

## **Health Commissioning Consultation Groups**

The tPCT Board agreed, as it looked at the patient and public involvement structure within the tPCT, that it would set up a number of Health Commissioning Consultation groups to ensure that local residents, local workers and communities were able to feed their views into the groups responsible for commissioning health services in Walsall, in particular the four Practice Based Commissioning Groups. These groups were originally referred to as Practice Based Commissioning Advisory Groups but as they will inevitably discuss wider issues than those relating specifically to the Practice Based Commissioning Groups, and therefore relate to other commissioning groups, it has been suggested that they are simply called **Health Commissioning Consultation Groups (HCCGs)**.

### **Remit of the Group**

The remit of the Health Commissioning Consultation Groups will be:-

- To facilitate debate amongst local residents and workers concerning health needs, health priorities and current service provision. This will need to be focussed on a specified geographical area, but also be aware of the Walsall-wide agenda and issues that affect other commissioning groups.
- To provide a framework for the input of information relating to health commissioning priorities.
- To collect feedback from the community about current health service provision and suggestions concerning gaps and how services could be improved.
- To raise awareness of voluntary sector service providers and their potential in terms of capacity and competence to deliver local health services.

The Health Commissioning Consultation Groups will **NOT** be about airing or dealing with single GP Practice issues or individual complaints/issues. These should be resolved through the complaints and PALS processes within GP Practices or else through the tPCT Complaints/PALS Services. The meetings will be non-political and the majority of participants will be acting as individuals rather than representing groups of people. Clear guidelines/ground rules would have to be discussed and adopted at the initial meeting of these groups and the Chair of each group will need to manage participant's adherence to the agreed ground rules.

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Our Ref: CB/JAH/HCCGItr

25 January 2007

Dear Colleague

I am writing on behalf of Walsall tPCT to tell you about three Health Commissioning Consultation Groups (HCCGs) we are setting up in Walsall, which between them will cover the whole of the borough.

The paper enclosed with this letter explains what the groups hope to achieve, the geographical boundaries of each, the proposed membership and the model we want to operate for each meeting.

This letter is to ask whether you would be interested in attending the Health Commissioning Consultation Group (HCCG) for your area. If you are, I would be grateful if you would fill in the slip at the bottom of this letter and return it to the address shown on the slip or else telephone or email us with your contact details. (Shown under address at top of letter)

Your contact details will then be placed on a database. Once I have an idea of the number of people interested in attending a Health Commissioning Consultation Group, I will book a suitable venue for the first meeting and contact you again to let you know when that meeting will take place.

I look forward to meeting you at a later date at one of the Health Commissioning Consultation Groups.

Yours sincerely

**Catherine Boneham**  
**Head of PEPI/Health Development**

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**Please reply to Head of PEPI/Health Development, Walsall tPCT, FREEPOST (MID14116), Walsall, West Midlands, WS1 1BR (NO STAMP NEEDED)**

I am interested in attending the Health Commissioning Consultation Group for my area. My contact details are:

Name: .....

Address: .....

..... Post Code: .....

Tel: ..... Email Address (if any) .....

## **The Commitment from the tPCT and groups responsible for commissioning health services in Walsall**

The tPCT will have responsibility for the organisation and administration of these groups. They will ensure that the consultation is collated and fed through to the appropriate commissioning group.

In turn, other health commissioning groups/planning groups (within the tPCT or partner agencies) will be prepared to contribute to the discussions, listen to what is said and give clear feedback on the outcome and impact of discussions and suggestions made.

### **Geographical Boundaries**

Whilst some patient involvement can be encouraged through Patient Forums within individual GP practices and other tPCT PPI groups, it would be difficult to engage with the wider public and communities within Health Commissioning Consultation Groups without defining geographical boundaries in relation to the key planning groups, the GP Practice Based Commissioning Groups in particular.

The primary structure in Walsall currently being used to define communities within a geographical infrastructure is the Local Neighbourhood Partnership (LNP) structure. There are 9 LNPs, each made up of 2 or 3 wards. The tPCT has a representative on each of the LNPs and they all have 2 Community Action Groups (CAGs) which meet in between the main LNP meetings. One of the CAGs is concerned with Health and all the tPCT Health reps are involved in them.

It would seem logical to maximise links between the LNPs and the key health commissioning groups through the Health Commissioning Consultation Groups. We could do this by making use of the LNP boundaries when dividing the borough for the HCCGs.

The Practice Based Commissioning (PbC) Groups in Walsall do not have clear geographical boundaries, the Trans Walsall PbC Group in particular, but in general:

- The West PbC Group covers the 5 wards in the Willenhall and Darlaston LNP;
- The North PbC Group covers the 5 wards in Blakenall/Bloxwich and St. Matthews/Birchills/Leamore LNP;
- The South East PbC Group covers the other 10 wards in Walsall within the Pelsall/Rushall/Shelfield LNP, the Brownhills/Aldridge North LNP, the Aldridge South/ Streetly LNP, the Pheasey/Paddock LNP and Palfrey/Pleck LNP;
- The Trans Walsall PbC Group has practices in all areas. Individual GPs could attend meetings in the geographical areas that relate to their GP practice.

Having considered the various points mentioned above, it has been agreed there will be 3 Health Commissioning Consultation Groups. Their boundaries use the LNP boundaries and are shown below by following the thick black lines on the map:



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### **Membership of the Health Commissioning Consultation Groups**

- Practice Based Commissioning Group members
- LNP members
- LNP Health Community Action Group members
- GP Patient Forum members
- Health Watch members/other voluntary sector groups with a particular interest in health issues.
- Voluntary Sector Groups relating to particular client groups eg disability, older people
- Local Voluntary Sector Service Providers

- Local health practitioners including GPs, Health Visitors, District Nurses, Primary Care Staff etc
- Any other members of the public living and working in the geographical area relevant to the particular Health Commissioning Consultation Groups.

It is expected that the majority of members will be giving their own individual views rather than representing groups. Where individuals are representing organisations, service providers or commissioners then this should be made clear by the individual concerned.

### **Operating Model for the Health Commissioning Consultation Groups**

Health Commissioning Consultation Groups will operate as public forums, meeting three times a year, every four months.

There will be a list of health topics for each meeting agreed in advance for the year eg topics such as: diabetes, CHD, cancer, palliative care, older people, children and young people.

The general structure for a meeting will then be as follows:

- Initial presentation/information giving session
- Facilitated table discussions looking at particular questions/issues eg what's going well, what are the priorities, gaps in service etc.
- Key points noted and follow through undertaken by identified staff.
- Wherever possible, feedback from the previous meeting regarding key points will be given at the start of the next meeting.

### **Future Developments**

The remit and boundaries for the HCCGs will be reviewed once they have all held two meetings.

It may be possible, as the Health Commissioning Consultation Groups mature and develop, that they wish to undertake specific roles of their own relating to consultation and/or health promotion in their area. These will be developmental issues that will be considered as and when necessary.