



NHS England
**DRAFT Framework for patient and
public participation in primary care
commissioning**

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NHS England Framework for patient and public participation in primary care commissioning

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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1 Introduction

The NHS England Framework for patient and public participation in primary care commissioning is intended to clearly describe how the organisation involves patients, carers, service users and the public in primary care commissioning at national, regional and local levels.

This document is intended to be used by:

- NHS England staff – who need to understand and comply with the approach described in this framework, i.e. to all national and regional teams working on policy, programmes and commissioning operations relating to the planning, securing and monitoring of primary care services;
- The public – to understand how NHS England involves the public in its commissioning of primary care services;
- CCGs – for information only, particularly in relation to co-commissioning (see section 1.1.2). CCGs are under a separate duty to make arrangements for involving the public in the services they commission but are likely to use many of the same approaches, networks and insight sources outlined in this framework.

The framework is designed to be read in conjunction with the NHS England Patient and Public Participation Policy and the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning.¹ These documents cover NHS England as a whole, while the framework relates specifically to primary care commissioning.

The arrangements support local commissioners to identify where NHS England's legal duty to involve the public applies and what activities they need to put in place. They include clear guidance for commissioners on how to involve the public, e.g.

- Principles for fair and proportionate involvement
- Who needs to be involved
- When public involvement should take place
- Case study examples, many of which refer to primary care commissioning.

This framework is intended to support transparency, inclusiveness and accountability in how primary care is commissioned in England. It is based on the understanding that outcomes from health services are better when people who use services and local communities are engaged in their planning, design and monitoring, whether at national, regional or local level.

The framework is designed to support NHS Constitution principles and values including that of fully involving patients, staff, families, carers, communities and professionals inside and outside the NHS. It is also designed to help NHS England meet its legal duty to properly involve patients and the public in our commissioning processes and decisions.

This framework has been co-designed with members of the Working Group for Patient and Public Participation in Primary Care Commissioning. It has taken into account learning from development of participation approaches in other areas of the organisation (such as specialised services commissioning) and the wider health and social care system (such as Clinical Commissioning Groups).

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1.1 Commissioning primary care services

Primary care services include general practice, dental, eye health and community pharmacy services. They form the largest part of most people's experience of health care, providing the first point of contact in the health care system and acting as the 'front door' of the NHS. The main source of primary health care is general practice, with over five million GP consultations taking place per week. General practice is delivered on the basis of 'registered lists' of patients for individual practices. However, participation in decisions about general practice and primary care more generally needs to extend to people and groups who might not be 'registered'.

NHS England is responsible for commissioning primary care services, which means it plans, buys and monitors them to ensure they are of high quality and meet the needs of the population. Changes to the General Medical Services (GMS) contract are negotiated with the British Medical Association representing GPs. Most contractual changes have to be enacted through legal regulations or directions so ultimate decisions on this lie with Government, which can limit NHS England's ability to make changes to the contract. NHS England is encouraging Clinical Commissioning Groups (CCGs) to take on more involvement in commissioning primary medical services, in an approach known as co-commissioning (see section 1.1.2 for more details).

1.1.1 Why we involve patients and the public in primary care commissioning

Primary care services are important to local communities. Patients, communities and groups have high expectations about access to, and the quality of primary care. Primary care services account for the majority of patient contact hours with the NHS and comprise approximately 13% of the overall commissioning budget. Primary care services are being commissioned in a context of increasing pressure relating to population change, a tight financial context, a changing workforce profile, developing medical technologies, and increasing public expectations.

In this challenging environment for primary care, patient and public participation can help with sharing challenges, developing solutions together and making better and more transparent decisions about priorities, quality and spending. This is important for those who currently use services, for those who may use services in future, and for those who pay for them, i.e. tax payers. NHS England recognises the benefits of patient and public participation in primary care commissioning to find innovative, effective and patient-centred ways to improve services. It also recognises the contribution that this can make to meeting its legal duty to reduce health inequalities in access to services and outcomes, by supporting participation of people that have poorer access and outcomes in relation to primary care.ⁱⁱ

There is evidenceⁱⁱⁱ that some people and groups do not experience easy access to primary care and do not experience the same health outcomes as the rest of the population. Commissioners of primary care should have arrangements for hearing the voices of these people and groups.

