Moving towards GP Commissioning in Buckinghamshire

Buckinghamshire Pathfinder Patient Public Engagement Pilot

What keeps you well? & Citizens Jury
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Introduction

NHS Buckinghamshire, and its predecessor PCTs, have a long history of working co-operatively with patients, partners and the public in the development and management of local NHS services. The organisation has well managed relationships with a wide range of stakeholders, and a track record of involving individuals and communities in planning for commissioning. In addition to running its own patients’ panel, the PCT works with a wide range of voluntary and public sector organisations on health and well-being issues.

The PCT was the first in the region to produce a patient and public engagement toolkit for use in developing commissioning plans. This has now been adopted by other PCTs in the SHA area. The PCT also uses feedback from the PALs service, complaints and patient surveys when developing plans. Examples of commissioning which has had patient and/or public engagement includes changes to the children’s respite service, the merger of two neuro-rehabilitation services, the establishment of the GP-led health centre, the establishment of the Chlamydia screening programme and the appointment of a new musculoskeletal service provider.

NHS Buckinghamshire has strong relationships with both Buckinghamshire Public Health Overview and Scrutiny Committee and Buckinghamshire LINk. The organisations work jointly on a number of issues (for example, developing services for people with dementia). There is regular engagement with community groups to develop plans for local health services including the future of the county’s community hospitals and a number of public events on health themes in different localities are delivered around the county. These are an opportunity to discuss and debate changes and developments, and they are usually well attended.

The current functions of the PCT with regard to patient and public engagement will be reviewed by the Transformation Team in March. This team is responsible for leading on the development of GP commissioning. There will be an options appraisal, involving all stakeholders, to determine the future shape of patient and public involvement, and for determining what needs to be maintained, developed or stopped.
The Pilot

Buckinghamshire has demonstrated a good level of public patient engagement, but it is recognised that current practices do have limitations. Forums are used to communicate messages and inform the population of current and future plans, rather than involve them in the decision making for commissioning or de-commissioning. Buckinghamshire has a largely healthy, wealthy population and there is a tendency for groups to be made up of the affluent middle class ‘worried well’ and/or professional patients with a self interest. Whilst this may be appropriate for a narrower focus, such as COPD, often the ‘representative’ group is not truly representative of the population served.

The pilot will aim to involve a more representative group not only for information sharing but in decision making. This will be achieved through two approaches; building on the the “what keeps you well?” study and the establishment of a citizens jury.
Buckinghamshire Pilot Approach and Outline Plan

GP Commissioning is a complex and dynamic programme aiming to bring about change in an organic system through distributed leadership. Public engagement is part of this process, not a byproduct of the programme. THE RCGP Centre for Commissioning highlights the role of the public in green.

Additionally public and patient involvement is an integral part of the whole RCGP GP Commissioning Competency Framework.
This pilot has four parts the combination of which will create a synergy, an energy, new knowledge and culture of engagement.

The concepts, approach and process will inform the commissioning cycle by contributing to needs assessments, decision making, and evaluation.

a) The programme will raise awareness and encourage engagement in conversation about commissioning amongst the public by asking the Question “What Keeps You Well?”

b) The awareness raising social movement approach will grow and inform the recruitment, training and employment of a Citizens Jury to work with the Consortium to enhance public engagement in commissioning and de-commissioning decisions.

c) The leadership and commissioning learning programme will be informed by these local initiatives and the public and patient engagement GP commissioning competencies will be developed through clinician involvement in local programmes.

d) As part of the DH pilot good practice will be shared across Buckinghamshire and with the RCGP Commissioning Centre and DH.

An Action Research approach will be taken to the pilot looking at the depth and breadth of involvement and make visible the enabling and inhibiting factors that exist to support or change the culture and mind sets around public involvement at public, professional and system level.

The strategy will be developed with present PPI networks that identify approaches and measures linked to national imperatives and local needs.
Success measures will be identified for all four areas of the initiative each linked to the commissioning cycle and aspects of social movement theory. Keys areas to highlight will be a) information for the public on GP commissioning, b) feedback process for the public on GP commissioning and c) influence pathways for GP commissioning.

An intervention that includes the public at each stage of GP Commissioning will be developed and adapted as the GP commissioning programme evolves. A plan for engagement will be developed and will include an educational programme on PPI for each of the groups of participants noted in the RCGP Competency Framework. This education will go further than the competencies noted by the RCGP and include aspects of Social Movement thinking.

The innovative elements of the programme that are developing from the social movement approaches will be examined, themes identified and the findings shared and if successful support materials and signposting will be developed to enable others to take the same actions.

