

# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	9 March 2017
Officer	Robert Payne - Head of Primary Care NHS Dorset Clinical Commissioning Group
Subject of Report	<b>Primary Care Commissioning Strategy - Public Engagement Plan</b>
Executive Summary	<p>The public engagement plan focusses on how NHS Dorset CCG will facilitate meaningful engagement, ensuring the views of local councillors and communities inform each stage of the commissioning cycle. This plan is part of a wider primary care engagement strategy which sets out how we have and will continue to engage with GP practices and other stakeholders.</p> <p>The document clearly defines the key elements of the engagement process that will be followed within each primary care project/programme area, to ensure that the views of local people inform proposals for future healthcare provision in line with national guidance and the duty to involve.</p>
Impact Assessment:	Equalities Impact Assessment: Yes (by NHS Dorset CCG)
	Use of Evidence: NHS England GP Forward View (GPFV) <a href="#">NHS England Patient and Public Participation Policy</a> and the Statement of Arrangements and <a href="#">Guidance on Patient and Public Participation in Commissioning</a> .
	Budget: The CCG has set aside resources to ensure the engagement plan can be delivered.
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:

	<p>Current Risk: LOW (for DCC) Residual Risk: LOW (for DCC)</p>
	<p>Other Implications:</p>
Recommendation	<p>The Committee is asked to note and comment on the contents of this report.</p>
Reason for Recommendation	<p>This paper is presented in response to a request from the Committee. The work of the Committee contributes to the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.</p>
Appendices	<ol style="list-style-type: none"> <li>1. "You Said We Did" Feedback on Strategy</li> <li>2. Public Engagement Template for Primary Care Transformation groups.</li> <li>3. National Guidance and Duty to Involve.</li> <li>4. Summary of Key Points and Actions for Primary Care Commissioners.</li> <li>5. GPFV 10 High Impact Changes.</li> <li>6. PPEG guidance for Person centred discussions.</li> </ol>
Background Papers	<p>Report to Dorset Health Scrutiny Committee, 6 September 2016 (agenda item 37): <a href="#">DHSC report Changes to commissioning of primary care services Sep 2016</a></p> <p>Report to Dorset Health Scrutiny Committee, 21 December 2016 (agenda item 60): <a href="#">DHSC report Draft Primary Care Commissioning Strategy Dec 2016</a></p>
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**Name:** Robert Payne  
**Title:** Head of Primary Care, NHS Dorset Clinical Commissioning Group  
**Date:** 15 February 2017

## **1. INTRODUCTION AND BACKGROUND**

1.1 NHS Dorset Clinical Commissioning Group (CCG) is committed to placing the views of local people at the heart of their National Health Service (NHS), ensuring that we take these into account when designing and changing local services.

1.2 The engagement plan provides:

- an overview of the need to change the way that primary care health services are provided;
- an introduction to the Primary Care Commissioning Strategy and co-production within primary care transformation groups;
- a description of the public engagement process to be followed by all primary care transformation groups, ensuring that local people inform the development of proposals for future primary care health service provision.

## **2. CURRENT CONTEXT**

2.1 The Primary Care Commissioning Strategy and Plan is designed to be implemented over a 5 year period aligning to; the GP 5 Year Forward View, Our Dorset Sustainability and Transformation Plan and the Dorset Integrated Community Services Strategy. The existing health system was not designed to meet the needs of the current population.

2.2 Primary care is an integral part of the current drive within the Sustainability and Transformation Plan to develop modern integrated community services, that go beyond service integration and begin to consider how best to develop place-based models of care that consider the needs of whole populations, not just the needs of the highest risk or most costly patients.

2.3 General Practice in its current form will find it difficult to survive, if it does not evolve. GPs and their teams have developed and adapted their individual practices well over time resulting in many great achievements. GPs and their teams are under extreme pressure with an increasing workload and diminishing workforce.

2.4 The CCG has recognised for some time that things need to change; there is now also national recognition via the General Practice Forward View (GPFV). This national guidance and supporting programmes, coupled with the new commissioning arrangements provide a great opportunity to address these difficult challenges.

2.5 The Primary Care Commissioning Strategy, approved by the CCG Governing Body in January 2017, responds to the need to change and sets out the vision for General Practice to continue to be at the centre of health and social care provision in Dorset.

