

A study of the impact of service user engagement as peers and partners in commissioning and leading health and social care services with clinicians

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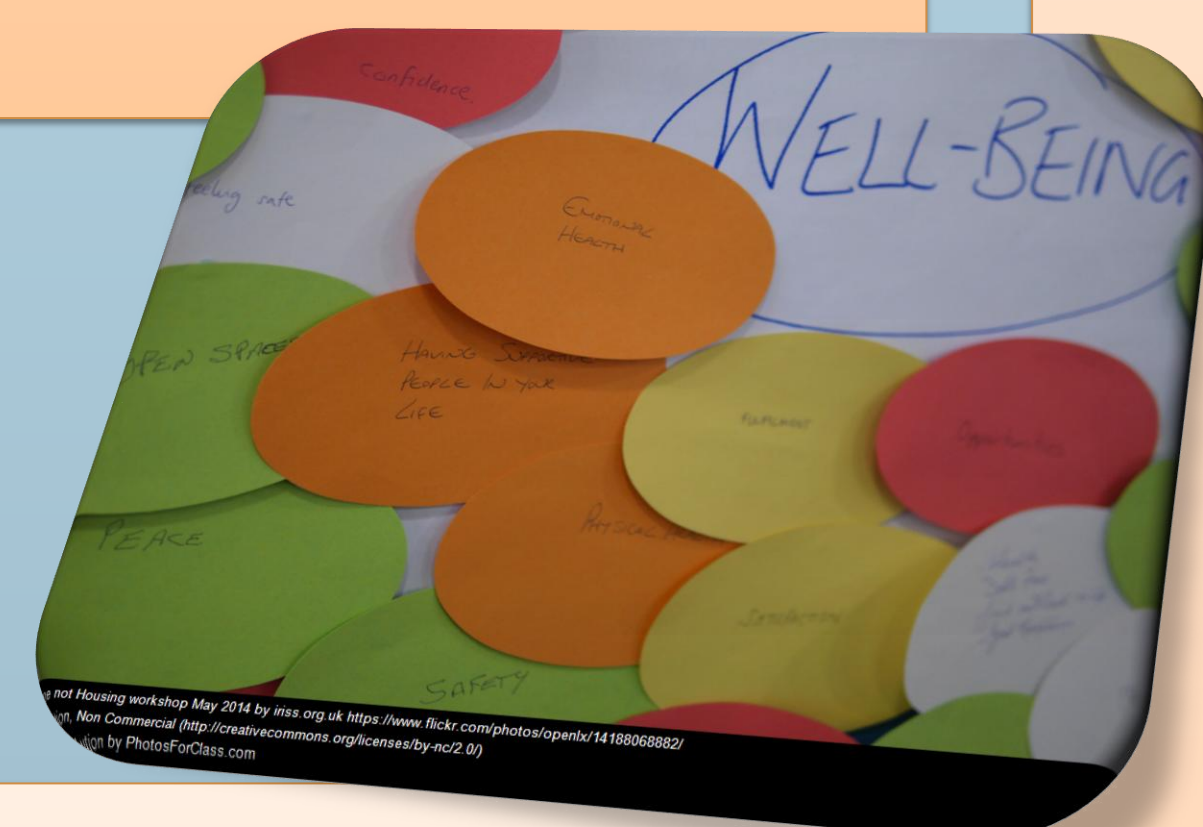
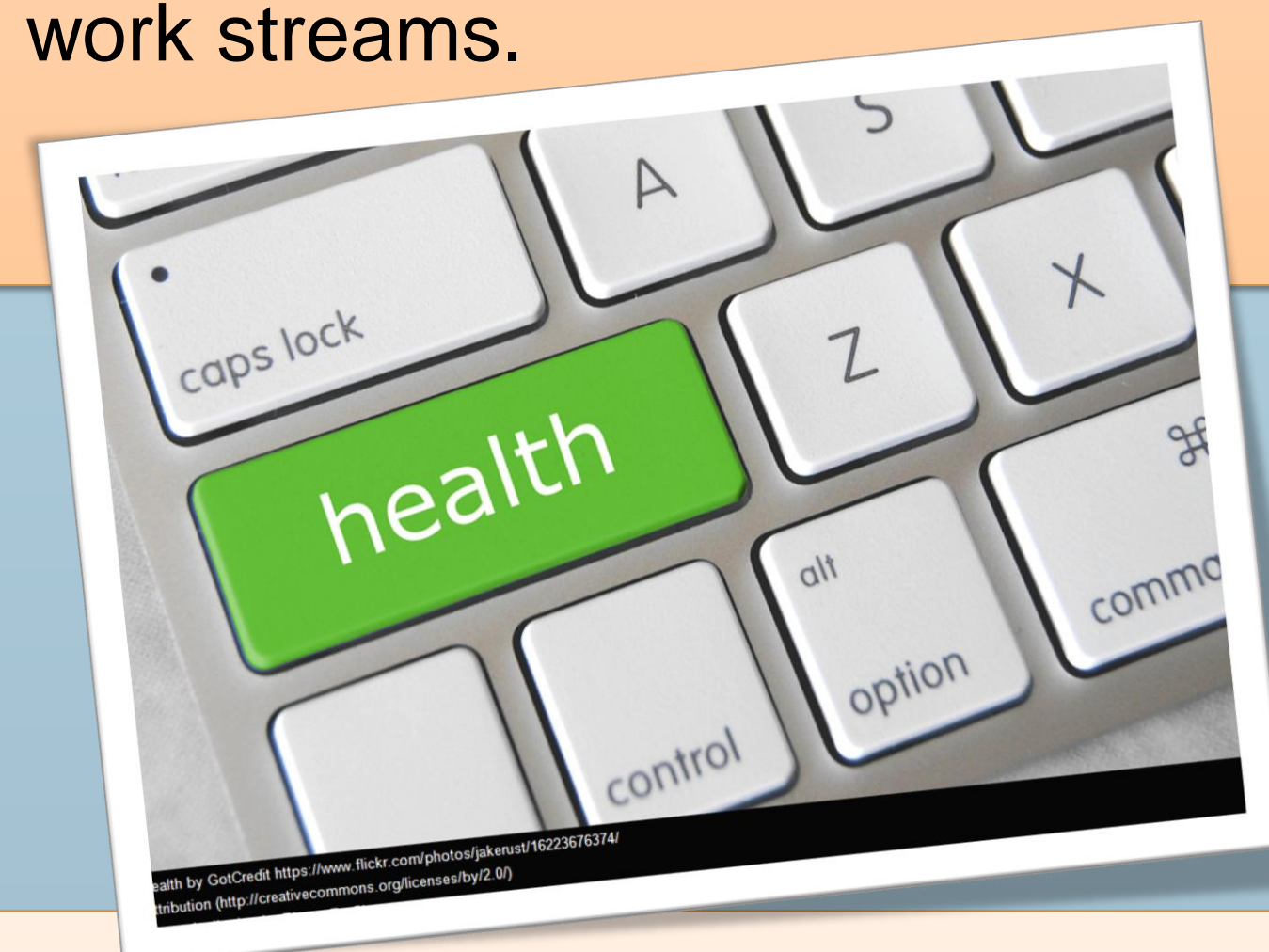
Background and context

