**NHS Barnsley Clinical Commissioning Group**

**Patient and Public Involvement Strategy**

**2019 – 2021**

# NHS Barnsley Clinical Commissioning Group (CCG) Patient and Public Involvement Strategy 2019 – 2021

Final version approved by the CCG Equality and Engagement Committee on

14 February 2019

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| **Contents** | **Page** |
| **1. Introduction to our refreshed strategy** | **3** |
| **2. Why is patient and public involvement important to us?** | 3-4 |
| **3. National context, legal framework and drivers for involvement** | 4-5 |
| **4. Guiding principles** | 6-7 |
| **5. The changing structures in health and care locally** | 9 |
| **6. The Engagement Cycle** | 10-11 |
| **7. How you can help us and give your views on NHS health services in Barnsley** | 12-14 |
| **8. How will we review how we are getting on?** | 15 |
| **9. Associated Strategies** | 15-16 |
| **10. What do you think of our strategy?** | 16 |
| **Appendix 1 - Engagement Expenses Reimbursement, Payments for patients and members of the Public** | 17-18 |

# Introduction to our refreshed strategy

This is a refreshed version of our Patient and Public Involvement Strategy which incorporates recent and emerging changes to structures, at both a Barnsley and South Yorkshire and Bassetlaw level in relation to the partnership work taking place to integrate heath and care across both Barnsley (place) and South Yorkshire and Bassetlaw (system).

This strategy outlines how we are committed to engaging, involving and consulting with a wide range of audiences, using the most appropriate tools and techniques. It also reaffirms publicly our commitment as an organisation to patient and public engagement and how we aim to deliver on this.

Much of this strategy is based on the previous version that was developed in 2016 alongside our patient council members, staff and local partners. Within this refreshed version, we set out our main aims for effective patient and public engagement, reiterate our guiding principles for this, and describe why this work is so important.

We know that the NHS faces some real challenges, but as a Clinical Commissioning Group (CCG) we are committed to working with our local health and care partners towards collective solutions across the borough.

# Why is patient and public engagement important to us?

**Introduction**

***‘The Government aims for there to be “no decision about me, without me” for patients and their own care. The same goes for the design of health and social care services at both a local and a national level’*. 1**

In order to effectively plan and buy the right services on behalf of our local community, we need to find out the views and experiences of members of the public, patients, and their carers, including those people who are less likely to speak up for themselves.

As the people who use and pay for the local NHS, it is really important for us to hear comments, experiences, ideas and suggestions from local people from across Barnsley about the ways in which we can develop and improve services to benefit our local communities.

1 [https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/138262/B3.-Factsheet-](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138262/B3.-Factsheet-Greater-voice-for-patients-300512.pdf) [Greater-voice-for-patients-300512.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138262/B3.-Factsheet-Greater-voice-for-patients-300512.pdf)

CCGs who engage with their local community and build the feedback and views they gain from this into their commissioning decisions will be better placed to offer services that respond to the needs of local people and are accountable.

Patient and public involvement is the active participation of patients (also often referred to as service users), carers, community groups and the general public in how our health and well-being services are planned, delivered and evaluated. This can range from an individual conversation to working with a particular population group. It is broader and deeper than traditional consultation and the giving of information. Effective patient and public involvement leads to improvements in health services, and is part of everyone’s role in the NHS; ‘every interaction counts!’

We will be able to better meet people’s needs if we listen to what people tell us, instead of relying on existing knowledge and assumptions. We can develop improved, more responsive services if we involve and truly listen to not only those who are already using services, but also those who are not.

As an organisation we are committed to ensuring that meaningful engagement with patients, carers and the public is at the heart our decision making process. Through effective commissioning we want to deliver high quality and safe services that meet the needs of Barnsley people.

We want to develop an organisation where everyone recognises and promotes the value of involving patients and the public, and their role in commissioning and improving services.

Both the previous strategy which ran from 2016 - 2018 and this refreshed version have been developed in partnership with members of the Barnsley Patient Council and with input from our staff and local partners working within health and social care organisations across Barnsley.