2.6 There is a clear commitment to co-producing local plans to improve health in partnership with GPs, their teams, local councillors, communities and health, social and voluntary organisations. Local plans will differ from area to area and this involvement is essential in helping to ensure that new care models reflect local need and knowledge.

2.7 We want to build on past successes and provide consistently outstanding GP services for our patients. There is a real opportunity to do this now, as part of our whole system transformation.

### 3. **ENGAGEMENT TO-DATE**

#### **Engagement with GP members and their teams**

3.1 We know from our GP survey results that patients are mostly happy with the services they receive but they have told us that there is more work to do, especially around access to care. We also know from the conversations we have had with our GP Members and their teams that they are under extreme pressure with an increasing workload and diminishing workforce.

3.2 A period of engagement with our GP Members and their teams took place between June and August 2016. During this period the Clinical Leadership Team (CLT), supported by Primary Care Team Managers, presented to and discussed the draft strategy document with, each of the 13 GP Localities. In addition to this, the Primary Care Commissioning Strategy was presented at various stages of development to the Governing Body, key stakeholder groups and Membership Events.

3.3 In September 2016 we met with Patient Participation and Engagement Group (PPEG). We shared the draft strategy for comment with the Patient Participation Groups and the document was also online for public feedback. What we heard was reflected within our Strategy (see Appendix 1)

3.4 The December 2016 Membership Event focussed on shaping the offer of support to practices and held workshops on key themes from GPFV:

- **Workload:** releasing time for care;
- **Access:** increasing consultation capacity;
- **Technology enabling care:** patient on-line;
- **Care design:** new models.

3.5 We also conducted wider engagement with all staff in practices to ensure the delivery plan has been developed collaboratively, with the launch of a survey. 60/96 practices responded to the survey and 81% (78/96) practices had representation at the Membership Event.

3.6 Across East and West Dorset in February 2017, we have held two Patient Participation Group and two Practice Manager events, as a call to action for involvement in the locality planning and the wider engagement process.

3.7 The March 2017 GP Membership Event will be focussing on Primary Care transformation planning and engagement.

#### **Local Councillor and Public Engagement**

3.8 The engagement plan (attached) focusses on how NHS Dorset CCG will facilitate meaningful engagement, ensuring the views of local people inform each stage of the commissioning cycle.

- 3.9 The document clearly defines the key elements of the engagement process that will be followed within each primary care project/programme area, to ensure that the views of local people inform proposals for future healthcare provision in line with national guidance and the duty to involve.

#### **4. CONCLUSION AND RECOMMENDATION**

- 4.1 The CCG is undertaking development of engagement plans with each of the GP locality transformation groups, the Committee is asked to note the report.



*Dorset  
Clinical Commissioning Group*

**DRAFT**

**Primary Care Commissioning Strategy  
Public Engagement Plan 2017/2018**

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## **1. INTRODUCTION**

1.1. NHS Dorset Clinical Commissioning Group (CCG) is committed to placing the views of local people at the heart of their National Health Service (NHS), ensuring that we take these into account when designing and changing local services.

1.2. This document provides:

- an overview of the need to change the way that primary care health services are provided,
- an introduction to the primary care commissioning strategy and co-production within primary care transformation groups
- a description of the public engagement process to be followed by all primary care transformation groups, to ensure that plans to improve health are co-produced in partnership with GPs, their teams, local councillors, patient groups, local communities and voluntary organisations.

1.3. The appendices support the development and implementation of effective and timely public engagement.

1.4. The CCG’s Primary Care Team and Engagement and Communications Team will support the development and implementation of these plans.

## **2. THE NEED TO CHANGE**

2.1. The CCG became fully delegated for primary care commissioning from NHS England on 1 April 2016. This means the CCG now holds the finance and decision making responsibilities for planning and buying GP services. (For the purpose of this document, primary care means general practice, as opposed to the other three contractor groups: pharmacy, dentistry, optometry).

2.2. GP survey results show that patients are mostly happy with the services they receive but there are also areas for improvement, especially around access. GPs and their

teams are under extreme pressure with an increasing workload and diminishing workforce.

