

Derby and Derbyshire Integrated Care Board (ICB) support to General Practice and Patient Participation Groups (PPGs)

This document outlines the support that the ICB Engagement Team can offer to General Practice around Patient and Public Involvement (PPI). The legal and contractual obligations relating to PPI are provided at the end of this letter.

Support for PPG Chairs and members of PPGs is provided by the:

1. PPG Network.

[The PPG Network](#) is facilitated by the ICB Engagement Team and was originally set up in 2020 to bring together PPG Chairs and their members to understand how we could best support them to engage and communicate with their practice population.

The meetings take place bi-monthly through Microsoft Teams for 1.5 hrs and have been a way for PPGs to learn and keep updated on the developments within the system.

We have approximately four items on the agenda at each meeting.

1. This is around system changes and transformation projects, and members of the network are encouraged to suggest their own items too. Topics have included, Integrated Care System updates, information about the Urgent Treatment Centre review, information about social prescribing, Dronfield PPG sharing an example of how they have engaged with their practice population to inform service development, and a discussion about Medicines Order Line.
2. This is an update from the ICB Primary Care Team, members of the network are asked if they would like anything specific covering within this item, and/or whether they have any specific questions.
3. This is an opportunity for network members to share learning, ideas and best practices. PPG Chairs and members can request this time to discuss/promote/share any work their PPG is undertaking.
4. This is an opportunity for the network facilitator to share any relevant information/updates.

The network has undergone a period of development and we will continue to work together to ensure it is a place for members to share, learn and help one another and ensures PPGs have the support they need to run their PPG and effectively engage with their Practice population.

This network is facilitated by Hannah Morton and is open to any PPG member who wishes to attend. We also have practice managers or other operational staff attending where they are the main contact for their PPG.

Support for Practice Managers, Clinicians, and other operational staff

2. National Association for Patient Participation (NAPP)

For help with how to meet the contractual requirement to establish and maintain a PPG, we advise that GP practices sign up to be a member of the [NAPP](#). NAPP will equip GPs with the resources needed to establish effective PPGs, and support with ongoing questions and issues.

It costs £60 for the first year of membership and then £40 for each year thereafter and all the benefits are outlined [here](#). Which includes an online community platform, ongoing telephone guidance on the formation and development of groups and set up guides.

Support around involving patients and members of the public in developing new services and changes related to service delivery.

3. ICB Engagement Team and the Guide to Patient and Public Involvement

This is the main role of the ICB Engagement Team, i.e., we offer support and guidance to commissioners and providers of NHS services around PPI in service design and change, which includes GP practices. The legal and contractual requirements around PPI are outlined at the end of this letter.

We have produced a comprehensive guide to PPI that covers all of these requirements which can be found [here](#). We are happy to talk through these requirements on a 1:1 basis or can set up briefing sessions for Primary Care Network's (PCN's).

We have a continuous engagement infrastructure that anyone can use which can support providers and commissioners to have conversations with people and communities; this is outlined in appendix 5 of the guide. We can also put together bespoke engagement plans should a more targeted approach be required.

If you would like more information, or have any questions regarding any of the above, please contact ddicb.engagement@nhs.net

NHS England Support

NHS England have come together with Healthwatch, National Association for Patient Participation, and The Patients Association to change the way services are delivered.

They have an online discussion space called 'Community Conversations' that can be found [here](#). It provides the opportunity for peer support, the chance to discover and share involvement examples and engage in meaningful conversations with other members.

NHSE have also developed a [video](#) to support with understanding the benefits of partnership working and offers ten recommendations to improve involvement in primary care.

Joining the online group is free and easy - click on the [Future NHS Page](#) and 'request access' to create an account. Once your account is created, request to join the group. Alternatively, you can also email england.ppgchampions@nhs.net to join this workspace.

You may also be interested in joining the PPG Champions Group. They meet every two months to bring together inspiring speakers and members of the public interested in primary care level engagement with people and communities. There are also opportunities to influence NHS England policy. Email england.ppgchampions@nhs.net to get involved!

Additional information:

Legal and contractual duties of General Practice regarding patient and public involvement

This paper seeks to clarify the position with regards to how the legal duty to inform, involve and consult as stated in section 242 of the NHS Act 2006, and S14Z45 of the Health and Care Act 2022, applies to General Practice.

Section 242 of the NHS Act 2006 applies to NHS Trusts and NHS Foundation Trusts, and Section 14Z45 of the Health and Care Act 2022 applies to Integrated Care Boards, so there is no direct duty that applies to General Practice.