# National context, legal framework and drivers for involvement

**Involving people in health and care guidance**

[Patient and public participation in commissioning health and care: statutory guidance](https://www.england.nhs.uk/publication/patient-and-public-participation-in-commissioning-health-and-care-statutory-guidance-for-ccgs-and-nhs-england/) [for CCGs and NHS England](https://www.england.nhs.uk/publication/patient-and-public-participation-in-commissioning-health-and-care-statutory-guidance-for-ccgs-and-nhs-england/) and [Involving people in their own health and care:](https://www.england.nhs.uk/publication/involving-people-in-their-own-health-and-care-statutory-guidance-for-clinical-commissioning-groups-and-nhs-england/) [statutory guidance for CCGs and NHS England](https://www.england.nhs.uk/publication/involving-people-in-their-own-health-and-care-statutory-guidance-for-clinical-commissioning-groups-and-nhs-england/) sets out the context, benefits and principles of involving people in health and care, the relevant legal duties and key actions for CCGs and NHS England.

The two sets of guidance supersede the original ‘Transforming Participation in Health and Care’ guidance, which was published in 2013.

In brief our involvement responsibilities as a Clinical Commissioning Group (CCG) are as follows:

* Ensuring that patients, carers and the public have opportunities to be involved in the commissioning of health services;
* Ensuring that consultation and engagement around service changes and developments is carried out to an appropriate level to meet legal requirements;
* Supporting the collection, collation and dissemination of patient experience data and ensuring that it feeds into patients’ engagement;
* Promoting patient choice;
* Promoting each patient’s involvement in decision about their own care;
* Building and protecting the relationship of the local NHS;
* Building effective relationships with staff, public, patients, carers, partners and the media;
* Providing different ways in which patients, carers, the public and partners can share their views;
* Ensuring the provision of information for patients is appropriate and timely; and that local information will aid the implementation of these roles and responsibilities, with particular attention being paid to the equality agenda and the information highlighted in the Barnsley [Joint Strategic Needs Assessment](https://www.barnsley.gov.uk/services/our-council/research-data-and-statistics/joint-strategic-needs-assessment/)

# Service reconfiguration and consultation

Any public body wishing to make major changes to services (service reconfiguration) has a statutory duty to involve those who will potentially be impacted by the change. As defined within the latest statutory guidance; this could be by being consulted, or provided with information etc. This refers to Section 14Z2 of the NHS Act 2012.

In recent years, there has been an increasing focus on this duty. The most recent statutory guidance for CCGs offers additional clarity, strengthening the focus on and need for public and patient engagement that is both appropriate and proportional to any service change.

Our aim is that any service change is informed by patient views and experience, with conversations taking place from the start between all stakeholders identified.

# Guiding principles

*“It’s not about how much it costs to engage people; it’s about how much it costs if you don’t engage people: How much does it cost if the CCG commissions things wrongly? If it doesn’t benefit patients/service users it costs financially but also in terms of patients not getting the right service!”*

Barnsley Patient Council Member

The following guiding principles or aims and objectives were originally developed in 2016 in conjunction with members of the Barnsley Patient Council, CCG staff and with input from colleagues working within the field of engagement from some of our local partner organisations.

These principles have been revisited and reaffirmed during a workshop session held with Patient Council members as part of the refresh at the end of 2018.

* We understand that it is easier to hear some voices than others and we are keen to engage with a more diverse group of patients and public, particularly those who have traditionally been less engaged. We will work with our partners across health and social care alongside patient groups, and local voluntary, faith and community groups to achieve this.
* ***“More integration/co-operation across services/borders”*** - We do not want to duplicate the work of other organisations and we are committed to working in partnership to increase our reach and maximise our collective resources and networks wherever it is possible and appropriate to do so.
* ***“Don’t expect people to always come to you”*** - We want to build ongoing relationships with local people and organisations and be more systematic in how we involve patients in decision making across whole of the commissioning cycle in a timely fashion.
* We understand that there are many voices and views in Barnsley. In making commissioning decisions, we must ensure that we maintain a balance between the range of views expressed alongside clinical effectiveness and financial implications. We will always aim to be open and transparent about our decision making and justify how we reach decisions that reflect this.
* ***“I’m a part time patient but a full time person”*** - We will work towards creating an environment in which people are empowered to be equal partners in managing their own health and wellbeing and understand how to access the services and tools that they need to enable them to do so.
* ***Importance of carer/family views in addition to patients and service users*** - We will ensure that feedback from patients and carers helps to improve the quality and safety of local services. We will listen to patient and carer stories and experiences and ‘walk’ the patient journey in order to gain a full picture of the quality of local services to provide us with a starting point in terms of any service development.
* ***“Don’t use jargon – be clear about what you are asking and why”*** - We will be clear about when we are ‘communicating’ information and when we are ‘engaging’ and ‘consulting’ and the differences between these.
* We will strive to effectively manage expectations by being open and upfront about what each engagement and/or consultation process can achieve and will feedback the results publicly to all who took part. If for any reason we cannot meet the requirements asked of us, we will explain why.
* ***“Learn from the good”*** - We will utilise and share best practice in terms of what works well in relation to engagement activities/ methods.

