**NHS Barnsley Clinical Commissioning Group**

**Patient and Public Involvement Strategy**

**Refresh**

**2021 – 2022**

# NHS Barnsley Clinical Commissioning Group (CCG) Patient and Public Involvement (PPI) Strategy Refresh 2021 – 2022

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

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

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# Introduction to our refreshed strategy

This is a refreshed version for 2021/22 of our Patient and Public Involvement (PPI) 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).

How we talk to people, how we listen to what they have to say and how we involve them in what we do is central to achieving our strategic objectives. We aim to have a real understanding of what matters to local people and communities, and to involve them in developing local plans and priorities in an honest, open, accessible and transparent way.

Both our previous strategy which ran from 2019 - 2021 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.

Within this refreshed version of our PPI strategy, we describe why this work is so important and set out our main aims and structures for ensuring effective patient and public involvement as well as reiterate and develop our collective guiding principles that underpin this work.

In 2021, as we emerge out of the global Coronavirus Pandemic, we know collectively there are some huge challenges ahead, coupled with the fact that we will be embarking on another significant period of change in the NHS in 2021/22. We remain committed now more than ever to working with our local communities and health and care partners towards developing collective solutions and adapting our ways of working and local and regional structures across the borough to be adequately equipped to meet these challenges.

# Why is patient and public involvement important to us?

Organisations that work in partnership with their local communities and build the feedback and views they gain from this work into their decision making will be better placed to offer services that respond to the needs of local people and are accountable to them.

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.

The terms involvement, engagement and participation are often used interchangeably and have similar meanings. However, the essence of 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.

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.

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

Following the last national CCG Improvement and Assessment Framework (IAF) Patient and Community Engagement Indicator assessment carried out in 2019/20, the Accountable Officer of each CCG received formal confirmation in 2020 of the their final Red/ Amber/ Green/ Green Star\* rating and score for their CCG. In Barnsley, we received a Green Star, the highest level rating available, scoring 14 out of a possible 15 points. The overall IAF results are available via NHS England and Improvement [here](https://www.england.nhs.uk/participation/involvementguidance/ccg-iaf/) and we will continue to use these principles to underpin all our work.

# 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 developed in 2019 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 updated following discussion and feedback received during an online workshop session held with Patient Council members as part of the work undertaken to inform this strategy refresh in April 2021.

* ***“Seldom heard, not hard to reach”*** - 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. This particularly applies to those groups of people in our communities who have traditionally been less engaged with local services often due to services being hard to reach for them rather than the other way around.

We will continue to build on how we work with our local partners across health and social care alongside patient groups, and local voluntary, faith and community groups to collectively address the specific health inequalities that we know exist within our borough.

* ***“More integration/co-operation across services/borders”*** - We do not want to duplicate the work of other organisations and we are committed to continuing to strengthen our partnership working both locally (Barnsley wide) and regionally (South Yorkshire and Bassetlaw). This will enable us to increase our reach and maximise our collective resources and networks wherever it is possible and appropriate to do so for the benefit of our local communities.
* ***“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 the whole of the commissioning cycle in a timely fashion. (Please see section 5 – The Engagement Cycle)
* ***“It’s important to be honest and upfront about what you can and can’t do and why”*** - 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 all our decision making processes 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.

We will continue to develop the range of communication methods available to inform members of our local communities of the range of local services available to them and the different ways of how they can access these along with providing them with the tools that they need to enable them to do so where and when this is appropriate.

* ***“Ask, listen and learn from patients and carers”*** - We will actively listen and learn from patient and carer stories and experiences and ‘walk’ the patient journey in order to gain a fuller picture of the quality of local services to provide us with a starting point in terms of any service review/ development.

We will also provide regular feedback as to how patient and carer experience shapes our work as an organisation.

* ***“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.
* ***“It’s healthy to invite challenge and listen to the views of critical friends not just those people that are in agreement”*** - We will strive to effectively manage expectations by being open and upfront about what we are asking, why we are asking it, what we will do with the information provided and if and how this has had an impact. If for any reason we cannot meet the requirements asked of us, we will explain why.
* ***“Learn from the good”*** - We will utilise, share and evaluate 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 groups/ mechanisms described in Appendix 2.

# The changing structures in health and care

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

**National – NHS Long Term Plan for England**

On February 11th 2021, the Department for Health and Social Care published its White Paper [Integration and Innovation: working together to improve health and social care for all](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf). The White Paper proposals follow the journey that we have been on for many years of integrating care in neighbourhoods, local areas such as Barnsley and across regions such as SYB. It builds on the ambitions of the [NHS Long-Term Plan](https://www.longtermplan.nhs.uk/) to tackle health inequalities through a whole population health approach, to plan for improvements in health and health care at regional level and to work in partnerships in local areas.

This will allow us to join up care and to ensure that no matter where people live, they have the same opportunity to access services and the opportunity to level up health outcomes across our wider region.