1.1.2 The changing context for primary care commissioning

Following the Health and Social Care Act 2012, responsibility for commissioning primary care moved to NHS England from Primary Care Trusts (PCTs).

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More recently, NHS England's co-commissioning programme has encouraged CCGs to take on greater responsibility for commissioning primary medical services (i.e. GP services). Co-commissioning aims to support the development of a locally led vision for primary care, with increased clinical leadership and public involvement. The scope of co-commissioning may expand over the coming years into wider primary care services (e.g. community pharmacy, dental and eye health services). Any expansion of co-commissioning would be considered with full and proper engagement of the relevant professional groups.

Co-commissioning can take three forms:

- **Delegated commissioning** arrangements;
- **Joint commissioning** arrangements; or
- **Greater involvement** in primary care decision making

Under **delegated commissioning**, NHS England delegates full responsibility and funding for the commissioning of primary medical services to CCGs. While NHS England retains ultimate liability for the exercise of all of its functions, including those delegated to CCGs, the CCGs are bound by their own public involvement duty in respect of the services they commission (section 14Z2 of the Act). The Delegation Agreement and Terms of Reference make clear that it is the responsibility of CCGs to involve the public in the commissioning of services. **NHS England's arrangements set out in this framework will therefore not apply.** NHS England will nonetheless require assurance that the duty to involve the public is being discharged effectively by the CCG as part of the CCG assurance process.

Under **joint commissioning**, NHS England and CCGs establish joint committees to make decisions about primary medical services. NHS England and CCGs have separate but virtually identically worded duties (see section 14Z2 of the Act) to involve the public and these duties will run concurrently. **NHS England will apply the arrangements set out in this framework** and CCGs will need to make their own arrangements.

Under **greater involvement**, NHS England and CCGs work together to commission the specified services (currently primary medical services). However, NHS England retains the legal responsibility for commissioning the services and the duty to involve the public. **NHS England will therefore apply the arrangements** set out in this framework.

Other significant changes affecting how primary care services are organised are:

- moves to devolve health and social care planning and budgets in some geographic areas (such as Manchester);
- development of federations, where GP practices are coming together to share some functions like administration and support systems;
- proposals for new ways of providing care for people in local areas, being developed as part of the Five Year Forward View (2014).

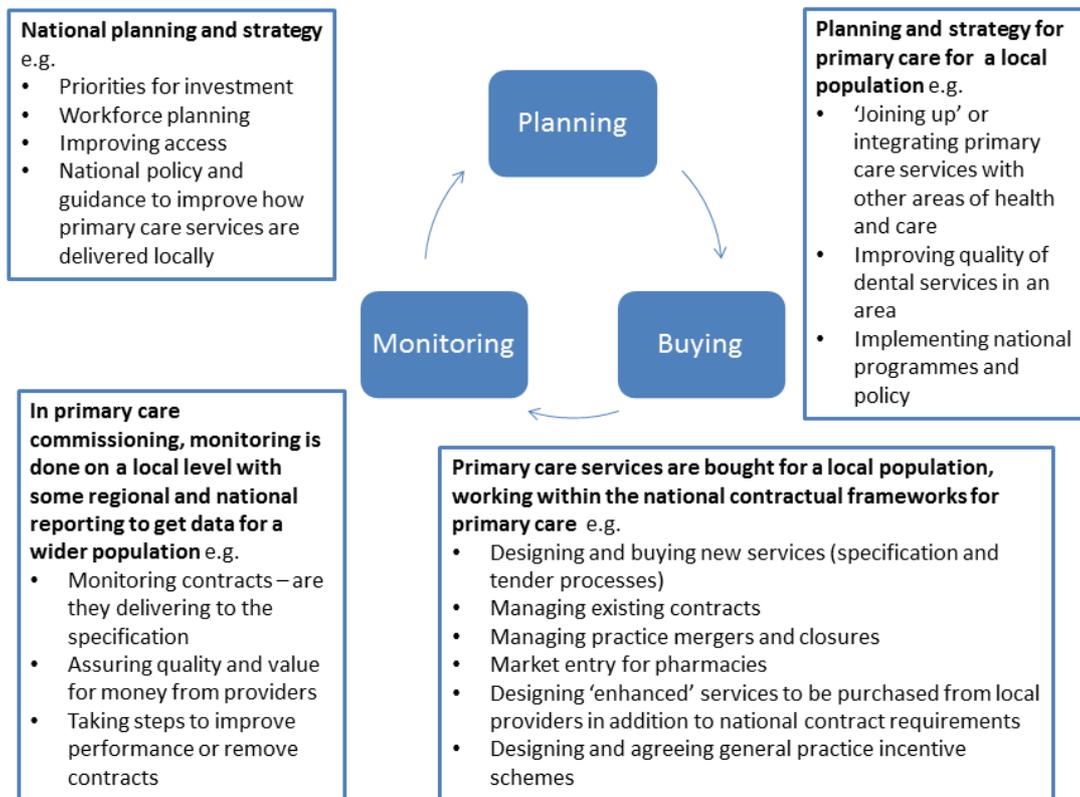
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2 Our approach