Pilot Approaches to PPI

1 What keeps you well?

The approach was initially piloted with a mixed group of the adults from the local community to test the idea that people would answer the question and discuss their answers as a group. Sixty (60) members of the public took part in the exercise and ten (10) members of the PCT Board.

This initial pilot was a success and the answers highlighted that those asked wanted to be active, involved and useful to others. The initiative will now evolve to include those groups identified as difficult to access. To gain trust and truthful answers those asking the questions need to be credible, trusted and be able to connect with the public.

- Recruiting the Public as Community Investigators
  The pilot has therefore recruited five interns to be ‘as near to the peer or the group as possible’ and to give a public lens to the process from the start. Each is funded to work
for three months on the engagement project and to develop appropriate processes to ensure that the specific group voice is heard.

- **Involvement of Young People in Buckingham**

  Young people are unrepresented in usual consultation processes. Young people see involvement in service development as a chance to make a difference but also recognise the value of greater confidence and self-esteem, or of feeling valued and respected. Young people feel that involvement opportunities encourage them to take responsibility and prepare them for their future careers (DH).

  In January 2011 every form group in a school in a Buckingham Secondary School has been asked, as a tutorial group exercise “What keeps you well?” The sessions were led by one of the interns (Fiona Reynolds). Results will be collated. These will be collated for the school and then combined with the other data for the PPI project.

- **Involvement of Vulnerable Groups in Buckingham**

  Vulnerable community groups in the town will be asked the same question through another intern working with Chapter One a homeless Charity and Sure Start. The sessions will be led by one of the interns who is a nurse and counsellor (Sally Siddique). The general public will be asked during a Market day when the rural community comes to the town.

- **Building on community engagement networks in Aylesbury**

  Previously Bucks County Council and Buckinghamshire PCT have supported community engagement initiatives in partnership with the third sector, for example the Stroke Association. Work to engage and enable individuals and carers to care for themselves and others has resulted in a number of networks and self sustaining support groups across the region. These groups have emerged from shared understanding of the needs of individuals and communities and a shared focus on well being, connectivity and activity. The onus has been on self sustainability communities’ not state support.
These networks and groups will be asked to contribute to the “what keeps you well” debate by engaging the lead who already has the relationships and connections as an intern in the programme and provide another public perspective.

- Analysis and theming of the findings
The results of the community scoping initiative will be themes and a report produced by another intern (Hazel Shepherd, Health Scientist) who will use the Big Society dominant themes (What the state does for me, what I do for myself, what I do for others) to analyse the responses.

This community development approach to needs analysis aims to inform the commissioning process as well as engage the public in the process of commissioning. This local activity will therefore contribute to the data needed to commissioning and develop the knowledge and skills around PPE of those involved on commissioning. The processes for public engagement will therefore be used as a learning resource for the Commissioning programme and PPE will be learnt from real local examples.

2 Citizens Jury
The strengths, weaknesses, opportunities and threats around a Citizens Jury approach informing the GP commissioning decisions is being developed and local experts being asked to contribute to the process.

The What Keeps you well initiative and the development of a citizens jury will be part of the public engagement programme informing GP commissioning and will run in tandem with a report to DH outlining progress being presented end of March 2011.

A Citizens Jury is a group of selected members of a community that makes recommendations to decision-makers on a complex issue after a period of investigation and deliberation on the matter. The approach has been used internationally to address difficult decisions in public spending, develop and test policy, develop community awareness and public engagement.

A Citizens Jury is one of the several deliberative methods for public participation that can be used to improve the democratic process and feeds into the Big Society approach taken by the present government. The advantage of this process is that it is focussed,
thorough, and fair, giving decision makers a kind of citizen insight on a particular issue that they may otherwise not get. The disadvantage is that it can be costly in time and money and remain focussed on the few rather than engage the many.

The focus of the Buckinghamshire pilot is transformation not transfer. This approach to public participation is transformation in that it utilises the way other professions and systems involve the public and devolve power. In turn the approach seeks to evolve a new level of engagement and understanding for both the public and the professionals involved. During January 2011 PPI experts and leads will be consulted on the feasibility of this approach.

Citizens Jury is a tool that can be used by a consortia as a means of enabling the public to become involved at all levels of the consortia, raising awareness of the issues, supporting a social movement approach and building cooperation with decision-makers such as that suggested for GP consortia in the RCGP GP Commissioning competency framework.

Proposal: A randomly selected and demographically representative jury, usually consisting of 12 to 25 individuals, meets (over three to five days) to hear evidence from the What keeps you Well initiative and make recommendations on an issue of public concern. Other areas for consultation will be considered in due course. Jurors are typically paid a stipend for their time. The jurors call and cross-examine witnesses who represent a range of perspectives and opinions.