- 2.3. The CCG has recognised for some time that things need to change; there is now also national recognition via the [General Practice Forward View](#) (GPFV), which states that GPs are facing rising patient demand, particularly from an ageing population with complex health conditions, physical and mental health presentations.
- 2.4. The population served by General Practice in Dorset is set to rise by as much as 50,000 in the next 10 years. The number of people aged over 65 in Dorset is currently 185,715, (24.3% of the total population). This figure is expected to grow to 278,573 (32.1% of the total population) by 2040
- 2.5. The national guidance and supporting programmes, coupled with the new commissioning arrangements provide a great opportunity to address these difficult challenges.
- 2.6. The reasons for change are simple: general practice in its current form will find it difficult to survive, if it does not evolve. GPs and their teams have developed and adapted their individual practices well over time resulting in many great achievements. A wider reaching strategy is now required to stretch beyond the boundaries of individual practices and better address the current challenges. The existing health system was not designed to meet the needs of the current population. People are living longer, with often multiple long term conditions.
- 2.7. Focusing on individual episodes of disease-specific care is not an efficient way to work, nor does it make the best use of the public money available in Dorset. The CCG wants to celebrate the success of general practice, which has provided real value for money and to also acknowledge that general practice is facing extremely challenging times.
- 2.8. By working with primary care, the CCG believes Dorset can achieve a strong, sustainable and modern model of general practice, which is attractive to work in and where patients can consistently receive the best care, in the most appropriate place.
- 2.9. The ambition is to do this as part of achieving the strategic goal for longer and healthier lives via a fully integrated health and social care system by 2020/21.

### **3. THE PRIMARY CARE COMMISSIONING STRATEGY**

- 3.1. The Primary Care Commissioning Strategy responds to the need to change and sets out the vision for general practice to continue to be at the centre of health service provision in Dorset.
- 3.2. The strategy sets out the CCG's broad intentions for planning, buying and delivering primary care services over the next five years. Primary care has a central role in the

provision of modern integrated community services (ICS) which the CCG is seeking to develop across Dorset as part of the wider [Sustainability and Transformation Plan](#) (STP).

- 3.3. The strategy describes engagement so far with GPs and their teams, explains how the views of local people were central to the development of ICS proposals and details feedback from the CCGs Patient (Carer) and Public Engagement Group (PPEG) and how this is reflected within the strategy.
- 3.4. The strategy includes a clear commitment to co-producing local plans to improve health in partnership with GPs, their teams, local councillors, patient groups, local communities and voluntary organisations.
- 3.5. Local plans will differ from area to area and this involvement is essential in helping to ensure that new care models reflect local need and knowledge.

#### **4. PRIMARY CARE TRANSFORMATION GROUPS**

- 4.1. There are currently 96 GP practices within Dorset.
- 4.2. Groups of practices are starting to work together to look at the need to change and the challenges that need to be addressed. They are joining together in what are being called “transformation groups.”
- 4.3. There are currently (as at 13.02.2017) 12 such groups in the following areas:
  - Central Bournemouth
  - North Bournemouth
  - Christchurch
  - East Bournemouth
  - Poole North and East Dorset
  - Poole Bay
  - Poole central
  - Purbeck
  - Mid Dorset
  - North Dorset
  - Weymouth and Portland
  - West Dorset
- 4.4. In March 2017 the CCG is hosting an event for GPs and other practice staff. At this meeting they will start to think about initial ideas for how some of the challenges described above might be addressed locally.

- 4.5. These ideas or proposals will take into account the 10 high impact changes from the GP Forward View (see Appendix 5).
- 4.6. There are likely to be a range of transformation projects across Dorset ranging from the sharing of administrative or office duties to larger scale physical changes possibly involving changes in service provision.
- 4.7. Each programme should follow the CCG's engagement process as described below and detailed in Appendix 2.
- 4.8. The level and extent of communication, engagement and consultation will vary by area and project.

## 5. PUBLIC ENGAGEMENT PROCESS FOR PRIMARY CARE TRANSFORMATION

- 5.1. The CCG has a defined engagement process, in line with national guidance and the Duty to Involve (see Appendix 3).
- 5.2. When reviewing, designing or planning services, the CCG routinely undertakes a number of actions to facilitate meaningful engagement, ensuring the views of local people inform every stage of the commissioning cycle.
- 5.3. The CCG recognises the key role of local Councillors within communities and will ensure that the engagement of these councillors is integral to the delivery of the engagement plan.
- 5.4. Key elements of the engagement process for designing local primary care proposals are:
  - Audience Analysis
  - Existing feedback
  - Current views and public engagement workshops
  - Using feedback and views to inform proposals
  - Further communication, engagement and/or consultation.
- 5.5. These key elements are introduced below and a detailed programme template has been designed to assist with the planning in each area. See Appendix 2. This template includes suggested timescales, budget estimates and staff required for each stage.  
**Audience analysis**
- 5.6. An audience analysis will be carried out to establish who should be involved and informed at each stage of designing local proposals for future primary care provision.