2.1 Where participation happens

2.1.1 The commissioning cycle

NHS England is committed to involving patients and the public at each stage of the commissioning cycle for primary care services. The commissioning cycle refers to the different activities which make up the process of planning and buying health or other services and ensuring that services are being delivered to the right quality standards and within the available financial resource. For primary care commissioning, the vast majority of this happens through a contract negotiation with legally recognised representatives of the professional groups, and is governed by legislation. Some activities are managed for a particular population, e.g. for a region or for the patients of an individual dental practice.



Note: the list above is not exhaustive but is intended to give an idea of what happens where in primary care commissioning.

Participation can add value at all stages of the commissioning cycle. The 'Engagement Cycle' developed by InHealth Associates (see Appendix 1) helps identify ways in which the public can participate at the different stages and when participation can have maximum influence.

2.1.2 How NHS England involves people in primary care commissioning at local and regional level

- It takes account of feedback on primary care services, e.g. from local and national surveys such as the GP Patient Survey, the Friends and Family test, and online feedback
- It organises targeted communication and involvement exercises
- Patients and the public can be members of local professional networks for dental, community pharmacy and optometry (eye health) services
- They can be involved in governance and decision-making processes (see section 2.2 for more details)

NHS England also works with the following groups and organisations to facilitate involvement in primary care commissioning:

- Patient Participation Groups in GP practices
- Local Healthwatch
- Clinical Commissioning Groups
- Local Health and Wellbeing Boards

For more details on each of these participation approaches, please see Appendix 2.

2.1.3 How NHS England involves people in primary care commissioning at national level

At national level NHS England has corporate arrangements and involvement initiatives which build patient and public participation into the way the organisation carries out its business. These are fully described in the Statement of Arrangements referred to above. They cover primary care commissioning alongside all other aspects of NHS England's activities.

In addition to these organisation-wide arrangements and initiatives, NHS England uses a range of ways to involve people in specific national programmes of work. Examples include, but are not limited to:

- Analysis of existing patient insight data (more details in Appendix 3)
- Bespoke engagement events, e.g. patient and public workshop on the GP contract
- Digital engagement, e.g. online consultations, social media
- Patient and public reference or co-production groups, e.g. Chief Dental Officer's Patient Reference Group, Patient Online Patients Working Together Group
- Patient and public voice in governance and assurance (more details in section 2.2).
- Sharing national involvement opportunities with the networks of CCGs, provider trusts and voluntary sector partners.

