

1. Background

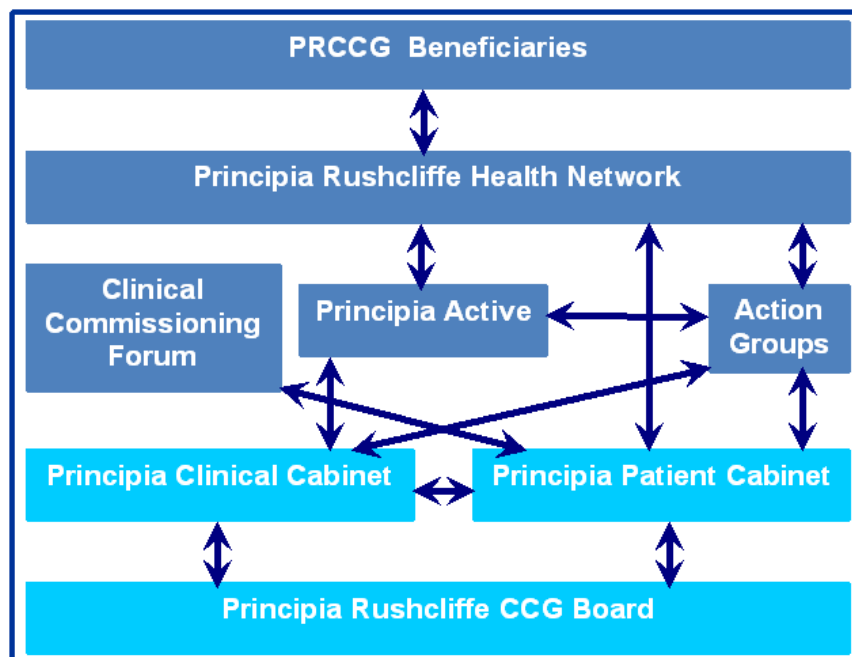
Patients and the public have been at the heart of decision making for many years in Principia giving it a national reputation for PPI. Much of what the Government is now recommending for the NHS has been second nature. The key to a successful transition from a PBC social enterprise to statutory body is preserving what is important and flexing it to meet future challenges. It is not about dismantling it in order to create a different structure.

As part of the Government's reforms for the NHS, Principia, Partners in Health will be replaced by Principia Rushcliffe NHS Clinical Commissioning Group (PRCCG) following a process of authorisation to become a statutory body. PRCCG will work in shadow form during the transition, taking on many of the functions of the PCT ahead of its disestablishment in April 2013.

This paper describes the arrangements for PPI in the transitional period which will be tried and tested ahead of the authorisation process and which will be in place from 1 April 2012.

2. PPI Model

2.1 The diagram below shows the proposed PPI model for the transitional period leading to authorisation.



2.2 It aims to provide a more robust link between the central PRCCG PPI groups and the Practices' Patient Participation Groups

2.3 It also provides formal links between the PPI function and the Clinical Cabinet and CCG Board.

2.4 Each formal group will have separate terms of reference indicating membership and rules of engagement.

2.5 As part of the PRCCG patient inclusivity philosophy, all patients registered with a Principia Rushcliffe GP practice are classified as a **Principia Rushcliffe beneficiary** - of which there are approximately 122,000 (as of 01 January 2012).

2.6 The majority of the 16 GP practices (13) have a **Patient Participation Group** (PPG) that has a membership recruited from the practice patient list. Each is structured to reflect the needs and expectations of the practice and to meet the requirements of the National PPI Direct Enhanced Services (where practices have signed up for this).

Each Community Ward will select a member to act as the PPGs' formal representative within the Principia PPI structure. This representative can be a PPG Chair or any other member selected by the PPGs. The representative will have a role description designed centrally as well as their PPG role/membership description.

Community Wards are the way that Principia divides its geographical area into 3:

- North – East Bridgford, Ratcliffe – on – Trent, Belvoir Group.
- Central (West Bridgford) – Ludlow Hill, Musters, Gamston, Compton Acres, Trent Bridge, Southview, West Bridgford Health Centre, St Georges.
- South – Keyworth, Ruddington, East Leake Medical Group, Orchard, Soar Valley.

The aim will be to have a PPG networking opportunity/event in each area, open to all PPG members in each year, to give lay advisers' time to share information and training. Lay Advisers are there to bring the patient perspective to the NHS professionals not as advisers to the general population.

2.7 **Principia Rushcliffe Health Network (PRHN)** is an 800 strong virtual group of individuals who have signed up to be involved or kept better informed about the work of PRCCG. This group will continue to act as at present, as a loose conglomeration of interested parties, but with an increasing role in gathering wider public and patient experiences, opinions

and views. An additional aim will be to expand its membership into wider sections of the beneficiary population.