# Place – Developing integrated care partnership working across Barnsley

Health and care commissioners and provider organisations have been working collaboratively across Barnsley to integrate services and provide more care closer to home for local people for some time. In the [Barnsley Plan 2016](https://sybics.co.uk/barnsley), the Barnsley Integrated Care Partnership (ICP) set out a vision for an integrated joined up health and care system where the people of Barnsley experience continuity of care. Since then the partners have continued to work together and closely with the [Barnsley Health and Wellbeing Board](https://barnsleymbc.moderngov.co.uk/mgCommitteeDetails.aspx?ID=143) to deliver that vision.

The proposed changes will mean further strengthening the local partnerships arrangements, establishing them on a legal footing, and enabling resource to flow through from the system to services that can best support improving health and wellbeing for local communities and the vision for [Barnsley 2030](https://www.barnsley.gov.uk/services/our-council/barnsley-2030/).

# Current members of the Barnsley Integrated Care Partnership are as follows –

# • [Barnsley Community Voluntary Services](https://www.barnsleycvs.org.uk/)

# • [Barnsley Healthcare Federation](https://barnsleyhealthcarefederation.co.uk/)

# • [Barnsley Hospice](https://www.barnsleyhospice.org/)

# • [Barnsley Hospital NHS Foundation Trust](https://www.barnsleyhospital.nhs.uk/)

# • [Barnsley Metropolitan Borough Council](https://www.barnsley.gov.uk/)

# • [Healthwatch Barnsley](https://healthwatchbarnsley.org.uk/)

# • [NHS Barnsley Clinical Commissioning Group](https://www.barnsleyccg.nhs.uk/)

# • [South West Yorkshire Partnership NHS Foundation Trust](https://www.southwestyorkshire.nhs.uk/)

# System - 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. Our collective vision is for everyone in South Yorkshire and Bassetlaw (SYB) to have the best possible start in life, with support to be healthy, and live well for longer.

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 with 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.

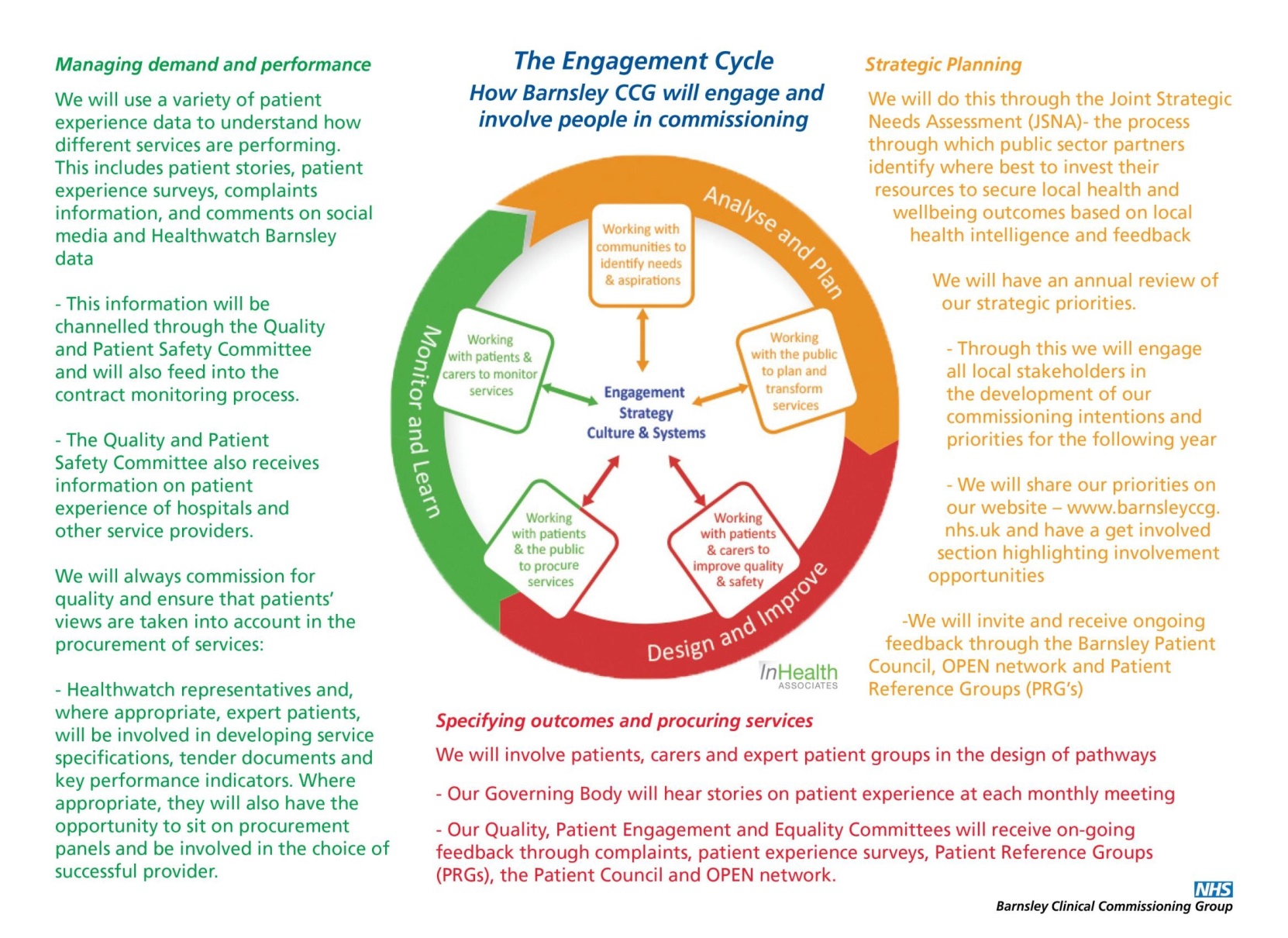
Further details regarding the South Yorkshire and Bassetlaw Integrated Care System can be found at [www.healthandcaretogethersyb.co.uk](http://www.healthandcaretogethersyb.co.uk/)