2.1.4 Reaching different groups

There are groups who face specific barriers to participation in primary care commissioning, and whose specific needs must be taken into account. Examples of these groups are children and young people, carers, and patients and service users

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with disabilities. There are also groups that experience poorer access to primary care and poorer health outcomes, e.g. insecurely housed people, Gypsy Traveller groups, refugees and asylum-seekers, sex workers, people with disabilities, and people with drug and alcohol problems. This includes people who may not be registered with GP practices or 'visible' in the primary care system.

NHS England recognises the importance of taking into account these groups when planning and implementing public involvement in primary care commissioning. It does this by:

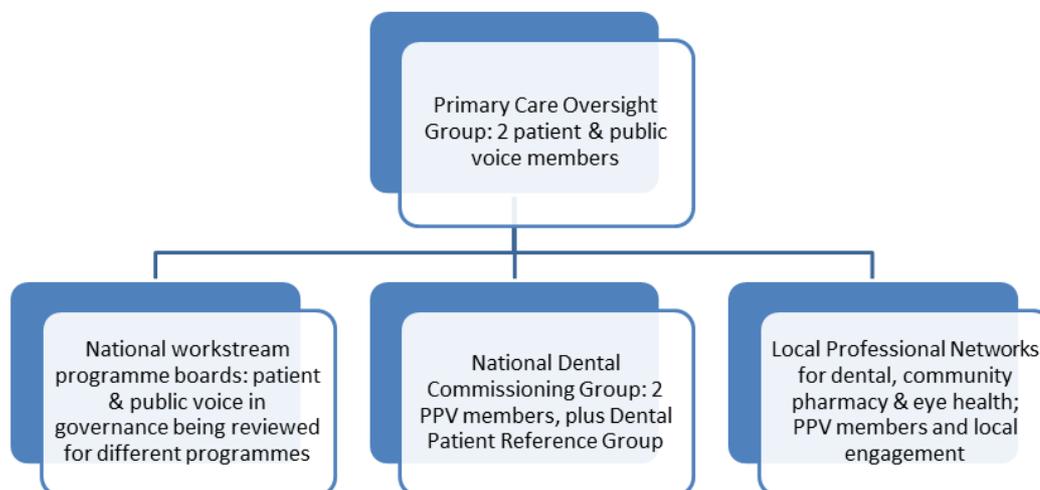
- National public involvement initiatives and partnerships to reach out to communities and service users from different backgrounds, e.g. NHS England Youth Forum, Health and Social Care Voluntary Sector Strategic Partners Programme
- Working with Clinical Commissioning Groups and other local partners such as local Healthwatch who access local networks of potentially excluded and vulnerable groups
- Support from national policies and guides e.g. 'Bitesize guide to diverse and inclusive participation', PPV Expenses policy
- Encouraging the use of a range of involvement approaches, in particular outreach to different groups and communities and the organisations that support them
- Equality and health inequality impact assessments^{iv}.

2.2 Patient and public involvement in governance and decision-making for primary care commissioning

2.2.1 National

Members of the public will be included as members of the Primary Care Oversight Group (PCOG), the National Dental Commissioning Group, and Programme Boards and decision-making panels for specific programmes. This will ensure patient and public voice is at the table when decisions are being made.

Diagram: simplified governance structures for primary care commissioning



2.2.2 Local and regional

NHS England and CCGs seek to involve patients and the public in primary care governance and decision-making as members of a range of groups, with flexibility to allow for local circumstances. These groups include:

- Procurement and quality monitoring groups
- Co-commissioning committees
- CCG patient reference groups
- Decision-making panels for prioritising funding
- Pharmacy regulation committees.

2.2.3 Role of patient and public voice (PPV) members

Common features of various patient and public voice governance roles will be:

- To bring external strategic challenge and perspective to strengthen decision-making
- In particular, to ask 'Is this in the interest of patients?' and help ensure that services are joined up around the needs of patients
- To co-produce initiatives (e.g. policies, tender processes)
- To connect to related reference and assurance groups and patient and public networks
- To advise on approaches to participation and help provide assurance that patient and public participation meets legal duties and good practice.

