

Consultation Process Plan August 2015

Have your say on
Non Emergency Patient Transport
across Cambridgeshire and Peterborough

Proposed consultation

DRAFT

Background

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) has a responsibility to ensure access to transport for those patients that meet the Non-Emergency Patient Transport Services (NEPTS) eligibility criteria.

Non-emergency patient transport services, known as NEPTS, are typified by the non urgent, planned, transportation of patients with a medical need for transport to and from a premises providing NHS healthcare and between NHS healthcare providers.

NEPTS should be seen as part of an integrated programme of care. A non-emergency patient is one who, whilst requiring treatment, which may or may not be of a specialist nature, does not require an immediate or urgent response.

This can and should encompass a wide range of vehicle types and levels of care consistent with the patients' medical needs.

The CCG has limited resources for patient transport which need to be targeted only at those patients who have a clinical need that prevents them using private or public transport. Transport is not for social or financial reasons.

Why are we consulting now?

Currently GP practices ensure that patients meet the NEPTS eligibility criteria and undertake booking of journeys with East of England Ambulance Service NHS Trust. However, GP practices have given notice on this service and in accordance with EU regulations the CCG needs to consider a formal tender process for this service.

At present the CCG contracts services from multiple different providers, both directly and indirectly, however contracts are usually based around the acute provider, covering transport to and from that provider.

Process

Pre-consultation

Cambridgeshire and Peterborough CCG will:

- Prepare a full and comprehensive consultation document that explains the programme and the options for consultation in clear plain English.
- Translate a summary consultation documents into key community languages, explaining that more information is available if people want it.
- Prepare text rich and plain text versions of all of the consultation documents for people with sensory disabilities to download.
- Ensure that drafts of the full consultation documents and questions for consultation are shared with the following groups:
 - Bidders
 - Projects Team
 - Patient Reference Group
 - CCG Governing Body

- Health Scrutiny Committees from Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire.
- The CCG Patient Reference Group (PRG)
- Healthwatch organisations from Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire.
- Ensure that the final consultation document reflects feedback from these groups.
- Plan a series of public meetings in accessible venues across the CCG area.
- Publicise these meetings within the consultation documents and on our website
- Share publicity materials with our partners and stakeholders. Will we put adverts in local papers.
- The CCG's meeting requirements form will detail for each meeting who is attending, roles, equipment and any risk assessments.

Consultation

Cambridgeshire and Peterborough CCG will:

- Have copies of the consultation documentation available on the website from the first day of the consultation and throughout the consultation.
- Have translations and rich text versions of the documentation on the CCG website as close to the start of the consultation as possible.
Community languages include:
 - Polish
 - Portuguese
 - Lithuanian
 - Urdu
 - Latvian
 - Other languages on request
- Have photocopies of the documentation prepared for distribution on the first day of the consultation.
- Have printed copies of the full document, and translations as soon as possible after the start of the consultation.
- Distribute hard copies of the documents to:
 - GP practices
 - Dentists
 - Pharmacies
 - Opticians
 - Sheltered Housing schemes
 - Nursing and residential homes
 - Stakeholder database
 - Councils for Voluntary Services (Peterborough and Cambridgeshire).
 - Libraries

- Cambridgeshire Community Services NHS Trust – particularly community/district nursing staff and other staff likely to be involved in providing care
 - Cambridge University Hospitals NHS Foundation Trust
 - Cambridgeshire and Peterborough NHS Foundation Trust
 - East of England Ambulance Service MNHS Trust
 - Hinchingsbrooke Health Care NHS Trust
 - Peterborough and Stamford Hospitals NHS Foundations Trust (Edith Cavell site)
 - Queen Elizabeth Hospital NHS Trust
 - Unions
 - NHS England Area Team
 - Health Education England (Cambridge office)
 - Police
 - Fire
 - Urgent Care Cambridgeshire
 - Herts Urgent Care (providers of C&P CCG NHS 111 service)
 - Lincolnshire Community Health Services NHS Trust / Peterborough Minor Illness and Injury Unit
 - North Cambridgeshire Hospital, Wisbech
 - Princess of Wales Hospital, Ely
 - Doddington Community Hospital
 - St. Neots Walk-in Centre
 - Brookfields
 - Other NHS organisations (on request)
 - Local Authorities
 - District Councils
 - Parish Councils
 - Cambridgeshire Community Services Staff
 - Health Scrutiny Commissions
 - Health and Wellbeing Boards
 - Local Health Partnerships
 - Local Voluntary Sector Organisations
 - Charities
 - CCG Patient Reference Group
 - Practice Patient Groups
 - Healthwatch organisations
 - Mental Health Network
 - NHS England
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- Ensure that further copies are distributed throughout the consultation.
 - Ensure that translations are made available on request as well as in key community languages.
 - Ensure that all translations are available on the CCG website when requested.
 - Ensure that all responses received in other languages are translated into English and included in the response reports.
 - Log all calls received with regard to the consultation.

