Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Development of a framework for public consultation discussion meeting

Minutes

Thursday 30th April 2015, 10.00-12.00

Teign Room, County Hall, Exeter

Present:

Chris Roome (Chair)	Head of Clinical Effectiveness	NEW Devon CCG
Jono Broad	Lay Member, Clinical Policy Committee	
Fiona Dyroff	Clinical Effectiveness Governance Support Officer	NEW Devon CCG
Sallie Ecroyd	Head of Communications	South Devon & Torbay CCG
Rebecca Heayn	Clinical Effectiveness Governance Manager	NEW Devon CCG
Jenny McNeill	Associate	NEW Devon CCG
Mac Merrett	Lay Member, Clinical Policy Committee	
Sally Parker	Community Relations Manager	NEW Devon CCG
Dilys Slater	Patient Advice and Liaison Service Manager	NEW Devon CCG

1. Welcome and Introductions

Attendees were welcomed to the meeting and the group introduced themselves.

The meeting had been convened to get together a group of people who were active in public engagement to look at what was needed in order to ensure that the CCGs properly engage with the public before making decisions on changes to health services as set out in the NHS Act 2006.

2. Background to the Clinical Policy Committee (CPC)

An overview of the role of the Devon wide CPC was provided. A diagram of the committee's inputs and outputs had been included in the meeting papers.

All the outputs from CPC are made public on the NEW Devon CCG website. This includes all governance documents, meeting minutes and policies. A Quality and Equality Impact Assessment (QEIA) is undertaken on CPC recommendations as a routine part of the process. QEIAs measure the impact of changes in practice against that which existed previously. The South Devon and Torbay CCG website points to the information held on the NEW CCG Devon Website.

CPC has a defined membership which is based on the framework for local decision making.

A diagram of the process for clinical policy formation via the Clinical Policy Committee for NEW Devon CCG and South Devon and Torbay CCG had been included in the meeting papers.

The decision making process requires an evidence review to be undertaken and engagement with local specialists. Evidence assessments produced for CPC provide clinical, financial and safety information. Patient perspectives are included when there is evidence. The specialists are asked for views and they can challenge proposed policies. Specialists are also invited to attend the CPC meetings for specific discussions.

A pharmacist from the Clinical Effectiveness team presents the evidence assessment and cost impact information on the subject being considered. The voting members then take a vote which forms a recommendation to the CCGs' executive groups. A summary of the discussion, the resulting recommendation and any dissenting views are captured in the meeting minutes. The recommendation and QEIA is submitted to the CCG's Executive Groups for approval.

3. The role of the lay members of the Clinical Policy Committee

The role of lay members of the CPC was explained. In particular it was noted that the two lay members:

- have equal status with the other committee advisory members;
- look at the scientific information provided;
- provide a strategic overview from a public perspective;
- help the professionals consider wider, unintended consequences of decisions and not just the financial impact;
- do not represent and particular group of people but ask questions so that the professionals see the impact of their decisions on patients;
- are non-voting members of the group;
- do not expect the public to come to them;

4. The need for a public consultation process

The legal requirements for public consultation had been considered by the Clinical Effectiveness Governance Manager. It was noted that public consultation will not be required in every case. It will be necessary to determine when it will be required and how it will take place. The group discussed a number of issues pertinent to the proposed development of a public consultation process:

- <u>How will the need for public consultation be identified</u>?

  It was suggested that if the engagement and involvement process worked well the need for formal consultation would be limited. However there is a need to understand whether there is already evidence of public concern with a therapeutic issue being considered. This may include reference to any prior engagement that may already have taken place, PALs/complaints and FOIs received via the communications team/log of media coverage. There is a limited pot of money and things have to be prioritised. It was suggested that work could be undertaken with the public to set the criteria used to identify the need for public consultation. It was noted that generally people respond to issues that affect them. It was agreed that a small panel to include lay members should consider whether public consultation was required following a recommendation being made at CPC. This panel should include the two CPC lay members and ideally Governing Body lay members from NEW Devon and South Devon & Torbay CCG. The quoracy of the group will need to be considered to allow contingency for leave etc. This group should meet either in person or 'virtually' within two weeks of the CPC meeting, should not add to costs and could meet via teleconference or WebEx in order to be efficient and responsive.