There should be a transparent and inclusive recruitment process for patient and public voice governance roles. For NHS England-led patient and public voice governance roles, support will be consistent with the PPV Expenses policy.

2.2.4 Role of chairs

Chairs of governance groups play a key role in creating the right conditions for patient and public voice members to participate effectively and make a difference.

This can include:

- ensuring that discussions and documents are in plain English and that papers are circulated sufficiently in advance of meetings
- enabling PPV members to influence agendas
- having an induction meeting with PPV members.

2.3 Patient and public networks

Below are the main networks that NHS England will work with to support patient and public participation in primary care commissioning.

Network	Local	Regional	National
Patient Participation Groups	✓	✓	
N.A.P.P. – national network of PPGs			✓
CCG involvement infrastructures	✓		
Provider involvement infrastructures (e.g. FT members)	✓		
Local authority participation infrastructures	✓		

Network	Local	Regional	National
CCG lay member network		✓	✓
Healthwatch	✓	✓	✓
Voluntary and community sector	✓	✓	✓
Strategic Clinical Networks & Senates		✓	
Health and Wellbeing Boards	✓		
Professional networks (e.g. clinical, practice managers)	✓	✓	
Carers networks	✓		✓
Scrutiny networks	✓		✓

2.4 Patient insight sources

NHS England aims to make the most of the insight information that we gather to inform all stages of the commissioning cycle. For primary care commissioning, the main sources of patient insight are:

- National patient surveys (GP patient survey, national pharmacy survey, dental patient survey)
- Friends and Family test
- NHS Choices data and feedback comments
- NHS Citizen Gather website and other online patient feedback websites such as Patient Opinion
- Social media such as Facebook and Twitter
- Complaints
- CQC inspection reports
- Engagement with Patient Participation Groups and other patient groups
- Reports from stakeholders e.g. Healthwatch, scrutiny committees, voluntary sector groups.

A key principle in making best use of patient insights in primary care commissioning is to review and analyse existing insight sources at the start of any public involvement planning process. Another element of best practice is to document the difference that securing and using data has made to specific commissioning activities.

For more information on use of insight, see appendix 3.

3 Roles and responsibilities

3.1 Board of NHS England

The Board is responsible for NHS England's performance in relation to all legal duties including the duty to make arrangements to involve the public in primary care commissioning. The Chief Executive is accountable to the Board and all National Directors are responsible for patient and public participation within the work of their own directorates.

3.2 Regional Directors

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Regional Directors are responsible for ensuring appropriate patient and public participation within the work of their own regions. Specialist advice and support (internal or external) may be required. This includes working with local partners, such as Clinical Commissioning Groups, Local Authorities, Healthwatch and voluntary sector organisations.

3.3 Primary care commissioning managers

Primary care commissioning managers and those working on national policy and programmes affecting how primary care is commissioned have responsibility for:

- ensuring that they embed patient and public participation as an integral part of the work for which they are accountable, particularly at the planning stage;
- ensuring that they are aware of NHS England's statutory duty to involve the public in this area of work, and take action as appropriate, using the processes and guidance available in the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning (see Reference i);
- considering feedback generated by patient and public participation alongside other relevant data and using it to inform policy, programmes and decision-making in primary care commissioning;
- working consistently with the approach outlined in this framework and promoting an organisational culture in which patient and public participation is 'everyone's business'. This includes supporting formal and peer to peer learning, and celebrating success;
- contributing to the monitoring, evaluation and reporting of implementation of this framework and the effectiveness of action to strengthen patient and public participation in primary care commissioning.

4 Support on participation

4.1 Support for commissioning staff

The need for organisational development, training and support for primary care commissioners to involve the public is recognised as a priority and plans are being developed.

4.1.1 National policy, guidance and toolkits

NHS England has produced a range of national support materials that commissioners can draw on. The staff engagement that has informed this framework indicates that commissioners are not always aware of the support materials that already exist, may lack the capacity to make full use of them, and would potentially find it useful to have more templates and 'model approaches' available for easy adaptation to local use.