➤ Since April 2013, Clinical Commissioning Groups (CCGs) have been responsible for over two thirds of the National Health Service (NHS) budget in England ⁽¹⁾

➤ CCGs are legally required to involve and engage service users (patients and carers) and the public ⁽²⁾.

➤ Second domain of competence : meaningful engagement **with** patients, carers and their communities.

➤ Most clinical commissioners are GP practitioners. Emphasis on **clinical engagement**. Leading defined health and social care work streams.



Purpose

➤ Identify and share on a national basis how commissioners, leaders and members of the public can engage as trusted peers in making significant decisions which shape local health and social care services;

➤ Inform curriculum design on partnership, public engagement, and clinical leadership for students and postgraduate health professionals.



Methodology and methods

➤ Case study design using an ethnographic approach. Two cases – one city CCG and one rural CCG

➤ Key research question:

What does it mean to work in partnership as clinicians and service users to commission and lead services?

Qualitative methods

- Focus groups
- Observations at meetings
- Interviews using semi-structured questionnaire



➤ Gain access via CCG engagement leads

➤ Project duration six to eight months

➤ Participants are patients, carers, members of the public and clinical commissioners participating in work streams for the CCG

➤ **Project advisory group** to provide patient and public involvement guidance throughout project:

- Study design
- Data collection
- Analysis and interpretation
- Dissemination

➤ **Researching the culture and social practices of engagement to commission and lead health and social care services.**

➤ **Tacit knowledge or 'know how' and social relations to work in a 'trusted peer' relationship**



Ongoing work

➤ Seeking NHS ethical approval – proportionate review

➤ Establishing project advisory group

➤ Critiquing practice-based theories to learn how knowledge is constructed and interpreted

➤ Emergent evidence base to articulate concept of 'trusted peer' relationship

➤ Locating contribution to postgraduate curricula for commissioning and leading health and social care services



References

1. NHS England. Five Year Forward View. London: NHS England; 2014
2. HMSO. Health and Social Care Act 2012. London: The National Archives; 2012

Acknowledgements

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