However, given that commissioners have a legal duty to inform, involve or consult on service changes, there is a responsibility on General Practice to inform the commissioners of any service changes that might impact on the range of services they provide or the location from which services are provided, which might evoke the duty to involve. This would need to be done in a timely manner to allow for the process to be followed that is outlined in the [guide to patient and public involvement](#).

There is also a general contractual duty on General Practice via the PCN contract to engage, liaise and communicate with the PCN's patients, informing and involving them in developing new services and changes related to service delivery. Through this contractual requirement a PCN must also provide reasonable support and assistance to the commissioner in the performance of its duties to engage patients in the provision of and/or reconfiguration of services where applicable to the PCN's Patients.

Moreover, there could be a requirement to involve added to new contractual agreements between the commissioner and provider, for example, engagement around the Enhanced Access was a requirement as part of the Directed Enhanced Services (DES).

Therefore, in summary:

- General practice have a responsibility to inform the commissioners of any service change they are planning that may impact on the range of services provided, or the location that services are provided from.
- It is then the responsibility of the commissioner to ensure that appropriate involvement takes place to meet legal duties with the support of General Practice.
- This is supported by the contractual arrangements for PCN's that are outlined above, if the service change applies to the wider PCN.
- This needs to be done as soon as General Practice become aware of the need for a change in services, so that the correct process can be followed as outlined in the [guide](#).

See below for further information about relevant legal and contractual duties.

The PCN contract states the following about Patient and Public Involvement:

5.5. Patient engagement

5.5.1. A PCN must act in accordance with the requirements relating to patient engagement under the PCN's Core Network Practice's primary medical services contracts by:

- A. engaging, liaising, and communicating with the PCN's Patients in the most appropriate way

- B. informing and/or involving them in developing new services and changes related to service delivery, and
- C. engaging with a range of communities, including 'seldom heard' groups.

5.5.2. A PCN must provide reasonable support and assistance to the commissioner in the performance of its duties to engage patients in the provision of and/or reconfiguration of services where applicable to the PCN's Patients.

Legal duties for commissioners, NHS Trusts and NHS Foundation Trusts as outlined in the NHS Act 2006 amended by the Health and Care Act 2022.

- NHS bodies have a legal duty to involve patients and members of the public who might use services, in the:
 - Planning of services
 - Developing and considering proposals for changes to services (from the patient's point of view)
 - Decisions about services
- Where proposed changes to services are significant, 'Public Consultation' is normally part of the approach to discharging that duty
- Where the changes proposed are substantial in the view of the local authority whose area they affect, NHS bodies have a duty to consult the Local Authority via the HOSC
- Where the proposal is initiated by the service provider, they must consult the HOSC through the commissioner of the service in question
- Changes can be made temporarily due to a risk to the safety and welfare of patients or staff, without public involvement or consultation, however the decision to make a temporary change permanent must follow the full process set out in [our guide](#) (see appendix 4 p37).
- NHS bodies must 'due regard' to the need to eliminate the types of conduct that are prohibited under the Equality Act 2010 and to advance equality of opportunity and foster good relations between those who have protected characteristics and those who don't. This is called the 'public sector equality duty (PSED)'.

In addition to the above, there is also the following contractual requirement to establish and maintain a group known as a Patient Participation group.

Patient Participation GMS Contract

5.2.1. The Contractor must establish and maintain a group known as a "Patient Participation Group" comprising some of its registered patients for the purposes of:

- A. obtaining the views of patients who have attended the Contractor's practice about the services delivered by the Contractor; and
- B. enabling the Contractor to obtain feedback from its registered patients about those services.

5.2.2. The Contractor is not required to establish a Patient Participation Group if such a group has already been established by the Contractor in accordance with any directions about enhanced services which were given by the Secretary of State under section 98A of the 2006 Act before 1st April 2015.

5.2.3. The Contractor must make reasonable efforts during each financial year to review the membership of its Patient Participation Group in order to ensure that the Group is representative of its registered patients.

5.2.4. The Contractor must:

- A. engage with its Patient Participation Group, at such frequent intervals throughout each financial year as the Contractor must agree with that Group, with a view to obtaining feedback from the Contractor's registered patients, in an appropriate and accessible manner which is designed to encourage patient participation, about the services delivered by the Contractor; and

5.2.5 review any feedback received about the services delivered by the Contractor, whether by virtue of clause 5.2.4(a) or otherwise, with its Patient Participation Group with a view to agreeing with that Group the improvements (if any) which are to be made to those services.

5.2.6 The Contractor must make reasonable efforts to implement such improvements to the services delivered by the Contractor as are agreed between the Contractor and its Patient Participation.