Currently available resources include:

- [NHS England Patient and public participation policy](#)

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- [NHS England Statement of arrangements and guidance for involving the public in commissioning](#)
- [Transforming Participation guidance](#)
- [Bite size guides to participation](#)
- Templates for recruiting members of the public into participation roles
- [Smart guides to engagement](#)
- [NHS England Patient and Public Voice expenses policy](#)
- Policy manuals for the four areas of primary care commissioning, which outline the legal duties on public involvement in the context of all legal duties (e.g. equalities and health inequalities)

Planned resources specifically for primary care, based on feedback from local commissioners, include:

- Guidelines for local dental professional networks on how to involve patients and the public
- Case studies of existing good practice for participation in primary care commissioning, covering different parts of the commissioning cycle
- Checklists of what good participation looks like for common scenarios in primary care commissioning.

4.1.2 Corporate infrastructure and involvement initiatives

Primary care commissioners are encouraged to make full use of the arrangements NHS England has in place for patient and public participation in all its activities. This includes new initiatives such as NHS Citizen, and networks that are supported for the organisation such as the CCG PPI lay member network.

4.1.3 Advice, training and support

Advice, training and support on public involvement are available from:

- NHS England regional communication and engagement teams, and patient experience teams
- NHS England central support team for public participation (developing a programme of training for commissioners on participation including on the expenses policy)
- NHS England central support team for equalities and health inequalities (especially when looking at reaching equalities protected groups and groups that experience inequalities in access to services and outcomes)
- Commissioning Support Units
- Engagement/involvement specialists in CCGs
- External partners such as Healthwatch, voluntary sector organisations, local authorities
- Patient and public participation expert advisers who are involved in governance and assurance roles.

4.2 Support for the public

NHS England recognises the importance of providing support and learning opportunities to meet the many and varied needs of patients and the public who wish

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to participate in our work. It is currently scoping a more systematic, organisation-wide approach that is likely to include:

- Improved access to involvement opportunities, via the People Bank
- Consistent induction (for governance and other roles that require more than one-off attendance)
- Open access resources
- A range of training and development opportunities and approaches to suit a diversity of learning styles and needs
- Development and progression opportunities
- Working through voluntary sector partners to reach and support people from potentially excluded groups
- Ensuring communication support for people to enable them to participate, e.g. easy read and other accessible materials, interpreting support at events.

5 Monitoring, evaluation and assurance of participation in primary care commissioning

5.1 Assurance processes

As part of its assurance processes for CCGs, NHS England reviews CCG approaches to involving patients and the public in primary care commissioning. This applies to the statutory duty of CCGs to improve the quality of primary care, and to commissioning of primary care where CCGs have taken on delegated or joint responsibility.

NHS England recognises the importance of documenting what public involvement plans are made for primary care commissioning, what feedback is received, and how involvement affected the outcomes. It also seeks assurance via third party views (stakeholder surveys).

The Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning outlines the processes for documenting public involvement in commissioning. The assessment forms provide a record of involvement which can be audited for assurance purposes.

6 Equality and health inequalities analysis

This section to be completed during wider engagement stage

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Appendix 1 – The Engagement Cycle

The Engagement Cycle represented here identifies key points in the commissioning cycle for public participation. It was developed with the support of the Department of Health, the NHS institute for Innovation and Improvement and patient groups.



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Appendix 2 – How people can participate at local and regional level

It is planned to develop this appendix into a public-facing document to complement the framework, which is primarily aimed at commissioners.

Giving feedback on primary care services.

This feedback is used to influence local and national commissioning, stimulate local improvement and make a real difference to patients and their care. Some examples include:

- responding to local and national surveys such as the GP Patient Survey (sent out to over a million people across the UK: <https://gp-patient.co.uk/about>)
- completing the Friends and Family test
- posting feedback on websites like NHS Choices and Patient Opinion
- making comments and complaints.

See Appendix 3 for more details on how primary care commissioners can use patient insight sources.

