patient. Historically, OZC attracted out of area and insurance backed patients plus research funding, but in recent years referrals have dropped significantly. It is worth noting that the relative cost per patient per annum has since increased due to lower referral numbers (noting the service is funded via a block contract agreement).

The analysis also showed that the wider neuro-rehabilitation pathway has been expanded over the last few years to include a wider range of services for local people. For example, the countywide community neuro-rehabilitation services run by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and the Cambridge University Hospital NHS Foundation Trust (CUH) specialist neuro-rehabilitation services which provides specialist hyperacute trauma rehabilitation beds prior to transfer to post-acute rehabilitation units depending on the complexity of their needs.

Since this review took place, OZC has continued to see reducing numbers of referrals, and those who are assessed not always taking up their placements. In relation to this among the alternative services the CPFT Community Neuro-Rehabilitation Service has managed 2,192 referrals so far this financial year (April to October).

The Oliver Zangwill Centre offers what is probably a unique community-based NHS neuro-psychological rehabilitation service in the UK. Whilst there is evidence of effectiveness in terms of outcomes, the type of care offered, and the conditions treated are arguably at the boundary of health and social care. In the context of delivering the right healthcare services for our local population within the budget available, we must question the extent to which the local NHS can prioritise funding for this service.

In summary, the OZC offers a service which whilst valued by those who receive it, is a relatively high-cost model that other CCGs do not commission. There is a wide range of alternative options available across the area who have the capacity and resources to support anyone who would previously have been referred to the centre.

#### **4.3 Financial climate**

For many years, the NHS in Cambridgeshire and Peterborough has faced significant financial challenges that we have been working hard to address. Last year, the system came in on financial plan, and more work is underway to ensure we continue to reduce the deficit.

The cost of this service each year is around £800,000. With reducing referrals over time, and several other services that patients can be referred into, we cannot continue to operate a specialised service in this way.

### **5. CONSULTATION**

#### **5.1 Public Consultation**

The public consultation process is planned to begin on Tuesday 11 January and last for six weeks. Prior to the launch discussions have already taken place with Scrutiny Chairs, whose initial questions have been answered and included in the consultation paper.

### **6. REASON FOR THE RECOMMENDATION**

6.1 As part of the public consultation into the neuro-rehabilitation services the CCG would like to seek the views of this committee.

### **7. APPENDICES**

7.1 Appendix 1 – Consultation documents

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# **Proposal to stop providing Neuro- Psychological Rehabilitation at the Oliver Zangwill Centre.**

Public Consultation

**11 January to 22 February 2022**

A joint proposal by:

Cambridgeshire and Peterborough CCG  
Cambridgeshire Community Services NHS Trust

# Contents

## 1. Who we are and what we do?

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is responsible for buying NHS services in our local area. We have a budget of £1.3 billion to deliver healthcare services to around one million people across Cambridgeshire and Peterborough. This includes funding for hospitals, GP, pharmacies, mental health services, NHS 111 and much more.

The NHS receives a fixed budget to buy and provide health services for the local population. We have a growing population, which is also an ageing population that is diverse and has significant inequalities.

## 2. What is this about?

This joint proposal, between the CCG and Cambridgeshire Community Services NHS Trust (CCS) relates to the existing service provided by the Oliver Zangwill Centre for Neuropsychological Rehabilitation, and proposed changes to it arising from the clinically led pathway review of neuro-rehabilitation services in 2019.

## 3. What is the Oliver Zangwill Centre?

The Oliver Zangwill Centre (OZC) provides neuropsychological assessment and rehabilitation for adults with an acquired brain injury.

The clinical team consists of clinical psychologists, speech and language therapists and occupational therapists supported by a team of administrative staff. OZC provides assessments, families and couples therapy, an intensive neuro-psychological rehabilitation programme and bespoke rehabilitation for individuals not requiring or able to participate in the intensive programme.

The services offered recognise the wide range of issues faced by brain injury patients in terms of cognitive deficit, behavioural and psychological challenges. These tend to manifest 12 months or more after the original injury. Referrals are made by GPs, acute services, and other neuro-rehabilitation providers.

## 4. What is the background to the proposal?

A clinically led pathway review of Community Services took place in 2019 and this review identified further analysis of the whole neuro-rehabilitation pathway, including the Oliver Zangwill Centre, was needed.

Working with Cambridgeshire Community Services NHS Trust (CCS NHS Trust), in relation to OZC, the review looked at:

- Comparing the Oliver Zangwill Centre service against other neuro-rehabilitation services locally and in other parts of England. The service itself is unique and comparisons with a like for like service, or competitor services nationally is not possible – this means that the NHS does not purchase this type of service in other areas of England.