To help to achieve our aims, we will continue to develop and utilise the following groups/mechanisms;

* **CCG Equality and Engagement Committee -** this is our internal assurance committee which meets bi-monthly as a sub-committee of our Governing Body. This committee is chaired by our CCG Lay Member for Patient and Public Engagement and takes part in discussions regarding the work of the CCG, oversees our communications, engagement and equality activities and forward plans, and seeks to provide assurance to our Governing Body that we meet our statutory duties in terms of engagement and equality.

The Equality and Engagement Committee oversees our internal processes of undertaking both Equality Impact Assessments and Patient and Public Participation Assessment Forms to help shape our equality and involvement work in relation to each piece of work undertaken by the CCG.

* We encourage people who want to work with us in the development of new and existing services to join our public membership database – **OPEN (Our Public Engagement Network).** The title reflects the culture that we strive for: to be OPEN about our ambitions and challenges, as well as being OPEN to ideas, and OPEN to unlimited membership. We contact people on this database whenever there’s an opportunity for them to get involved and will also provide them with periodic members’ newsletters. Involvement opportunities can range from being part of a discussion group, completing a questionnaire, joining a service user group or telling us what they think about local services. For more information regarding this please visit the **‘get involved’** section on our website at [www.barnsleyccg.nhs.uk](http://www.barnsleyccg.nhs.uk/)
* **Local GP Practice Patient Reference Groups (PRGs)** – PRGs are groups of patients interested in health and healthcare issues, who want to get involved with and support the running of their local GP Practice.

Most PRGs also include members of practice staff, and meet at regular intervals to decide ways and means of making a positive contribution to the services and facilities offered by the practice to its patients. The activities of PRGs vary because they develop to meet the local needs within their area.

* **Barnsley Patient Council** – The Patient Council is made up of Barnsley residents who are also members of OPEN and/or their local GP Patient Reference Group. They meet every month (with the exceptions of August and December) on a Wednesday evening between 6pm and 7:30pm.

The purpose of the Patient Council is to ensure that the people, communities and populations served by the CCG have a voice which is heard and wherever possible, responded to, in the development and delivery of services. The members work with the CCG to improve health care services and to ensure high quality and sustainable health care by putting the people of Barnsley first. They also helped to co-develop the guiding principles for this strategy.

Members of the Patient Council provide feedback to their local PRGs and vice versa in relation to their respective activities.

* **Healthwatch Barnsley** - Healthwatch is the independent health and care champion created to gather and represent the views of the public in relation to health and social care.

Healthwatch plays a role at both a national (via Healthwatch England) and local level and aims to ensure that the views of the public and people who use health and social care services are taken into account by both the Providers and Commissioners of local services. Further information regarding your local Healthwatch can be found by visiting their website at the following address; [www.healthwatchbarnsley.co.uk](http://www.healthwatchbarnsley.co.uk/)

* **South Yorkshire and Bassetlaw Engagement Leads Network** – the aim of this group, which meets on a quarterly basis, is to bring together colleagues working within the field of patient, service user, public and carer engagement across predominantly CCGs working within our region in order to discuss and share ideas/ areas of best practice, potential areas for joint working and provide peer support.
* **Barnsley Engagement Networks** - To support the wider partnership arrangements and strengthen the engagement and equality work delivered by the CCG, Barnsley Council and the wider voluntary and community sector, the CCG provides a financial contribution to the local authority.

# The changing structures in health and care locally

A key focus both across Barnsley and across our wider region of South Yorkshire and Bassetlaw is about integrating health and care services.

# The Barnsley Plan - Health and Care Working Together across Barnsley

The [Barnsley Plan](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Barnsley_Plan_2016.pdf) has been developed through partnership across the public sector and voluntary community sector organisations.