- 5.7. The audience analysis will be carried out with key stakeholders with local knowledge, for example locality leads, practice managers, local councillors, PPG chairs and other key programme stakeholders with support from the primary care and engagement and communication teams.

#### **Gathering existing feedback**

- 5.8. Feedback on primary care services provided over the last year will be collated for consideration by each transformation group. Sources may include Family and Friends Test data, Patient's surveys, CQC inspections, community service improvement projects, CCG engagement events, CCG customer service and quality teams, Healthwatch Dorset, etc.

#### **Current views and public engagement workshop**

- 5.9. For each primary care transformation group a ½ day public engagement workshop will be hosted to seek views on current services and emerging ideas for future proposals.
- 5.10. A list of about 20-30 local public stakeholders with a strong interest in and knowledge of local primary care services will be identified from the audience analysis. This will include GPs, their teams, local councillors, patient groups, local communities and voluntary organisations.
- 5.11. Views will be collated and used to inform the development of emerging proposals.

#### **Using feedback and current views to inform proposals**

- 5.12. Both the existing feedback and current views will be used to inform the draft proposals for future provision of primary care.
- 5.13. It is important to share how feedback either a) reflects and/or b) informs the design of future proposals for primary care services with stakeholders.

#### **Further communication, engagement and/or consultation on proposals**

- 5.14. This next stage in the process will vary by programme and detail of the proposals that have emerged by this stage.
- 5.15. For example, combining of back office or administrative roles can be communicated to the relevant audience, while proposals to significantly change the way services are delivered will require wider public engagement and/or consultation.
- 5.16. Given the depth of interest in, and importance of, primary care health services it is important that this stage is carefully agreed with advice from the CCG's Engagement

and Communications Team and with input from Health Overview and Scrutiny Committee's, key public stakeholders/patient participation groups.

5.17. Some examples are provided on the planning template (Appendix 1).

**Guide for person-centred discussions**

5.18. The CCGs Patient and Public Engagement Group (PPEG) produced some guidelines for person-centred discussions. These are included as Appendix 5 for consideration by all transformation groups.

**Equality and Privacy Impact Assessments**

5.19. In addition to the above Equality and Privacy Impact Assessments must be carried out by each project. This should be done early on in the process and revisited as the proposals develop.

**6. GOVERNANCE AND REPORTING**

6.1. This plan will be considered by the Primary Care Strategy Implementation Group (PCSIG), the Primary Care Clinical Operating Group (PCOG) and the Health Overview Scrutiny Committee (HOSC).

6.2. The plan will then be approved by the Primary Care Commissioning Committee (PCCC).

6.3. The clinical lead for each primary care transformation group will report progress monthly to the PCSIG.

**7. TIMESCALES**

7.1. Each primary care transformation group will agree and insert dates into their engagement planning template (Appendix 2).

7.2. The current aim is to complete the following elements of the engagement process as follows:

Audience analysis	March 2017
Gathering existing feedback	March/April 2017
Current views and public engagement workshops	April/May 2017
Using feedback and views to inform proposals	<i>To be added</i>
Further communication, engagement and/or consultation	<i>To be added</i>