- How will public consultation take place?

  - When the need for wider public consultation is identified the CCGs engagement office, the Information Governance Office and Healthwatch should be contacted.
  - Clarity with regard to the consultation question is essential.
  - Consultation could be as simple as putting information on the website and drawing attention to it.
  - The use of software such as Datix and HIVE to gain feedback from a wider group was suggested.
  - Arnstein's ladder of consultation was noted.

- How do we assure the CCGs that public consultation is appropriate and has value?

  A Patient Reference Panel model is currently being developed by NEW Devon CCG. It was noted that the recruitment process is being considered and that people with specific skills who are able to consider the wider view would be needed to sit on the panel. However, some members of the group expressed concern that the public may not be aware of the Patient Reference Panel, that people on the panel may not provide an impartial view and that it may not provide anything other than what is already known. Members of the group felt that the Proposed Patient Reference Panel was not what was required for the public consultation process for CPC recommendations.

  It was also noted that two to three policies result from each CPC meeting and that the process to take these forward cannot be delayed. A fit for purpose public consultation process which can say if a policy looks reasonable is needed to meet the needs of the organisation.

  It would be useful to link the proposed CPC consultation group, which would include lay members, to the wider reference group. South Devon and Torbay CCG had also set up a CCG wide group; however this had not been strategic enough and has been replaced by a group which reports to the Governing Body.

  The group also considered a number of other issues including:

  - Public consultation must take account of the equality act.
  - It would be useful for the PALS team to be aware of forthcoming issues and planned consultations. The PALS team are able to provide information to the public in a range of formats. It was unclear how the cost of these would be covered. It was also noted that Devon Healthwatch can provide information at no cost and that they also provide quick information on policy and protected populations.
  - Where it fits in and what currently exists and the need to be clear about the role of the Communications and Engagement Team.
  - The importance of ensuring that the public have confidence in the consultation process.
  - A process which gives equitable weight to those in influential positions (for whom the proposal may have lower impact) and those in less influential positions (but for whom the impact may be higher).
  - Relationships and interaction with the media.

  The need to take the proposed process for Clinical Policy Committee public consultation to the relevant local authority Overview Committees was noted. The timing of this was discussed and it was felt that September meetings would be most appropriate. It was also noted that the committees work differently and some chairs may not feel that this needs to be discussed at the meeting. Overview Committees are able to call 12 week consultation periods. Papers can be circulated even if the committees are not meeting.

5. Next Steps

The group discussed areas for consideration during the development of a process for public consultation following Clinical Policy Committee recommendations. It was agreed that the Clinical Effectiveness team would prepare to pilot a panel process following the Clinical Policy Committee meeting in June and that a process would be developed.

ACTION: Clinical Effectiveness Team to develop a process for public consultation.

ACTION: Clinical Effectiveness Team to prepare to pilot a panel process following the Clinical Policy Committee in June.

It was agreed that the Scrutiny Committees of Devon County Council, Torbay Council and Plymouth City Council would be made aware that this process is being trialled in June. It was agreed that the draft proposals would be taken to the Scrutiny Committees in September.

ACTION: Scrutiny committees of Devon County Council, Torbay Council, Plymouth City Council to be made aware that this process is being trialled in June.

ACTION: Draft proposals to be taken to Devon County Council, Torbay Council and Plymouth City Council scrutiny committees in September.

The group also discussed whether the same process could be used for policies relating to changes to community services, service redesign and care closer to home. It was noted that although the Clinical Effectiveness team could look at the evidence there were resource issues. It was unclear if a non-clinical group exists in the CCGs for operational issues.

Summary of Actions

	Action	**Lead**
15/1	Process to be developed for public consultation	Rebecca Heayn
15/2	Preparation of pilot panel process to be undertaken following the CPC meeting in June	Rebecca Heayn/ Chris Roome
15/3	Scrutiny committees of Devon County Council, Torbay Council, Plymouth City Council to be made aware that this process is being trialled in June.	Rebecca Heayn/ Jenny McNeill/ Sallie Ecroyd
15/4	Draft proposals to be taken to Devon County Council, Torbay Council and Plymouth City Council scrutiny committees in September.	Rebecca Heayn/ Jenny McNeill/ Sallie Ecroyd