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- Collate all letters and emails received as part of the consultation and include in the response reports.
- Receive and report on all petitions received during the consultation.
- Ensure that all public meetings held have full meeting notes, recording comments and questions.
- Ensure that when we attend meetings we record a briefing note of the meeting and request full minutes when available.
- Collate all meeting notes, briefing notes and minutes and include in the response reports.
- Respond to requests for attendance at meetings to discuss the consultation.
- Attend meetings with the following key stakeholder groups during consultation:
 - Health Scrutiny Committees in Cambridgeshire, Peterborough and Huntingdon.
 - Health Scrutiny Committees in Northamptonshire and Hertfordshire on request.
 - Healthwatch organisations in Cambridgeshire and Peterborough. Attend in Northamptonshire and Hertfordshire on request.
 - CCG Patient Reference Group
 - Health and Wellbeing Boards in Cambridgeshire, Peterborough, Northamptonshire and Hertfordshire.
 - Local health Partnerships in Cambridge City, South Cambs, East Cambs, Fenland, Hunts, East Northants.
- Hold public meetings in venues across the region.
- Have interpreters at each community meeting where necessary or requested as well as sign language interpreters on request.
- Attend groups or events on request, if possible.
- Ask to attend events and groups in locations where we haven't been able to hold a public meeting.
- Advertise all public meetings via the website, local papers, and on social media, at least two weeks before the meetings.
- List all public meetings on our website, as well as in the consultation document.
- Plot our events to show that we have had CCG coverage.

Email/letter with link to/copy of consultation and list of public consultation meetings

- Stakeholder database
- CCG staff
- CCG Patient Reference Group
- PPGs (where possible)
- GP Practices
- GP Members
- Healthwatch(s)
- Local Voluntary sector

APPENDIX 1

- Parish Councils
- County and City Councils
- District Councils
- NHS organisations as listed
- Unions
- Groups and individuals that we have already engaged with throughout the process

Media

Media briefing pack for journalists – copies to be sent via email at launch or earlier if embargo agreed. To include:

- Copies of the consultation document
- About the CCG leaflet
- Link to NEPTS page on website
- Web address for consultation documents
- Public meeting dates

Limited number of hard copies to be available at Public Meetings for attending media.

Media release for distribution

Social Media

Facebook

- Media releases flow through automatically
- Post link to consultation on page with details of what it is about and an invitation to share the link to increase audience.
- Post details of each public meeting a week before, the day before, on the day

Twitter

- Tweet press releases
- Tweet link to consultation on page with details of what it is about and an invitation to re-tweet the link to increase audience. Repeat monthly throughout consultation
- Tweet details of each Public Meeting a week before, the day before, on the day.
- Tweet after each meeting thanking those who attended.

Updates

Staff

- Email to staff from prior to launch
- Email to staff launching consultation with link to consultation documents.
- Staff updates via Connect, staff briefings
- Staff can direct any questions that they may have to the Consultation/Engagement mailbox?

GPs/practice staff

Email from Clinical Lead via the Membership mailbox prior to launch

- Email launching consultation with link to consultation documents.
- Updates via Members News
- Q&A session at Members' Meeting?
- Members' mailbox for questions

Stakeholder database

- Update taken from media release following ???? Governing Body
- Link to consultation on launch day
- Reminders for public meetings a week before
- stakeholder update via stakeholder news

Governing Body Updates

- Date to be agreed

Post Consultation

A report to be produced on the consultation responses

Cambridgeshire and Peterborough CCG Governing Body will review report and findings before making its decision on the Non emergency Patient Transport

Communications to be sent via email/letter to stakeholders/and consultation respondents with link to consultation report and outcomes.

Feedback to staff via email, staff briefings and Connect

Feedback to members via, Members news and Members email

Continued communication as procurement process progresses – through full solutions phase and throughout mobilisation (to be agreed.)

Legal requirements

This consultation document has been drawn up in accordance with the key consultation criteria as set out in the Cabinet Office Code of Practice on Consultation 2008.

1. When to consult

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

2. Duration of consultation exercises

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

3. Clarity of scope and impact

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

4. Accessibility of consultation exercises

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

5. The burden of consultation

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees buy-in to the process is to be obtained.

6. Responsiveness of consultation exercises

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

7. Capacity to consult

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience. The Code of Practice states that these criteria should be reproduced in all consultation documents.

Find out more about Cabinet Office Code of Practice on consultations: www.bis.gov.uk/policies/better-regulation/consultation-guidance/code-of-practice

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

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