# The Engagement Cycle

The Engagement Cycle was originally 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



# How will we review how we are getting on?

The CCG has established an Equality and Engagement subcommittee of the Governing Body (Please see Appendix 2 – Governance and Involvement Structures) which will meet quarterly and review how we are getting on with delivering the aims set out within our patient and public involvement strategy.

We will also get feedback throughout the year from the Patient Council, OPEN network, Healthwatch Barnsley, patient and public surveys, our local partners and via our website and social media channels.

Following the national 2019/20 CCG Improvement and Assessment Framework (IAF) Patient and Community Engagement Indicator assessment, the Accountable Officer of each CCG receives formal confirmation the final Red/ Amber/ Green/ Green Star\* rating and score for their CCG. In Barnsley, we received a Green Star, the highest level rating available, this year scoring 14 out of a possible 15 points. The overall IAF results are available via NHS England and Improvement [here](https://www.england.nhs.uk/participation/involvementguidance/ccg-iaf/) and we will continue to use these guiding principles to underpin all our work.

**Appendix 1 - National context, legal framework and drivers for engagement**

**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 engagement 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 transformation and consultation

Any public body wishing to make major changes to services (service transformation) has a statutory duty to involve those who will potentially be impacted by the change. As defined within the 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 up to date 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 transformation.

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

**Appendix 2** **– Governance and Involvement Structures**

* **CCG Equality and Engagement Committee -** this is our internal assurance committee which meets quarterly 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](https://www.barnsleyccg.nhs.uk/about-us/equality-impact-assessments.htm) and Patient and Public Participation Assessment Forms to help shape our equality and engagement 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. 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 when they are able to meet they look at 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 7pm.

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 and our partners 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 Healthwatch Barnsley can be found by visiting their website at the following address; [www.healthwatchbarnsley.org.uk](http://www.healthwatchbarnsley.org.uk)

* **South Yorkshire and Bassetlaw CCG Engagement Leads Network** – the aim of this group, which meets on a monthly basis, is to bring together colleagues working within the field of patient, service user, public and carer engagement across 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 and Experience Leads Network** - To support the wider partnership arrangements and strengthen the engagement and equality work delivered by the CCG, Barnsley Council, Barnsley Hospital, South West Yorkshire Partnership NHS Foundation Trust, and Healthwatch Barnsley.

# Appendix 3 – How you can give your views on NHS health services in Barnsley

* **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](https://www.barnsleyhospital.nhs.uk/feedback/patient-advice-complaints-team/).
* Hospital in-patient services: by answering the [‘Friends and Family’](https://www.barnsleyhospital.nhs.uk/patients/patient-experience-and-engagement-team/friends-family-test/) 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 receive regular feedback from Healthwatch Barnsley in relation to local people’s views that they have collected about a variety of areas.

**How?** For further information please visit the Healthwatch Barnsley website at www.healthwatchbarnsley.org.uk or call 01226 320106

# 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.

# Attend our bi-monthly Governing Body meetings held in public and our themed engagement events

Our Governing Body meets bi-monthly and further details along with the agenda and papers can be accessed via the about us section on our website. 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 hold engagement events either in person or virtually online throughout the year where local people can participate 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 visit the get involved page on our website [here](http://www.barnsleyccg.nhs.uk/haveyoursay)

# Appendix 4 - Associated Strategies

* **Equality, Diversity, Inclusion 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, Inclusion and Human Rights Policy sets out our overarching aims to help us to achieve this and a copy can be accessed [here](https://www.barnsleyccg.nhs.uk/strategies-policies-and-plans.htm)

# 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 engagement 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 can be found by clicking [here](http://barnsleymbc.moderngov.co.uk/mgCommitteeDetails.aspx?ID=143)

**Appendix 5 - 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 where possible or alternative arrangements will be made where required in line with the CCG financial procedures to ensure recompense.

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 14/11/19, care of a dependent (please give contact details of the carer)*

Phone number/ Email Address

Address