



Wrightington, Wigan and Leigh NHS Trust

CONSULTATION POLICY

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Wrightington, Wigan & Leigh NHS Trust

CONSULTATION POLICY

POLICY STATEMENT

The purpose of this policy is to establish the way in which consultation is undertaken in the Trust. Consultation can be categorized into two approaches, formal and informal consultation. This policy describes the two methods and sets out the key criteria and best practice approach to be adopted when conducting a consultation and the reasons why we should consult.

1.2 Equality and Diversity

The policy has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and as far as we are aware, there is no impact on any Equality Target Group.

In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust's Equality Diversity and Inclusiveness Policy.

1.4 Human Rights Act

In drawing up this policy due regard has been given to the Human Rights Act 1998 and Article 8, the right to respect for private family life would appear to be of particular import.

In this respect it is noted that the rights of the child must be taken into account when consideration is being given to a request by a parent/guardian for disclosure of information relating to the child.

1. KEY PRINCIPLES

Wrightington Wigan and Leigh NHS Trust is committed to involving local people in planning and decision making today and in the future. We endeavour to meet expectations within available resources and hope to do this through a variety of innovative methods.

As a result of the National Health Service Act 2006, coming into effect in November 2006 the previous section 11 of the Health and Social Care Act (2001) is now Section 242. The full bill is available at: www.opsi.gov.uk/ACTS/acts2006/20060041.htm#aofs

1.1 Section 242 of the Health & Social Care Act 2001 places a duty on Strategic Health Authorities, Primary Care Trusts and NHS Trusts to make arrangements to involve and consult patients and the public in:

- a) planning services they are responsible for; *not just when a major change is proposed but in ongoing service planning*
- b) developing and considering proposals for change in the way those services are provided; *not just in the consideration of a later proposal but in the early development stages*
- c) decisions to be made that affect how those services operate; *in decisions about general service delivery; not just major changes*

Formal Consultation is only one method of seeking consumer views.

When you consult, care must be taken to comply with legal duties, such as those that arise under the Human Rights Act, the Data Protection Act, the Freedom of Information Act and laws against discrimination and defamation. In addition, the Race Equality Scheme contains specific obligations relating to the assessment.

This document outlines both the informal and formal consultation processes.

2.0 FORMAL CONSULTATION

Alongside informal consultation, certain statutory obligations are placed on all NHS Trusts to formally consult with other organisations on arrangements for the provision of health services for their resident population. The formal consultation process will in most circumstances be led by the Primary Care Trust.

CIRCUMSTANCES REQUIRING FORMAL CONSULTATION

2.1 Obligations under the Regulations

The Local Authority (Overview & Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (SI 2002 No. 3048) state:

“.....where a local NHS body has under consideration any proposal for a substantial development of the health service in the area, or for a substantial variation in the provision of such service, it shall consult the overview and scrutiny committee of that authority.”

This regulation places an obligation on the Trust to consult formally where:

- i) substantial changes to the pattern of services are proposed
- ii) Definition of Substantial Variation to the Provision of Services

There are no specific definitions provided in the Regulations of what might constitute a substantial development or variation of service. It would be impossible to set specific definitions on what might be deemed a 'substantial' change. However it has been agreed between the PCT and OSC that at the outset, the following issues should be taken into account:

- Impact closure of facilities
- Relocation of facilities outside of a specified distance
- Reduction of service
- Cessation of service
- Development of new or existing services.

In such circumstances the Trust would discuss their plans with the OSC and PCT, who would decide if a formal consultation process was required. Although not a legal requirement the Trust would work closely with the Patient and Public Involvement Forum on any formal consultation process.

The Government has established a "Code of Practice on Consultation" which sets out the key criteria that must be considered and applied when undertaking formal consultation. These are:

- Consult widely throughout the process, allowing a minimum of 12 weeks for written formal consultation at least once during the development of the policy.
- Be clear about what are the proposals, who may be affected, what questions need to be asked and the timescale for responses.
- Ensure that your consultation is clear, concise and widely accessible.
- Give feedback regarding the responses received and how the consultation process influenced the policy.
- Monitor the effectiveness at consultation
- Ensure consultation follows best practice

The Trust will seek to apply this criteria in its consultation processes.

3.0 INFORMAL CONSULTATION

3.1 The Department of Health stresses that if NHS Trusts are to deliver services, which most effectively improve the health of local populations, they should have positive consumer relations including two-way communication with the community, mechanisms for finding out what people think of local services and clear procedures for consultation. The latter is also endorsed in the Code of Practice on Openness in the NHS. The Department of Health emphasises, within the Strengthening Accountability practice guidance, the need for initiatives in forging links with local communities in advance of any Formal Consultation as this will aid a

shared understanding and potentially reduce objections to proposals at the Formal Consultation stage.

3.2 There are a wide range of methods and processes that could be used for informal consultation and these could vary to suit the issues to be discussed and the client group involved. These processes would be used to inform the eventual proposal that may become the subject of Formal Consultation.

