

Purpose

1. This paper is for **discussion**. It sets out the standards and guidance in place to support and direct Integration Authorities how to engage with members of the public when redesigning services.

Author

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Action

3. Members are invited to consider and **agree the actions** set out at the end of the paper.

Introduction

- At the meeting of the Remote and Rural General Practice Working Group held on 12 September 2018 the draft Communications Plan was approved.
- Colin M Angus, as patient representative on the Group, agreed to develop a paper for discussion at the next meeting of the Group on how Health and Social Care Partnerships could engage with patients around redesigning service delivery.

Background

The National Standards for Community Engagement.

The outcomes of good community engagement include the following as listed in the document:

- The way in which public services are planned, developed and delivered is influenced by, and response to, community need.
- People who find it difficult to get involved (for example, because of language barriers, disability, poverty or discrimination) can help to influence the decisions that affect their lives.
- The various strengths and assets in communities and across public and private sector agencies are used effectively to deal with the issues communities face.
- New relationships are being developed between communities and public sector bodies which build trust and make joint action possible.
- There is more influential community participation in:
 - Community-based or community-led social and economic development activity;
 - The way public authorities design and deliver services; and
 - Policy, strategy and planning processes.

CEL 4 (2010)

Informing, engaging and consulting people in developing Health and Community Care Services, provides guidance to assist NHS Boards with their engagement with patients, the public, and stakeholders on the delivery of local healthcare services.

The Scottish Health Council is currently tasked with assessing and reporting on how well NHS Boards involve people in the development of services and working

with NHS staff and communities to improve how patients, carers and the public are involved in health services.

Paragraph 12 of CEL 4 (2010) reads “The Scottish Health Council was established to ensure NHS Boards meet their patient focus and public involvement, and to support them in doing so. Boards should therefore keep the Scottish Health Council informed about proposed service changes so that it can provide Boards with advice and, if necessary, support in involving potentially affected people in the process.”

The Memorandum of Understanding between Scottish Government, British Medical Association, Integrated Authorities and NHS Boards- GMS Contract Implementation in the context of Primary Care Service Redesign.

Under Section C Key Stakeholders, “HSCPs have a statutory duty via the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 to consult a wide range of local stakeholders and professional groups on their Strategic Plans and take decisions on the size and shape of local health and social care services on a collective basis based on dialogue with the local communities and service users, In relation to the development of the Primary Care Improvement Plan that would include (but not be limited to) patients, their families and carers”.

The 2018 General Medical Services Contract in Scotland.

In the Executive Summary, the sixth paragraph reads “We will ensure that engagement with patients, and other professionals delivering primary care, is a key part of the development and delivery of any service redesign.”

NHS in Scotland 2018, Auditor General Report.

Under Part 2, What needs to Change, paragraph 66, the Auditor General highlights “The Scottish Government, working with NHS boards and integrated authorities, should clearly set out the key decisions that need to be made in planning how to deliver services and why. This would help to ensure NHS staff and the public have the opportunity to make their voice heard.”

Suggested Way Forward

It is noted that responsibilities for meaningful patient engagement already rests with Health Boards and Health and Social Care Partnerships.

The following actions are suggested in order to ensure that this engagement with patients around redesigning service delivery takes place and can be appropriately evidenced.

- Identify all Health and Social Care Partnerships that have Remote and Rural patients. There may be some Remote and Rural patients who use primary Care services from across a remote and rural territorial Health Board boundary.

- Write formally to such Partnerships to evidence their engagement plans for transformation of service delivery with specific emphasis on Primary Care Transformation and request documented feedback from the process.
- Write formally to the Scottish Health Council to provide evidence of such engagement in accordance with statutory obligations and obtain advice from them on how to further engage should any shortcomings be identified in the engagement process.

Recommendations

Members are asked to discuss the contents of this report for approval and implementation.