2.8 Between the wider Health Network and the formal Patient Cabinet, there is the central Patient & Public information collection and dissemination arena for PRCCG. This is appropriately named **Principia Active Group**. Its core membership will bring together a wide range of representatives, both Principia specific and associate external organisations, all with the same or a similar role description, to act as the formal representative of their “home” group and as the official two way communications path between their home group and Principia Active. The activities associated with the PRHN will be organised by the PRHN Coordinating Group which will be a sub group of the Principia Active. They will guide the development and expansion of the PRHN along with organisation of the Principia Open meetings will also select a member to act as their representative on the Principia Rushcliffe Patient Cabinet *with* the same centrally designed role description as the PPG and Forum representatives.

The Principia PPI Manager will facilitate Principia Active supported by the Chair of the Principia Patient Cabinet. It will meet quarterly and operate in a virtual manner outside of its formal meetings.

Principia Active Membership

Health Forums:	
Cancer, Diabetes, 50+ Health, Mental Health, Carers/Learning Disabilities	5
PPG Chairs or selected representatives	15
• PPC Chair	1
• PPI Manager	1
• Principia Rushcliffe Health Network (PRHN) Co-ordinating Group	1
• Rushcliffe Community & Voluntary Service (RCVS)	1
• HealthWatch	1
• Rushcliffe Asian Community Association (RACA)	1
• Nottingham University Hospitals (NUH)	1
• County Health Partnership (CHP)	1
• East Midlands Ambulance Service (EMAS)	1
• Nottinghamshire Healthcare Trust (NHCT)	1

• Nottinghamshire County Council (NCC)	1
Total membership	31

The core lay advisers of Principia Active will have the primary role as described above but will also have a secondary one of being part of the Principia team implementing the PRCCG Vision and Values as detailed in its authorisation.

It is expected that the core members of Principia Active will only “wear one hat at a time” so there could be multiple lay advisers from the individual home groups but only one official representative.

2.9 The **Principia Patient Cabinet (PPC)** will be the centre/leader in PPI across all areas of PRCCG, and its associated organisations, and will be the source of the core Patient Perspective input for all PRCCG groups, fora and committees. The PPC will be part of the formal governance structure of PRCCG providing input into the Principia Rushcliffe CCG Board on all matters of PPI and ensuring that the legal and CCG Board requirements of being an NHS organisation are propagated down through the PPI structure.

It is proposed that this meeting will convene every other month in between the CCG Board dates.

In order to provide a formal and direct link to the CCG Board, the Non-Executive Director identified as champion of engagement and patient experience will be a member of the PPC.

In order to link directly to the Principia Clinical Cabinet, there will be a role on the PPC for the Patient representative on the Clinical Cabinet.

Membership of the Principia Patient Cabinet

Patient Participation Group chairs or selected representative – one member per community ward on a rotational basis	3
Clinical Cabinet Patient Representative	1
Quality and Risk Patient Representative	1
Clinical Commissioning Forum Patient Representative	1
CCG Governing Body Non-Executive	1
Health Network Co-ordinating Group Representative	1
Principia CCG Health Forums: Cancer, Diabetes, 50+ Health, Mental Health & Wellbeing and Carers /	

Learning Disabilities	5
Total Voting Lay advisers	13
Supported by a PRCCG Manager(s), PALS, Practice Manager, PPI Manager, Clinical Cabinet Clinician and RCVS	6

The **PPC** Lay advisers selected from Principia Active lose their “Home group” representation and will bring the wider patient perspective to the organisation.

2.10 There will be a further category of patient involvement called **Principia Honary Members**. This will be a knowledge bank for Lay Volunteers who have served Principia well and who have now decided to take a lower profile role while maintaining their contact with Principia and making their experience available. The lay advisers of this group will have two key roles:

- i) To mentor new less experienced lay volunteers and share the benefits of their experience
- ii) To join short term Action or Task and Finish Groups as a patient representative.

These roles will have a time commitment determined by the individuals themselves but will ensure that the knowledge and experience gained over the years of formal involvement with Principia are not lost.

3. Patient Perspective vs. Representation

3.1 It is important to emphasise the distinction between patient perspective and representation. Lay advisers are not formally elected by the patients or wider public in Principia Rushcliffe and therefore will bring a **patient perspective** to the organisation.

3.2 Lay advisers are able however, to represent their individual patient forum or PPG, when acting in that capacity.

4. Recommendation

The PRG is asked to **APPROVE** this proposal as a way forward from April 2012 and **SUPPORT** further detailed work on the terms of reference and the selection/election process where appropriate.

Appendix

Suggested Meeting Timetable

March	April	May	June	July	August
Board	Cabinet	Board	Cabinet	Board	Cabinet
		Active			Active (joint)
September	October	November	December	January	February
Board	Cabinet	Board	Cabinet	Board	Cabinet
		Active			Active (joint)

Meeting dates for the Clinical Cabinet are unknown at this time