- Identifying a possible new funding model for the Oliver Zangwill Centre service. In the past, this type of rehabilitation has sometimes been paid for by insurance companies or privately. Our assessment is that the OZC would not be viable based on the number of referrals and potential non-NHS funding sources.

There are a range of other neuro-rehabilitation services funded by the NHS in Cambridgeshire & Peterborough which meet the reasonable needs of our local population.

The review was near completion in March 2020 but was paused during the first COVID-19 peak.

**Table 1 Assessments and referrals into the Oliver Zangwill Centre**

Year	Number of patients assessed	People enrolled on the holistic rehabilitation programme	Ongoing bespoke work with individuals	Total
2021/22	6	1	15	24
2020/21	11	5	19	35
2019/20	14	6	26	46
2018/19	14	3.5	16	33.5
2017/18	25	11	19	55

In the current financial year six patients have been assessed as appropriate for the holistic rehabilitation programme work, but the clients have chosen to postpone their treatment for several reasons. The 15 bespoke patients are a mixture of new and previous years programme patients.

Other avenues to increase these referrals have been explored, such as the possibility of increased out of area referrals or insurance funded patients. However, despite significant efforts, the service has seen dwindling referrals indicating the service is no longer receiving sufficient referrals to remain viable.

### **Financial climate**

Cambridgeshire & Peterborough CCG is currently in level 4 of the NHS System Oversight Framework (SOF) solely due to historical financial deficit. For many years, Cambridgeshire and Peterborough has faced significant financial challenges that we have been working hard to address. Last year, the system came in on financial plan, and more work is underway to ensure we continue to reduce the deficit.

The cost of this service each year is around £800,000. With reducing referrals over time, and several other services that patients can be referred into, we cannot continue to operate a specialised service in this way.

## **The Proposal**

We propose to stop commissioning the neuro-psychological rehabilitation service offered at the Oliver Zangwill Centre, following a period of public consultation.

## 5. What is Neuro-Psychological Rehabilitation?

Neuropsychological rehabilitation is concerned with the assessment, treatment, and recovery of brain-injured people. It aims to help brain-injured people achieve their maximum potential by reducing the impact of disability and, indirectly, to improve their quality of life.

## 6. What will this mean for people requiring Neuro-Rehabilitation services?

There are a wide range of Neuro-Rehabilitation services available to support patients within Cambridgeshire and Peterborough delivered by a wide range of providers. The Oliver Zangwill is one element of a much more extensive pathway provided by a range of providers.

Patients who would have previously been referred to the OZC will be seen in other services including but not limited to Community Neuro-Rehabilitation services and Psychology pathways for traumatic brain injury (TBI) patients.

### Current use of the Oliver Zangwill Centre service

The table below shows the services that are currently offered at the Oliver Zangwill Centre and the alternative services that are offered by Cambridge and Peterborough NHS Foundation Trust (CPFT).

Services at:	
Oliver Zangwill Centre (CCS)	Cambridge and Peterborough NHS Foundation Trust (CPFT)
<b>Assessments:</b> <ul style="list-style-type: none"> <li>• Interdisciplinary Team Assessments</li> <li>• Specialist Assessments</li> <li>• Medico-legal and capacity assessments</li> </ul>	Integrated Community Neuro Rehabilitation Service and Psychology pathways, including: <ul style="list-style-type: none"> <li>• Cognitive pathway</li> <li>• Mood pathway</li> <li>• Consultation pathway</li> </ul>
<b>Bespoke therapy:</b> to meet the needs of clients who do not require or who cannot engage in the centre's intensive rehabilitation programme.	Integrated Community Neuro Rehabilitation Service and Psychology pathways
<b>Family and couples therapy clinic:</b> outcomes focussed therapy to address issues that are affecting the lives of those involved	Psychology pathways identify significant carer or family strain/complexity likely to impede patient recovery and focus on support to resolve/minimise these
<b>Vocational rehabilitation</b>	Integrated Community Neuro Rehabilitation Service and Psychology pathways
<b>Holistic neuropsychological programme:</b> Based on needs and rehabilitation goals, incorporating a combination of group and individual sessions. Family, friends, and carers are involved throughout the programme.	Psychology pathways

## **Other services providing Neuro-Rehabilitation**

The following are other organisations that provide Neuro-rehabilitation services to people who live in Cambridgeshire and Peterborough. These services will continue to be provided.

### **1. Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) community neuro-rehabilitation services**

CPFT delivers community neuro-rehabilitation services to the residents of Cambridgeshire and Peterborough, including the Neuro-Psychological service described in the table above. The service also delivers Physical Neuro-Rehabilitation to patients with head injury, stroke, and other neurological conditions.

The CPFT Community Neuro Rehabilitation Service has managed 2,192 referrals so far this year (April to October).