It draws on inputs through the engagement and design of our health and care services as well the priorities set out in key documents including the [Barnsley Health](https://www.barnsley.gov.uk/media/4161/barnsleys-health-wellbeing-strategy-pdf-final.pdf) [and Wellbeing Strategy](https://www.barnsley.gov.uk/media/4161/barnsleys-health-wellbeing-strategy-pdf-final.pdf), the Five Year Forward View, GP Forward View, Mental Health Forward View, Facing the Future and National Cancer Strategy.

The development of the plan has been overseen and driven via the Barnsley Senior Strategic Development Group and is one part of the delivery model for the Health and Wellbeing Strategy for Barnsley

# South Yorkshire and Bassetlaw Integrated Care System (ICS)

In order to avoid duplication, reduce inequalities and increase efficiency across South Yorkshire and Bassetlaw, NHS Barnsley CCG works within an Integrated Care System (ICS) responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

The ICS is made up of 23 organisations from the NHS, local authorities and key voluntary sector and independent partners in the region, to ensure health and care services are the best they can possibly be. Working together in this way means that we will be able to better join up GPs and hospitals, physical and mental healthcare, social care and the NHS and give our patients the seamless care they have told us they want.

The ICS has separate structures for communication and engagement, with which Barnsley staff work closely and in partnership for campaigns and events. There is also a Citizens Panel that considers and advises on specific issues and work streams, and includes representatives from all the areas, including Barnsley.

Further details regarding the South Yorkshire and Bassetlaw Integrated Care System can be found at [www.healthandcaretogethersyb.co.uk](http://www.healthandcaretogethersyb.co.uk/)