Targeted communication and involvement exercises

NHS England and CCGs carry these out when changes to specific services are being planned, or a primary care strategy for a wider area is being looked at. Patient involvement approaches will vary depending on circumstances. For example, affected patients may get a letter about proposed changes, complemented by proactive communication with potentially excluded and vulnerable groups, posters in surgeries and notes on prescriptions. Involvement might be through groups such as local Healthwatch. As part of their participation duties NHS England and CCGs might ask local authorities for views about proposed changes, either through Health and Wellbeing Boards or through council health scrutiny functions. Council health scrutiny powers allow them to seek information, ask questions and make recommendations about health services that NHS commissioners have to respond to. In some cases there will be a requirement (separate from the participation duties) for NHS England and CCGs to formally consult local authorities where their scrutiny function can refer contested changes to the Secretary of State in certain circumstances <https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services>

Dental, community pharmacy and optometry (eye health) services

NHS England organises local professional networks (LPNs) which bring together a range of partners to improve local pharmacy, dental and eye care services and ensure they are integrated into care pathways. Members of networks can include individuals, local patient groups and voluntary sector organisations, service providers, and commissioners.

Involvement in governance and decision-making processes

See section 2.2 for more details.

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Patient Participation Groups

All GP practices must have a Patient Participation Group (PPG) made up of patients from the practice. PPGs meet regularly with staff and discuss how to improve services and promote health. For some practices PPG activities may include virtual meetings, emails and surveys. The Care Quality Commission (CQC) seeks views from PPGs when it inspects GP practices. Many PPGs get involved in broader discussions about health services for a wider local area, and work together in networks. GP practices are required to take steps to ensure that PPGs are reflective of the practice population. However, it is important for GP practices and commissioners to involve people beyond PPGs to hear a diverse range of perspectives.

Local Healthwatch

Local Healthwatch organisations across England provide unique insight into people's experiences of health and social care issues across the country. Primary care is a priority for local Healthwatch with groups contributing to national reports and working with NHS England and Clinical Commissioning Groups to improve primary care and influence local priorities for development.

Clinical Commissioning Groups (CCGs)

These are clinically-led NHS bodies responsible for planning and commissioning health care services for people in their local area. There are 209 CCGs in England. CCGs have a duty to improve the quality of primary care services in their area and to reduce health inequalities. In addition, increasing numbers of CCGs are now taking full or partial responsibility for planning, managing and buying GP services for their local populations, in the process known as co-commissioning. For more details see <https://www.england.nhs.uk/commissioning/pc-co-comms/ccgs-arrangements/> CCGs have a range of ways to involve local people in their commissioning activities. The NHS local teams that commission primary care work closely with CCGs to access their public involvement infrastructures and networks.

Local Health and Wellbeing Boards

Made up of councils, CCG and named professionals, these have the role of joining up NHS and local authority decision-making to enable different parts of the system to work better together. Membership always includes local Healthwatch and sometimes also the local voluntary and community sector. Health and Wellbeing Boards are required to involve local Healthwatch and the local community to produce:

- Joint Strategic Needs Assessments (JSNA) which look at current and future health and social care needs
- Joint Health and Wellbeing Strategies, identifying local priorities.
- These form the basis of commissioning plans for CCGs and local authorities. As well as the overall JSNA, there is a specific dental JSNA.
- Pharmaceutical Needs Assessments

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Appendix 3 – Patient and Public Insight Sources for Primary Care

There is a lot of good insight material readily available including national survey data and reports, local survey data, and information held on particular patient groups or local communities by voluntary sector organisations, which might provide evidence that can be used to inform change and development. Ideally a range of methods, both quantitative and qualitative, should be used to gather patient experience insight and ensure there is a genuine dialogue.

NHS England is developing an Insight Strategy^v that will set out our plans for improving the collection and use of patient experience insight over the next five years.

A key principle in making best use of patient insights in primary care commissioning is to review and analyse existing insight sources at the start of any public involvement planning process. Another element of best practice is to document the difference that securing and using data has made to specific commissioning activities.