**APPENDIX 1.0**

**You Said: We Did**

What we heard	How we reflected this in the Primary Care Strategy	Where this is addressed in the Primary Care Strategy document
<b>Strategy</b>		
<p>How does Strategy fit with other workstreams - STP, CSR, ICS, work of Federations and Vanguards and local Government changes? Crucial that they all link.</p>	<p>The Dorset Primary Care Strategy forms part of our plans for Integrated Community Services –a key part of our plans for Sustainability and Transformation. Plans include support for practices working together learning from innovation and transformation programmes locally and nationally including Vanguards.</p>	<b>Executive Summary</b>
<b>Patient Voice</b>		
<p>How is the patient voice heard in developing the Strategy? How are you going to capture feedback and ensure that it is representative of the patients/people’s views?</p> <p>Continued engagement with Voluntary and Community Sector for support with non- clinical solutions for patients</p>	<p>The CCG has an engagement strategy which reflects national best practice to ensure patient, carer and population voices are heard. The Strategy includes feedback received during engagement with a range of key stakeholders including General Practices, patient and community groups. Feedback captured has been used to inform the strategy and we have made an ongoing commitment to engage key stakeholders in the co-development and production of new models of care.</p> <p>The CCG is committed to working in partnership with local communities including representatives of the community and voluntary sector, building on existing partnership working. Part of this work will consider the role of other sectors as vital to transforming the way care is delivered including best practice approaches such as the 10 high impact changes for General Practice.</p>	<b>Engagement and Annual delivery Plan</b>
<b>Plans for Transforming Primary Care</b>		
<p>CCG need to be upfront and honest about changes, particularly about potential practice closures</p> <p>Recognition of locality demographics - Vital to engage views of people and communities who experience the greatest health inequalities and the poorest health outcomes is very important.</p>	<p>The CCG continues to engage with General Practices and key stakeholders to listen to local views and concerns about the plans outlined in this strategy. The CCG has no plans to close any practices. It is up to individual GP surgeries to decide whether to merge or not as they are independent contractors, we cannot force any change</p> <p>The Strategy proposes the development of local blueprints to better understand local need and how the current configuration of services can adapt to enable delivery of new care models. It is recognised that addressing local variation in care quality and outcomes as well as working to address inequalities in health as part of Prevention will be key aspects of plans to co-design and deliver this strategy at a local level.</p>	<b>Future Model of General Practice</b>

<p>Practices want to be involved in development of Blueprints and pilot new ways of working</p>	<p>The CCG is committed to working in partnership with General Practice to develop local blueprints which begin to describe local need and how new models of care can better address these needs. As part of the CCG investment in General Practice over the next few years funding and resources will be made available to both sustain and transform the way in which care is delivered including the testing, adoption and spread of best practice and new ways of working.</p>	<p><b>Future Model of General Practice</b></p>
<p><b>Care Models and Access to Care</b></p>		
<p>Transport links - limited public transport in rural areas, particularly affect elderly patients and those that do not drive. Bad winter weather conditions</p>	<p>The CCG is committed to working in partnership through the Dorset Sustainability and Transformation Plan to deliver improvements in Prevention and Integrated Care. Part of this work needs to address the wider determinants of health and access to community facilities and resources, access to local services and accessible transport is likely to play an important part in this work.</p>	<p><b>Enablers</b></p>
<p>Greater acknowledgment of the difficulties the ever increasingly elderly population will have, especially those with multiple morbidity if less access to services locally</p>	<p>The CCG recognises the difficulties that our older and frail population face. The CCG strategic ambition is to help all people to lead healthier lives and provide the care and support to enable this. The strategy outlines new models of Integrated Care designed to be more patient and carer centred, wrapping services around patients, targeting resources on those with greatest and most complex needs.</p>	
<p>Will the Strategy do enough to support 90% of NHS access via the GP and address appointment issues</p>	<p>The Strategy includes a commitment to developing and delivering a GP Forward View plan. This includes additional investment and support to transform access to care, targeting resources on those with the greatest need, increasing direct patient care as well as remote access to care. This plan will set milestones for improving access for patients and measures to ensure patient experience is reviewed in order to assess the success of these measures.</p>	
<p>Growth of service provision in Practices has flourished and is valued by patients who would want to see this continue and not diminish</p>	<p>The CCG knows what is valued by patients and is committed to ensuring the patient voice is heard and that patients are involved in plans for the design and delivery of local services. This Strategy makes a commitment to supporting Provider development in order to enable service providers to work in partnership to deliver new care models.</p>	
<p>Many Practices have good on-site dispensing services that are vital to rural communities</p>	<p>The CCG has already developed improved Prescribing and Medicines Management support for General Practices. Schemes such as introducing Clinical Pharmacy into General Practice teams will further enhance this commitment to better supporting patients. The way in which medicines are prescribed, dispensed, used and reviewed will form part of local plans for new care models. Local accessibility and the needs of rural communities will be reflected in these plans.</p>	
<p>People want continuity of good care and not all necessarily mind who provides it as long as there is good continuity re their notes – IT is vitally important – and the practices need computer systems/IT which support this going forward</p>	<p>This Strategy places the importance of patient centred care and care continuity at its heart. Central to this will be the development of Integrated Care teams so that patients have named Care professionals co-ordinating their care. Plans will be supported by a Dorset Digital Roadmap which aims to transform the way care is delivered increasing care access, care continuity and care integration</p>	