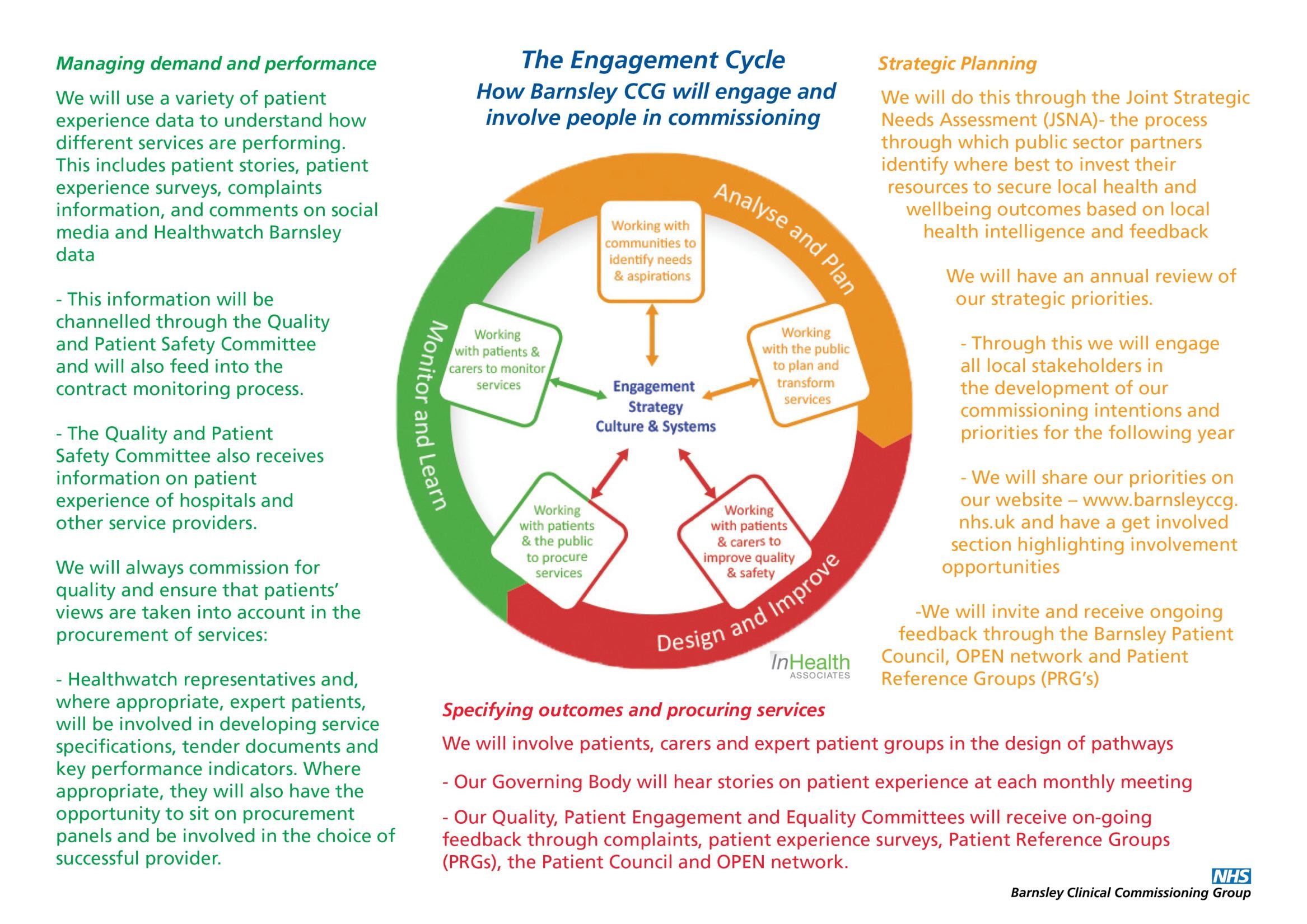
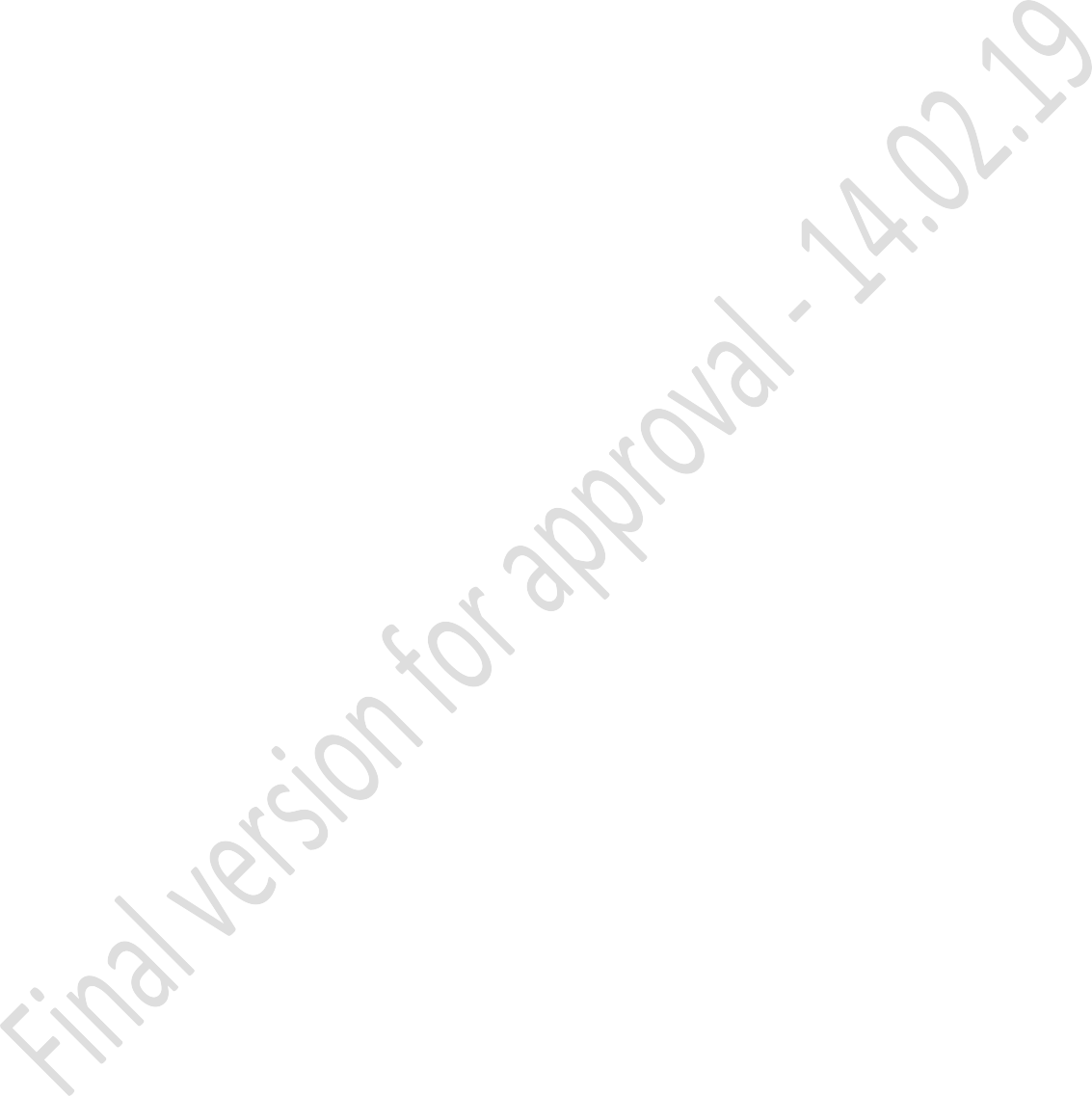
# The Engagement Cycle