Sources that already exist include:

- National surveys such as the GP Patient Survey
- Local surveys
- Friends and Family Test
- NHS Choices data and feedback comments
- NHS Citizen Gather website and other online patient feedback websites such as Patient Opinion
- Voluntary sector organisations
- Social media, such as Facebook and Twitter
- Complaints
- CQC inspection reports, Healthwatch reports, local scrutiny committee reports
- Engagement with Patient Participation Groups and other patient representative groups
- Case studies.

Each of these sources has strengths and weaknesses, and some are more appropriate for specific purposes.

National surveys like the GP Patient Survey are good at producing comparative data on specified questions (determined by national policy) which can be useful for measuring the success of policy implementation or in identifying performance issues for further investigation, e.g. identifying unusual results or outliers. However, they are less helpful at establishing a dialogue that allows patients to identify issues of concern to them, or practical locally based solutions.

Where an issue or problem is identified, survey results can be used to map change over time, or the impact of new initiatives. The results of national surveys should be used with caution, but it is possible to compare and contrast service providers with: other similar size and type service providers, the national average, or the top and bottom performers. This can be particularly useful to identify benchmarking partners

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or to ‘buddy’ organisations that are performing well with organisations looking to improve. Exploring issues that other organisations, facing similar problems, have successfully tackled may identify transferable solutions and some ‘quick wins’.

The Friends and Family Test (FFT), on the other hand, does not produce comparative data, but can be used to collect qualitative insight through its open free text questions which can be tailored to identify and gather feedback on local areas of concern, including views on how things could be improved. Where it is fully implemented, every patient has the opportunity to comment through FFT but there are still social and cultural reasons why some people will be reluctant or unable to use it.

It is very important that commissioners are clear about how they use feedback and how it has made a difference to services and outcomes. Commissioners should also be aware that:

- people not accessing primary care will not be included in this type of survey feedback
- there are groups such as people with disabilities or not speaking English for whom these feedback channels are less accessible.

There are, therefore, strong arguments in favour of going beyond the already existing insight sources, e.g. carrying out specific focus groups or targeted qualitative methods.

ⁱ The NHS England Patient and Public Participation Policy and the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning can be accessed at <https://www.england.nhs.uk/ourwork/patients/ppp-policy/>

ⁱⁱ Guidance on legal duties relating to equalities and health inequalities can be accessed at <https://www.england.nhs.uk/about/gov/equality-hub/legal-duties/>

ⁱⁱⁱ Equalities and health inequalities references:
 The Marmot Review, (2010). Fair Society, Health Lives. London: The Marmot Review. Available at: http://www.local.gov.uk/health/-/journal_content/56/10180/3510094/ARTICLE
http://www.rcgp.org.uk/policy/rcgp-policy-areas/~/_media/Files/Policy/A-Z-policy/Patient-access-to-general-practice-2015.ashx
 RCGP and University of Birmingham, (2013). Improving access to health care for Gypsies and Travellers, homeless people and sex workers. London: RCGP and University of Birmingham. Available at: http://www.rcgp.org.uk/news/2013/december/~/_media/Files/Policy/A-Z-policy/RCGP-Social-Inclusion-Commissioning-Guide.ashx
 Inclusive Practice: Vulnerable Migrants, Gypsies and Travellers, People Who Are Homeless, and Sex Workers: A Review and Synthesis of Interventions/Service Models that Improve Access to Primary Care & Reduce Risk of Avoidable Admission to Hospital. Accessed at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/305912/Inclusive_Practice.pdf

Heslop P, Blair P, Fleming P, Hoghton M, Marriott A, L. R. Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD). Final report. Bristol: Norah Fry Research Centre., 2013.

^{iv} NHS England intranet resources for impact assessments can be accessed by staff at

<https://nhs.uk/sharepoint.com/TeamCentre/Policy/EqualityHealthInequalities/Pages/Equality-&-Health-Inequalities-Resources.aspx>

^v Reference to NHS England Insight Strategy, due to be published March 2016

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