These county-wide specialist neurological rehabilitation services are available to all patients/clients who are aged 18 years old and over who have a complex neurological condition. This includes people with neurological conditions such as acquired brain injury, as well as those that have chronic, long-term, and progressive conditions such as multiple sclerosis.

They work as a multidisciplinary service with Physiotherapists, Occupational Therapists, Rehabilitation Assistants and Psychology support.

The neuro rehabilitation teams work closely alongside the speech and language therapy teams. It now includes a new service which helps patients who are admitted to hospital following a mild stroke to recover more quickly.

The 24-strong team is made up of nurses and therapists who are specially trained in stroke care. Benefits of the services can include:

- Promoting independence and self-management, enabling patients to live at home through the provision of a range of support and therapeutic services.
- Improve outcomes and experience for patients. Improving quality of life including support for returning to work.
- Creating access to better, more integrated care outside of hospital.
- Developing ways of coping with problems arising from their condition. Enabling patients to understand their condition.
- Enabling patients to be discharged from hospital or avoid a hospital admission through the provision of support in the home setting.
- Providing specialist education and training to generalist therapy staff on neuro-rehabilitation.

They work closely with specialist nurses, hospital consultants, social care, and other services. They will undertake a comprehensive assessment and agree a plan for your rehabilitation needs based on what you want to achieve.

## **2. Cambridge University Hospital NHS Foundation Trust (CUH) Specialist Neuro-Rehabilitation Services**

CUH is a major trauma centre for the East of England and as part of the Major Trauma Centre has 10 NHS England funded hyperacute trauma rehabilitation beds. The maximum length of stay in these beds is 28 days. Patients are then transferred to post-acute rehabilitation units depending on the complexity of their needs.

CUH has 8 Specialist neurorehabilitation inpatient beds.

It also provides a comprehensive service for people with spasm caused by a neurological condition, including botulinum toxin injections, nerve blocks, baclofen pump. CUH also host the prosthetic and orthotic services within the hospital.

Over the last 3 years, CUH has admitted 164 patients with a brain injury.

## **3. North West Anglia NHS Foundation Trust (NWAngliaFT) Neuro-rehab Services**

NWAngliaFT is a secondary care hospital provider and delivers a multidisciplinary team approach to Neuro-Rehabilitation Service, including doctors, nurses, and allied health professions (AHP) including Physiotherapy, Occupational Therapy, Nutrition & Dietetics, Psychology and Speech & Language Therapy.

Over the last 3 years, NWAngliaFT has admitted 218 patients with a brain injury.

## **4. Voluntary Sector Services**

Many voluntary sector organisations support people who require rehabilitation. One example is Headway that offers a programme of activities and specialist services aimed at recovery and social rehabilitation. Working across the county of Cambridgeshire Headway also provides information, hospital liaison, community enablement and the opportunity to participate in social events.

## **5. Independent Sector Neuro Rehabilitation Services**

The CCG funds specialist placements for patients who require further inpatient Neuro-Rehabilitation following acute care at a hospital from several different independent sector providers.

These Specialist Care Homes aim to ensure people get the rehabilitation they need to lead the life they choose. They provide a high quality neuro-behavioural assessment and rehabilitation service for people with cognitive, physical and/or emotional symptoms following an acquired brain injury including physical and/or verbal aggression, impaired social functioning and dis-inhibited behaviour.

The number of patients whose care has been commissioned from the Independent Sector over the last three years is shown in the table below:

Year	Number of Patient Placements
2018/19	53
2019/20	66
2020/21	65

**Access to these services:**

Patients requiring access to the services will be referred through several routes including:

- Acute services hospital teams and specialists
- GP/Primary Care teams
- CPFT including the Neuro-Rehabilitation Co-ordinator Function

**Summary**

For the reasons explained in this consultation document, we are proposing to stop commissioning the Oliver Zangwill Centre neuro-rehabilitation service. However, there are a wide range of NHS neuro-rehabilitation services for Cambridgeshire and Peterborough patients which will continue to be provided.

## 7. How to tell us your views

You can share your views in several ways:

- Fill in the questionnaire found online on our website: <https://www.surveymonkey.co.uk/r/TCPWHXY>
- Email your views to us at: [capccg.contact@nhs.net](mailto:capccg.contact@nhs.net)
- Telephone us on 03 300 571 030

This document will be downloaded in full as a page on our website where the text to voice facility, read speaker, is available.

This information is available in other languages and formats on request. To request alternative formats, please contact us at [capccg.contact@nhs.net](mailto:capccg.contact@nhs.net)

The closing date for responses is **Tuesday 22 February 2022**.