3.3 The Trust already has mechanisms in place for informal consultation which include established working groups that have, as members, service users and other members of the public and the Patient and Public Involvement Forum. This is referenced within the PPI Strategy of the Trust. Consultation takes many forms and can include:

- Surveys
- Patient/Public Panels
- Informal discussions
- Focus Groups
- Play and Art events
- Meetings & Forums
- Photography/video mediums
- Interactive websites

This list is not comprehensive and many other approaches may be adopted by staff when engaging with patients and the public

4. RESPONSIBILITIES

4.1 Responsibility of the Trust Board

4.1.1 The Trust Board receives and where appropriate acts on monthly, quarterly and annual reports outlining how the Trust has been engaging with the local and wider community regarding the provision, quality and accessibility of its services.

4.1.2 The Trust Board delegates the further monitoring of this activity to the Patient and Public Involvement Steering Committee and Clinical Governance and Standards Board, which receive reports on a quarterly basis.

4.2 Responsibility of the Chief Executive

4.2.1 The Chief Executive is responsible for the Trusts Patient and Public Involvement strategy, which is delegated to the PPI Manager.

4.2.2 The Chief Executive when necessary will receive information about PPI activity that may have a significant impact on the Trust's performance.

4.3 Responsibility of the Director of Nursing and Patient Services

4.3.1 The Director of Nursing and Patient Services when required will receive information about PPI activity cases that relate to nursing or operational issues

4.4 Responsibility of the Head of PPI

4.4.1 The Head of PPI ,

Manages the PPI activity on behalf of the Trust working under the legislative requirements of the Health and Social Care Act, Section 242.

Provides reports to the Trust Board, Clinical Governance and Standards Board and Divisional Managers

Reports any trends to the relevant Director or manager

Monitors changes or improvements introduced as a result of engagement with patients/public.

Provides guidance and support to those involved in a patient/public engagement

4.5 Responsibility of General Managers

4.5.1 Will receive details of core patient/public engagement activities that relate to their area of responsibility

4.5.2 Will monitor the division's PPI action plans to ensure that they are complete

4.5.3 Will report on service improvements brought about by listening to service users to the Head of PPI,

4.5.4 Will receive minutes of the PPI steering group on a quarterly basis to assist in the monitoring of trends by highlighting areas of concern or best practice based on patient/public feedback.

4.5.5 Will designate leads to assist in PPI activity.

4.6. Responsibility of the Heads of Nursing

4.6.1 Will receive details of core patient/public engagement activities that relate to their area of responsibility

4.6.2 Will monitor the division's PPI action plans to ensure that they are complete

4.6.3 Will report on service improvements brought about by listening to service users to the PPI Steering Group

4.6.4 Will attend the PPI steering group on a quarterly basis to assist in the monitoring of trends by highlighting areas of concern or best practice based on patient/public feedback.

4.6.5 Will designate leads to assist in PPI activity

4.7 Responsibility of all Employees

4.6.1 All staff should be aware of the legislation requiring patient and public involvement as set out in the Policy and Procedure and how to access them,

4.6.2 Are expected to cooperate with PPI activity and outcomes and respond openly.

4.6.3 Are expected to attend relevant training in the area of public engagement.

5.0 BENEFITS – WHY CONSULT

5.1 Consulting with people is an essential part of the work of the Trust.

It is important because it:

- Helps to plan services and gives patients what they want and expect
- Helps to prioritise services and make better use of limited resources
- Helps to set performance standards relevant to patient's needs and monitor them
- Fosters a working partnership between patients and staff to help patients understand the problems faced by the trust and how they can help
- Alerts us to problems quickly so we have a chance to put them right before they escalate.
- Sends out a clear message to our patients about our commitment to be open and accountable

6.0 PROVIDE FEEDBACK

Providing feedback to patients/visitors/carers/members of the public regarding the responses received is essential because:

- It will demonstrate that the Trust has taken account of view expressed
- It will allow the Trust to demonstrate where improvements have been made as a result of comments received
- Where changes cannot be made, the Trust will explain the reasons for this
- Feedback mechanisms include:

Information on the Trust internet

Poster displays "You said – We Did"

Press releases

PPI project reports available to participants on request

Summary of PPI activity contained with the Trust Annual Report

7.0 WHAT WE HOPE TO ACHIEVE

We hope that this policy will overall improve the quality of the way in which the trust undertakes consultation by ensuring that the process is more effective and meaningful for the people involved.

8.0 MONITORING

Monitoring of the effectiveness of this policy will be undertaken by the Head of Patient and Public Involvement and will be reported via the Public Involvement Steering Committee. The Committee is chaired by a Non Executive Director of the Trust and includes representation from the statutory Patient and Public Involvement Forum, OSC and Voluntary Sector. The Steering Group meet and will monitor the effectiveness of

public engagement on a quarterly basis. Minutes of this meeting are received by the Clinical Governance and Standards Committee.

Accessibility statement

This document can be made available in a range of alternative formats, e.g. large print, Braille and audiocassette.

For more details please contact the HR Department on 01942 77(3766) or *email* equalityanddiversity@wvl.nhs.uk

References

Cabinet Office. Code of Practice on Consultation

DOH. Health & Social Care Act 2001

DOH. Overview & Scrutiny Committees Health Scrutiny Functions regulations 2002

Wigan Council. Building the future together

Ashton Wigan & Leigh PCT. Consultation Strategy 2006

DOH. National Health Service Act 2006