After hearing the evidence, the jurors take the time to deliberate together and develop a consensus on the question or questions they have been asked to address. On the final day of their hearing, Jury members present their recommendations to the public and to the media.

The Jury’s sessions are usually overseen by an ‘Oversight Panel’ - a group of external observers or stakeholders who represent a diverse range of interests. The role of the panel is to monitor and evaluate the fairness and credibility of the entire process. This stakeholder panel could representatives from the PCT, the Consortia, the Overview and Scrutiny Committee and Health Watch. Such a united panel could help in joining the key

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stakeholders who will contribute to the development of the Health and Well Being Board as well as support those involved in developing their own knowledge and competencies around leadership and commissioning.

**Objectives**

Develop plan of action outlining shared principles of public engagement and inclusion of PPI in the operational plan.

Identify partners, process and priority areas for action with Public and Partnership Leads in South Bucks Hospital Trust, OBMH Mental Health Trust, Buckinghamshire County Council, Buckinghamshire Voluntary Association leads and LINKS.

Develop a joint plan that draws on local experts in terms of academic processes, practical delivery and networks.

Identify success measures, evaluation process and outcome criteria, a leader for the process (potentially a tender process due to the current workload of all involved in the present NHS changes), a timeline for action and agree the membership and management of the overview panel.

Link process PPI learning initiatives being delivered as part of national, regional and local GP commissioning knowledge and competency development programme, for example the Practice Leaders Programme learning sets and INHS workshops,

Establish a reporting mechanism and communication plan to share the ideas, process and outcomes with the wider public and stakeholders.

3. Leadership development programme for PPI competencies

4. Pilot, developing models and sharing good practice
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<tr>
<th>PLAN</th>
<th>Jan 2011</th>
<th>Feb 2011</th>
<th>March 2011</th>
<th>April</th>
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<th>July</th>
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<td>Citizens Jury</td>
<td>Secure funding and set timing February – July 2011. DH funding to support a citizens jury for 6 months.</td>
<td>Develop proposal Julie Wells to develop. Link with PCT PPI workstream to ensure synergy of approach</td>
<td>Start Citizens Jury work i) Set up an Oversight Panel – it should be composed of a range of stakeholders with general knowledge of the issue. They will oversee the process, provide focus to the issue before the jury, and ensure overall fairness. ii) Select 2 or 3 qualified and skilled moderators? PCT PPE lead and utilise present experts, create some successors.</td>
<td>Jury selection – Identify potential jurors through random and scientific method, using the networks and projects currently in place. Three strands of engagement, and there will be more. Five interns working young people, young men, vulnerable and isolated communities. Learning sets include vol, sector to ‘rethink the issues’ and therefore the solutions.</td>
<td>Witness selection – Select expert witnesses who will provide a range of views, to ensure jurors are presented a balanced picture of the issue. Clearly define the issue facing the Jury.</td>
<td>Jury time</td>
<td>Prepare a plan with PCT to publicly convey the outcome of the Jury to the appropriate government body, and to invite media coverage. An effective media strategy and a wider public dissemination of results is essential for achieving the desired impact through a Citizens Jury initiative</td>
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<td>What Keeps you well</td>
<td>Present project, Recruit interns. Complete School 150. Identify key gps. Identify Aylesbury links</td>
<td>School report complete 16th February. Work with key groups in Buckingham. Identify groups in Aylesbury. Conduct prog. Identify themes and develop models to inform similar initiative in Amersham</td>
<td>PPI approaches developing for Buckingham Project, Practices, localities and UC. 31 March Complete initial DH report. Share examples of good practice and models with Amersham</td>
<td>Social Media up and running and linked but separate from PCT communications.</td>
<td>Social Media initiatives self sustaining</td>
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<td>PPI RCGP Comps</td>
<td>Identify good practice, learning needs</td>
<td>Link with SHA INHS progs to develop PPI learning resources. Include in learning sets</td>
<td>Share local good practice and developments with UC at event. Identify Citizens Jury subjects alongside exec team and include exec leaders as experts for jury work</td>
<td>Knowledge and Information sheet on PPI ways and means, who where and whys.</td>
<td>Develop witnesses for jury</td>
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<td>Pilot</td>
<td>Project outline</td>
<td>Data gathering</td>
<td>Data analysis and synthesis. Initial report</td>
<td>Consortia have lay involvement, utilise networks and examples of good practice in the future.</td>
<td>Presenting to consortia and develop models</td>
<td>Share with RCGP and DH</td>
<td>Publish final report</td>
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