

**WORKING DOCUMENT**

**Consultation Process Plan**

**Urgent Treatment Centre Peterborough and GP Out of Hours  
Peterborough base relocation proposal**

**Proposed consultation 4 August to 29 September 2020**

**V2**

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## Background

### Why are we consulting now?

## Process

### Pre-consultation

Cambridgeshire and Peterborough CCG will:

- Use the feedback received from the BIG conversation to inform the direction for this relocation move.
- Use the Citizen's Panel feedback on Urgent and Emergency care gathered by Healthwatch as part of the BIG conversation to inform the direction for this relocation.
- 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, if requested
- Prepare text rich and plain text versions of all of the consultation documents for people with sensory disabilities to download.
- Prepare an Easi-read document for people who prefer to read with pictures and easy text.
- Ensure that drafts of the full consultation documents and questions for consultations are shared with the following groups:
  - UEC collaborative
  - CCG Governing Body
  - Health Scrutiny Committees from Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Lincolnshire
  - 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.

### 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 rich text versions of the documentation on the CCG website as close to the start of the consultation as possible.
- Distribute these documents via email to:
  - GP practices
  - Pharmacies

- Stakeholder database
  - MPs
  - Local Medical Committee
  - Local Pharmaceutical Committee
  - Peterborough Council for Voluntary Services
  - Health Scrutiny Committees, Cambridgeshire, Peterborough, Hertfordshire, Northamptonshire,
  - Health and Wellbeing Boards, Cambridgeshire, Peterborough, Hertfordshire, Northamptonshire,
  - CCG Patient Reference Group
  - Patient Forum Groups
  - Healthwatch organisations, Peterborough and Cambridgeshire, Northamptonshire, Hertfordshire,
  - Cambridgeshire Community Services NHS Trust
  - Cambridge University Hospitals NHS Foundation Trust
  - Cambridgeshire and Peterborough NHS Foundation Trust
  - East of England Ambulance Service NHS Trust
  - North West Anglia NHS Foundation Trust
  - Royal Papworth NHS Foundation Trust
  - Queen Elizabeth Hospital NHS Trust
  - Unions
  - NHS England/Improvement Area Team
  - Police
  - Fire
  - Urgent Care Cambridgeshire
  - Herts Urgent Care
  - Lincolnshire Community Health Services NHS Trust
  - North Cambridgeshire Hospital, Wisbech MIU
  - Princess of Wales Hospital, Ely MIU
  - Doddington Community Hospital MIU
  - St. Neots Walk-in Centre
  - Cambridgeshire and Peterborough Combined Authority
  - Brookfield
- Send media release to all local media outlets at the start of the consultation and at strategic points in the consultation to ensure widespread media coverage.
  - Use Facebook and Twitter, and other social media resources to raise awareness of the consultation. This will be a key component of this consultation. We will use targeted Facebook local groups to ensure that people from across the whole of Peterborough are aware of the consultation and have an opportunity to share their views.
  - Ensure that translations are made available on request 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
  - Collate all letters and emails received as part of the consultation
  - Ensure that all virtual meetings are recorded.
  - Attend meetings with the following key stakeholder groups during consultation:
    - Health Scrutiny Committees in Cambridgeshire, Peterborough

- Health Scrutiny Committees in Northamptonshire and Hertfordshire on request.
- Healthwatch Cambridgeshire and Peterborough
- CCG Patient Reference Group
- Health and Wellbeing Boards in Cambridgeshire, Peterborough, Northamptonshire, Hertfordshire and Norfolk (on request).

## **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.

Press release on the outcome of the consultation

Feedback to staff via email, staff briefings and iConnect

Feedback to members via, Members news and Members email

## Legal requirements

The consultation documents will be drawn up in accordance with 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

<http://www.cambridgeshireandpeterboroughccg.nhs.uk/downloads/CPCT/Corporate%20documents/CCG%20Constitution.pdf>

### **NHS Accessible Information Standards.**

The NHS Accessible Information Standards ensure clearer health and care information for disabled people and their carers.

The Accessible Information Standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with services. Examples of the types of support that might be required include large print, plain text copy on websites, braille or using a British Sign Language (BSL) interpreter.

All organisations that provide NHS care or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices. As part of the accessible information standard, NHS organisations must do five things:

- Ask people if they have any information or communication needs, and find out how to meet their needs.
- Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

The Accessible Information Standard came into effect in July 2016