The Engagement Cycle was developed by InHealth Associates on behalf of the Department of Health and shows how involvement can and should be a continuous process in planning and commissioning services. It shows how involvement activity and shared decision making help us to commission services that work for our local communities and that provide value for money.

We want to show clearly how we plan to engage with patients and the public in a more systematic way; showing where and how people and groups can contribute and how their views will be used by the CCG to improve services and make commissioning decisions.

To try to demonstrate this, we have used the engagement cycle tool and tailored this for Barnsley

11



# How you can help us and give your views on NHS health services in Barnsley?

**GIVE YOUR COMMENTS**

* **Share your experiences of health services in Barnsley**

How you do this will depend on the service:

* Your GP practice: through your Patient Reference Group (PRG) or via the receptionist or practice manager. You can also answer the ‘friends and family’ short questionnaire that is often either found in the waiting area or sent via text message.
* Barnsley Hospital: through the hospital’s Patient Advice and Complaints Team. Contact details for Barnsley Hospital can be found here:<http://www.barnsleyhospital.nhs.uk/feedback/>
* Hospital in-patient services: by answering the ‘Friends and Family’ question after you have stayed in Barnsley Hospital. Patients will be asked whether they would recommend hospital services to their friends and family if they needed similar care or treatment. We will be monitoring our local hospital on the answers that patients give to this question.
* Mental Health and Community Health Services such as district nursing and physiotherapy: via South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) (SWYPFT provides the majority of these services for Barnsley residents). Contact details for their customer services team can be found on their website: [http://www.southwestyorkshire.nhs.uk/service-users-and-carers/help- and-advice/customer-services/](http://www.southwestyorkshire.nhs.uk/service-users-and-carers/help-and-advice/customer-services/)
* You can also send the CCG your comments through our website:<http://www.barnsleyccg.nhs.uk/about-us/feedback-and-enquiries.htm>

# Tell Healthwatch Barnsley about your experience of the quality of local services

Healthwatch Barnsley is independent from the health and social care services you use. Their job is to ensure that local people’s views are heard in order to improve the experience and outcomes for people who use local services. They will also help to monitor the quality of services.

We meet regularly with Healthwatch Barnsley to hear the local people’s views that they have collected.

**How?** For further information please visit the Healthwatch Barnsley website at [www.healthwatchbarnsley.co.uk](http://www.healthwatchbarnsley.co.uk/) or call 01226 320106

# Ask us to visit your group

We will visit different community groups throughout the year to hear what their members think. We are particularly keen to hear from people who have traditionally not been engaged in local health services.

**How?** Invite us to visit your group by contacting the Communications and Engagement Team at [barnccg.comms@nhs.uk](mailto:barnccg.comms@nhs.uk) / 01226 433773.

# Join OPEN (Our Public Engagement Network)

You can join OPEN to receive regular news updates from the CCG. We will also use our website and news updates to advertise any consultations/ engagement opportunities that we are running or to ask for people’s feedback on specific issues

e.g. through surveys.

**How?** Email us at [barnccg.comms@nhs.net](mailto:barnccg.comms@nhs.net) to be added to our mailing list.

# GIVE SOME OF YOUR TIME

* **Join your GP practice’s patient reference group (PRG)**

A PRG is a group of patients who are interested in health and healthcare issues, and who want to get involved with and support the running of their local GP practice.

Most groups also include members of practice staff, and meet at regular intervals to discuss how to make a positive contribution to the services and facilities offered by the practice to its patients. It is a requirement for all GP practices to have some form of patient group which meets either in person or is linked into the practice virtually. We will be working with local practices to help and support them to develop their groups going forwards to help them reach their full potential.