<p>Need quality presented locally          – in a rural county the most important thing is access to services, few people would go elsewhere as they want access to access a high quality service locally</p>	<p>This Strategy recognises the importance of services being responsive to local need and the challenges faced by people living in rural communities. The CCG is committed to working in partnership with General Practice to develop local blueprints which will describe local need and how new models of care can better address these needs. As part of the CCG investment in General Practice over the next few years funding and resources will be made available to both sustain and transform the way in which care is delivered including the testing, adoption and spread of best practice and new ways of working.</p>
<p>Service users want to get the best care available and will travel to get best quality care, provided transport issues are addressed</p>	<p>This Strategy seeks to address unwarranted variation which impacts on the care, quality and outcomes in local communities. The CCG is committed to working in partnership through the Dorset Sustainability and Transformation Plan to deliver improvements in Prevention and Integrated Care. Part of this work needs to address the wider determinants of health and access to community facilities and resources, access to local services and accessible transport is likely to play an important part in this work.</p>

## Appendix 2.0

### PUBLIC ENGAGEMENT TEMPLATE FOR PRIMARY CARE TRANSFORMATION GROUPS

**Introduction:** This template has been developed to help primary care transformation groups plan meaningful and timely public engagement when developing proposals for future service provision. The template is a working document which should be updated as the programme of work develops. The CCGs primary care and engagement and communications teams will provide support to develop and implement the plan.

<b>Transformation Group</b>	
<b>Clinical Lead</b>	Name: Telephone number: E-mail :
<b>Principal Programme Lead</b>	Name: Telephone number: E-mail:

Action	Time required
<b>Step 1: Audience analysis</b> To help establish who should be involved and informed at each stage of the design of proposals for future primary care provision	
<ul style="list-style-type: none"> <li>Define team to complete audience analysis – including e.g. locality leads, practice managers, local councillors, PPG chairs, etc.</li> </ul>	½ hour
<ul style="list-style-type: none"> <li>Arrange a ½ day initial analysis session.</li> </ul>	½ day
<ul style="list-style-type: none"> <li>Carry out initial ½ day audience analysis session using standard audience analysis template.</li> </ul>	½ day
<ul style="list-style-type: none"> <li>Agree attendance for initial stakeholder workshop (step 3)</li> </ul>	Included above
<ul style="list-style-type: none"> <li>Populate the audience analysis template with contact details – prioritising key stakeholders to facilitate planning of stakeholder workshop (step 3).</li> </ul>	1 week
<ul style="list-style-type: none"> <li>Link with the CCGs Engagement and Communications (E&amp;C) team to populate with members from the following third sector engagement partners:                             <ul style="list-style-type: none"> <li>Dorset Community Action</li> <li>Volunteer Centre Dorset</li> <li>Bournemouth Council for Voluntary Services</li> <li>Poole Council for Voluntary Services</li> <li>Dorset Race Equality Council</li> <li>Dorset Association of Parish and Town Councils</li> </ul> </li> </ul>	Included above
<b>Step 2: Existing feedback</b>	
Feedback on primary care services provided over the last year will be collated for consideration by each transformation group.	