## 8. Survey Questions

<b>1.</b> Do you understand why we are consulting with you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
<b>2.</b> Do you agree with the proposal to stop providing the neuro-psychological rehabilitation service in this way at the Oliver Zangwill Centre? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
<b>3.</b> Is there anything else you think we should consider?          
<b>4.</b> Is there anything else you would like to share with us about these proposals?          
<b>5.</b> Can you tell us which age band you belong to? <input type="checkbox"/> 16-29 <input type="checkbox"/> 30-44 <input type="checkbox"/> 45-50 <input type="checkbox"/> 60-75 <input type="checkbox"/> 75+
<b>6.</b> How would you describe your ethnic background?    
<b>7.</b> Finally, please tell us the first part of your postcode, for example PE28 PE2.   



## 9. Why we consult

Cambridgeshire and Peterborough Clinical Commissioning Group is committed to ensuring that the views of the public and stakeholders is considered when making decisions about the provision of healthcare in our area.

### Legal requirements

This consultation document has been drawn up in accordance with the following legal requirements and guidance:

#### **Cabinet Office Consultation Principles July 2012**

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement.

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

The full consultation principles document can be accessed via the Cabinet Office website at:

<https://www.gov.uk/government/publications/consultation-principles-guidance>

#### **Section 14Z2 Health and Social Care Act 2012**

##### **14Z2 Public involvement and consultation by clinical commissioning groups**

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

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

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

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

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

(3) The clinical commissioning group must include in its constitution:

(a) a description of the arrangements made by it under subsection (2), and

(b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see

<http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

### **Criteria for Significant Service Change**

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

### **CCG Constitution Section 5.2**

#### **5.2. General Duties - in discharging its functions the NHS C&P CCG will:**

**5.2.1.** Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

a) ensuring that individuals to whom the services are being or may be provided are involved:

- (i) in the planning of the CCG's commissioning arrangements;
- (ii) in the development and consideration of the proposals by the CCG for changes in commission arrangements.

- (iii) in the decisions of the CCG affecting the operation of commissioning arrangements, where the decisions would, if made, impact on the manner in which the services are delivered to the individuals or the range of health services available to them.
- b) in order to understand the views of patients and the public and to disseminate relevant information to them, establishing and working closely with:
- (i) a Patient Reference Group which is constituted as a subcommittee of the Governing Body in accordance with this Constitution.
  - (ii) Local Commissioning Groups which are constituted as subcommittees of the Governing Body in accordance with this Constitution.
  - (iii) the Patient Safety and Quality Committee which is constituted as a subcommittee of the Governing Body and considers patient experience, complaints and feedback.
  - (iv) Patient Participation Groups which will seek the views of local populations and assist with the dissemination of information, and representatives of which will sit on each Local Commissioning Group's patient forum.
- c) in order to understand the views of patients and the public and to disseminate relevant information to them, ensuring regular liaison and the development of close working relationships with each of the following bodies:
- (i) Patient Forums, which are intended to give individuals the opportunity to raise questions or concerns about the provision of healthcare services at the wider county level.
  - (ii) Healthwatch, which gathers views of local people on local health services.
  - (iii) Health Overview and Scrutiny Committees which review the planning, commissioning and delivery of health services.
  - (iv) Health and Wellbeing Boards, each of which is a group of key leaders representing health and care organisations who work together to understand what their local communities need from health and care services and to agree priorities.
- d) publishing a Communications Membership and Engagement Strategy, approved by its Governing Body and regularly revised to take into account any new guidance published by NHS England, which will be designed to ensure that the CCG involves patients and the public by a range of means that are suitable to different aspects of its commissioning arrangements, those means to include as appropriate:
- (i) the publication of documents to disseminate relevant information about the commissioning arrangements.
  - (ii) regular attendance at key meetings, forums and events for the purpose of listening to the views of patients and the public, providing information about and explaining actions being taken or considered by the CCG, and answering questions.
  - (iii) the dissemination of information by means of the CCG website, emails, newsletters targeted at specific groups, media campaigns, advertising, and targeted engagement events.
  - (iv) the provision of an opportunity for patients and the public to make their views known via the CCG website, emails and other suitable means.
  - (v) the publication of consultation documents in relation to certain planning and commissioning activities, and the creation of specific engagement opportunities such as the use of public surveys and feedback forms.

e) in the implementation of the arrangements described above, acting consistently with the following principles:

- (i) ensuring that appropriate time is allowed for the planning of activities and commissioning arrangements.
- (ii) proactively seeking engagement with the communities which experience the greatest health inequalities and poorest health outcomes.
- (iii) commencing patient and public involvement as early as possible and allowing appropriate time for it.
- (iv) using plain language and sharing information as openly as is reasonably practicable.
- (v) treating with equality and respect all patients and members of the public who wish to express views.
- (vi) carefully listening to, considering and having due regard to all such views.
- (vii) providing clear feedback on the results of patient and public involvement.

You can read more about the CCG's duties to engage and consult in section 5.2 of the CCG's Constitution [www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/](http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/)



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