Some PRG members also link into the CCG Patient Council. The Patient Council is made up of representatives from PRGs and from OPEN. The group meets for ten months of the year and helps us to develop our plans. The Patient Council also shares with us information about the quality of local services using information from their PPG.

**How?** Ask at your GP practice reception for further information about your practice patient group and how you can get involved.

# Come along to our bi-monthly Governing Body meetings held in public and our themed engagement events

Our Governing Body now meets bi-monthly and the agenda and papers can be accessed via the about us section on our website. Members of the public are encouraged to attend. If you would like more information regarding the Governing Body meetings please call us on 01226 433791.

We always start our meetings with a patient story, something which reflects the experiences of the people who are using health and care services, from their point of view. We use these stories to bring the patient voice into the discussions and decisions we make as a CCG. You can see films of the patient stories from previous Governing Body meetings by visiting the Governing Body section of our website at [www.barnsleyccg.nhs.uk](http://www.barnsleyccg.nhs.uk/)

We have a Patient and Public Involvement update as part of the agenda at each meeting to provide an overview of the activity that is both planned and has already taken place. We also have a section for members of the public to ask questions later on in the meeting as part of the agenda.

The venue of the meetings changes on a regular basis, so we can visit different areas of the borough and more people can attend the meetings.

We also hold engagement events throughout the year where local people can come along and tell us what they think about local services. These are often themed around a particular issue and are promoted via our website and social media channels along with via our networks and wider partners.

**How?** Meetings and events will be advertised on our website at [www.barnsleyccg.nhs.uk](http://www.barnsleyccg.nhs.uk/) and through our news updates and through our local partners.

# Be involved in the development of health services

When we are thinking about the services that we have commissioned and how they are working, we want to involve local people with experience of those services and people who are ‘expert patients’ (expert patients are people with a long-term condition like diabetes who are generally members of a peer support group).

This may be through involvement in working group meetings, via recruitment panels when interviewing new members of staff or through involvement on procurement panels when we are looking at finding providers for local services.

**How?** If you live in Barnsley and would like to be involved in helping to shape the services that we plan and buy and how they are run and monitored, please join OPEN to indicate your interest.

# How will we review how we are getting on?

The CCG has established an Equality and Engagement subcommittee of the Governing Body which will meet quarterly and review how we are getting on with delivering our patient and public involvement strategy. We will also get feedback throughout the year from the Patient Council, OPEN network, GP Patient Groups Healthwatch Barnsley, patient and public surveys, our local partners and via our website and social media channels.

One of our key aims is to work with our partner organisations working across health and social care in Barnsley to develop a common way in which to measure the success of our involvement activities to help us to review how we are getting on.

In 2018, all CCGs were assessed using [NHS England’s 10 principles of](https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf) [participation](https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf); Barnsley was assessed as ‘Good’ overall and we will strive to improve upon this going forwards. We will continue to use these guiding principles to underpin all our work.

# Associated Strategies

* **Equality, Diversity and Human Rights Policy**

Equality is a legal principle to eliminate discrimination and promote equality of opportunity to people and groups. The Equality Act 2010 defines this protection based on protected characteristics. These are: race, sex, gender identity, age, sexual orientation, religion or belief, marriage and civil partnership and pregnancy and maternity.

We define diversity as the valuing of our individual differences and talents, and creating a culture where everyone can participate, thrive and contribute. Equality and diversity form the basis of our values and how we operate as an organisation.

Equality is relevant to everyone, not just certain groups of people. Everybody is protected under the Equality Act 2010 from discrimination or harassment, if this treatment is because of what is often referred to as a protected characteristic e.g. their gender, race, sexual orientation, religion, age, disability etc.

As part of the Public Sector Equality Duty, we are committed to embedding equality and diversity values into our policies, procedures, employment practice and the commissioning processes that secure health and social care for the people of Barnsley. Our Equality, Diversity and Human Rights Policy sets out our overarching aims to help us to achieve this.

# Barnsley Health and Wellbeing Strategy

As a member of Barnsley’s Health and Wellbeing Board, we are committed to working together with our local partners working across health and social care and the voluntary and community sector to improve the health and wellbeing of the people of Barnsley.

The associated Health and Wellbeing Strategy sets out how key health partners within the borough will work together to produce better health and wellbeing for the people of Barnsley.

One of its key objectives is to ensure the involvement of individuals and communities in helping inform and shape local health and social care policies and in holding services to account.