Action	Time required
<ul style="list-style-type: none"> <li>● Collate feedback from patients, carers and the public gathered over the last year. Sources might include:                             <ul style="list-style-type: none"> <li>○ Family and Friends Test data</li> <li>○ Patient and carer surveys</li> <li>○ CQC data</li> <li>○ CCG engagement or consultation events</li> <li>○ Compliments and complaints received by GP practices and the CCG Quality Directorate</li> <li>○ Community Vanguard engagement work</li> </ul> </li> </ul>	1 week
<ul style="list-style-type: none"> <li>● Review existing feedback and pull out the key themes and individual points of interest to be shared with the programme team (step 4)</li> </ul>	Included in above
<ul style="list-style-type: none"> <li>● Confirm list of (~20) public stakeholders to be invited to an initial public engagement workshop (refer to Audience Analysis (step 1). Examples of attendees:                             <ul style="list-style-type: none"> <li>○ Local councillors</li> <li>○ PPG Chairs and representatives</li> <li>○ Voluntary sector leaders</li> <li>○ POPP champions</li> <li>○ Community wayfinders.</li> </ul> </li> </ul>	1 hour
<ul style="list-style-type: none"> <li>● Work with the E&amp;C team to arrange a ½ day stakeholder engagement workshop to seek views on current services and emerging ideas for future proposals.                             <ul style="list-style-type: none"> <li>○ Book suitable venue, refreshments &amp; equipment</li> <li>○ Design and send invitation</li> <li>○ Receive responses (note special need requests)</li> <li>○ Design programme for the event</li> <li>○ Produce presentations</li> <li>○ Print programme, registration and evaluation forms</li> <li>○ Arrange on the day facilitators</li> <li>○ Produce facilitator pack and arrange briefing</li> </ul> </li> </ul>	6 weeks
<p><b>Step 3: Seeking current views – stakeholder workshops</b>                      Seek the views of key public stakeholders on current services and emerging ideas for future proposals.</p>	
<ul style="list-style-type: none"> <li>● Collate and theme feedback gathered at the stakeholder engagement workshop.</li> <li>● Place into report format.</li> </ul>	1 week
<ul style="list-style-type: none"> <li>● Review feedback reports produced from existing feedback (step 2) and public engagement workshop (step 3).</li> </ul>	Existing meeting

Action	Time required
<ul style="list-style-type: none"> <li>Use the feedback to inform the design of future proposals for primary care health services.</li> </ul>	As above
<ul style="list-style-type: none"> <li>Record how feedback either a) reflects and/or b) informs the design of future proposals for primary care services</li> </ul>	½ day
<ul style="list-style-type: none"> <li>Share the above outcomes with stakeholders, as identified on the audience analysis.</li> </ul>	½ day
<ul style="list-style-type: none"> <li>Link with the E&amp;C team to produce appropriate media/communications information to communicate outcomes of public engagement.</li> </ul>	1 week
<ul style="list-style-type: none"> <li>Given the depth of interest in, and importance of primary care health services, it is recommended that proposals to significantly change the way services are delivered are presented and tested out at public view seeking events – explaining how public stakeholders have informed the development of the proposals and providing the opportunity comment.</li> </ul>	
<ul style="list-style-type: none"> <li>Work with the E&amp;C team to arrange a public engagement event.               <ul style="list-style-type: none"> <li>Book suitable venue, refreshments &amp; equipment</li> <li>Design promotional materials</li> <li>Set up a process for receiving responses (and noting special need requests)</li> <li>Design programme for the event &amp; view seeking methodology to be used</li> <li>Produce presentations, display information, etc.</li> <li>Print programme, registration and evaluation forms</li> <li>Arrange on the day facilitators</li> <li>Produce facilitator pack and arrange briefing</li> <li>Review Audience Analysis (step 1) to ensure that the event is appropriately and widely publicised.</li> </ul> </li> </ul>	6 weeks
<ul style="list-style-type: none"> <li>Collate and theme feedback gathered at the public engagement event. Place into report format.</li> </ul>	1 week
<b>Step 4: Using feedback to inform proposals for future primary care provision</b>	
<ul style="list-style-type: none"> <li>Review feedback report at a programme meeting.</li> </ul>	Existing meeting
<ul style="list-style-type: none"> <li>Use the feedback to inform the final proposals for primary care health services.</li> </ul>	As above
<ul style="list-style-type: none"> <li>Record how feedback either a) reflects and/or b) informs the design of future proposals for primary care services. Also provide feedback to</li> </ul>	3 days

Action	Time required
<p>questions asked and explanations for where views are not used to inform proposals.</p>	
<ul style="list-style-type: none"> <li>• Share the above outcomes widely with stakeholders, as identified on the audience analysis. Also share the outcomes on the web and via social media.</li> </ul>	1 week
<p><b>Step 5: Informing, engaging or consulting on proposals</b></p>	
<p>Step 5 will vary by programme and detail of the proposals that have emerged by this stage. For example, combining of back office functions can be communicated to the relevant audience, while proposals to significantly change the way services are delivered will require wider public engagement and/or consultation.</p>	
<p><b>Step 6 On-going communication and engagement</b></p>	
<p>Each plan will consider the most appropriate process for on-going communication and engagement to ensure a continuous feedback loop is in place to reflect any changes. This is likely to be through PPG's but will include all key stakeholders identified in the audience analysis.</p>	

## APPENDIX 3.0

### NATIONAL GUIDANCE AND DUTY TO INVOLVE

The CCG works in accordance with the NHS England National Guidance [“Transforming Participation in Health and Care”](#), 2013.