Further information can be found regarding the Health and Wellbeing Board via the Barnsley Metropolitan Borough Council website at [www.barnsley.gov.uk](http://www.barnsley.gov.uk/) or by clicking [here](http://barnsleymbc.moderngov.co.uk/mgCommitteeDetails.aspx?ID=143)

# Barnsley’s All – Age Mental Health and Wellbeing Strategy 2014- 2019

Mental health is everyone’s business - individuals, families, employers, educators and communities all need to play their part to improve the mental health and wellbeing of the people in Barnsley and to keep people well, by improving the outcomes for people with mental health problems.

This strategy describes the work that is needed over the next five years to ensure that the residents of Barnsley have improved mental health and where necessary receive the right support at the right time and in the right place to support them through to sustained recovery

Further information can be found via the Barnsley CCG website at [www.barnsleyccg.nhs.uk](http://www.barnsleyccg.nhs.uk ) or by clicking [here](http://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm)

# What do you think of our strategy?

This strategy has been developed following input from our Patient Council members, CCG staff, and colleagues from our local partner organisations and now we’d really like to hear what you think.

* After reading the strategy, do you understand how to get involved, including giving your feedback? Do you think we have missed anything from this strategy?
* Do you think our Barnsley engagement cycle diagram shows how we will continuously involve people in all we do?

Please send any comments and feedback to us via the following ways:

|  |  |
| --- | --- |
| C:\Users\KirstyWaknell.INSPIRE\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\013-mail copy.png | **Via email**: [barnccg.comms@nhs.net](mailto:barnccg.comms@nhs.net) |
| C:\Users\KirstyWaknell.INSPIRE\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\021-email copy.png | **Write to**: Communications and Engagement Team, NHS Barnsley CCG, FREEPOST RTCH-GAZH-TZJH, Hillder House, 49-51 Gawber Road, Barnsley, South Yorkshire, S75 2PY |
| C:\Users\KirstyWaknell.INSPIRE\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\028-telephone-2 copy.png | **Call us**: 01226 433773 |

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Please contact 01226 433773 or email [barnccg.comms@nhs.net](mailto:barnccg.comms@nhs.net)

# Please note that this guidance is subject to review during 2019 in line with CCGs across South Yorkshire and Bassetlaw to develop and agree consistent guidance for use across our region.

**APPENDIX 1**

**Engagement Expenses Reimbursement Payments for Patients and members of the Public**

Although volunteering is unpaid, it should not cost a volunteer anything either. All patients, carers and the public asked to participate and be involved in the business of the CCG are entitled to claim out-of-pocket expenses. This would include reimbursement of costs such as:

* + Mileage (45p per mile recommended by Volunteering England)
  + Public transport costs (including bus, rail and underground fares)
  + Associated parking costs (excluding parking/speeding fines)

The person claiming would be asked to complete and sign a short form and would be reimbursed in cash from a float.

Additional expenses incurred to enable a person to contribute could, with prior arrangement by the lead manager, include:

* + Taxi fares (for a person unable to use other forms of transport and, where possible, booked via the CCG account)
  + Carer’s costs (in the case where a ‘sitting service’ is required, the full cost of the service will be reimbursed. In the circumstance where a paid personal assistant is required, the hours whilst at the meeting, together with the travel time from the patients house and back, will be reimbursed)
  + Subsistence costs (for people engaged with an activity for more than four hours. Maximum cost of reimbursement is £7.50)
  + Translation costs (including languages other than English, Braille, signer costs etc.)

If the cost of stationary and printer ink is prohibitive to a persons’ involvement, the offer will be made by the CCG to supply relevant information pre-printed rather than via online methods. The cost of telephone calls will be reimbursed when demonstrated via a bill.

**When to claim?**

All expenses must be claimed within a three month period of the activity undertaken, unless in exceptional circumstances. In order for a person to claim their out of pocket expenses, a person will be asked to complete and sign a short form attach any receipts and have the form counter-signed by the relevant service lead who has arranged the engagement activity. The payment will then be made in line with the CCG financial procedures.

# Expenses Claim Form

Name

Signed

Date

Payment Authorised

Date paid

Financial code

For office use

Date received

No 

Yes 

Is a receipt attached?

How much are you owed? (45p per mile by car, bus fare etc.)

What are you claiming for? e*.g. travel to and from CCG engagement meeting on 14/11/18, care of a dependent (please give contact details of the carer)*

Phone number/ Email Address

Address