In April 2016 under delegated commissioning the CCG absorbed full responsibility to involve the public in the commissioning of primary medical services.

In March 2016, NHS England recently produced a [“Framework for patient and public participation in primary care commissioning”](#).

This framework is a guide for primary care commissioners – and anyone who is interested, including patients and the public, the voluntary sector, and providers of health and social care services – on how to involve patients and the public in the commissioning of primary care services.

The summary of key points and actions for Primary Care Commissioners is attached as Appendix “X”.

The framework is designed to be read in conjunction with the [NHS England Patient and Public Participation Policy](#) and the Statement of Arrangements and [Guidance on Patient and Public Participation in Commissioning](#).

Other useful information on involving the public in Primary Care Commissioning can be found on the NHS England website [here](#)

## APPENDIX 4.0

### SUMMARY OF KEY POINTS AND ACTIONS FOR PRIMARY CARE COMMISSIONERS

- Primary care services are required by the whole population; not everyone is registered with a GP and the needs of under-represented and 'seldom heard' groups need particular consideration in respect of primary care. More than any other part of the NHS, primary care has the potential to reduce health inequalities in the population.
- Patient and public participation is an essential component of commissioning, and should be considered at all stages of the commissioning cycle (planning, buying and monitoring health and care services).
- NHS England and Clinical Commissioning Groups need to work in partnership with other commissioners and providers to make primary care services joined up and effective for patients and the public.
- Consider the need for – and best approach – to participation depending on the situation, the population in question, and existing sources of information and insight; these sources may be national, regional or local.
- Keep good records of your approach to participation including how you have assessed the legal duty to involve the public in commissioning. NHS England commissioners are required to document their assessment of whether Section 13Q (the legal duty to involve the public in commissioning) applies using the standard form available on the NHS England intranet.
- Plan for participation – including identifying benefits (with measures of impact where appropriate) and costing participation activity; participation plans need to be factored in to overall business planning and programme planning.
- Involve people early on, not as an afterthought.
- Involve people in ways that are appropriate to their needs and preferences, and provide them with the necessary information, resources and support to enable them to participate.
- Work with partners in involving people, including other commissioners, providers, Patient Participation Group (PPG) networks, Healthwatch, and the voluntary and community sector.
- Feed back to those you have involved about the impact of their participation. Explain how their participation has influenced commissioning, and if not, why not.
- Document and report on participation activities and impact for assurance and quality improvement purposes, publicising and celebrating success and sharing learning.

(Source: Framework for patient and public participation in primary care commissioning, NHS England (31 March 2016).

## APPENDIX 5.0

### GP FORWARD VIEW - 10 HIGH IMPACT CHANGES



For further information please see <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

APPENDIX 6.0

# PPEG guide for person-centred discussions



NHS Dorset CCG’s Patient (Carer) and Public Engagement Group (PPEG) believes that the following areas should be part of all discussions about the development of health and social care services across Dorset. The PPEG would like to hear reflections from these discussions and activities to support the CCG in transforming person centred care. Feedback can be shared with the PPEG via the Chair, Patient Leader, Anya de longh. Please forward to Engagement and Communications Lead [frances.aviss@dorsetccg.nhs.uk](mailto:frances.aviss@dorsetccg.nhs.uk) who will share with Anya.

Area	Please consider.....
Integration towards person centred care	How you are starting the process of integration thinking about the person, and not just the organisations around them?
Patient and public involvement	How you are actively involving local people in co-producing your service models/plans?
Social care	How you are not only considering, but working extensively and collaboratively with social care?
Mental Health	How you are ensuring that support for mental health is integral to your design for local people?
Voluntary sector	How you are developing meaningful partnerships with local voluntary and community groups, and supporting a non-medical model of health and wellbeing?
Use of existing services	How you are not replicating services or support, and maximising signposting and use of existing networks and support?
IT systems	How are you ensuring that IT systems facilitate person-centred care and smooth transition for people using services?
Transport	How you are considering how people will be able to travel to access your services and support
Equality and Diversity	How you are giving consideration to the 9 statutory protected characteristics in all aspects of the programme?

