

PATIENT, CARER and PUBLIC INVOLVEMENT - Including Reimbursement of Expenses Policy

July 2018

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Name of Policy:	Patient, Carer and Public Involvement Reimbursement of Expenses Policy
Date Issued:	30.07.2018
Date to be reviewed:	31.07.2020

Policy Title:	Patient, Carer and Public Involvement Reimbursement of Expenses Policy	
Supersedes: (Please List)	Engaging with Patients and the Public Including Reimbursement of Expenses Version 1.0	
This policy will impact on:		
Policy Area:	Public and Patient Involvement	
Version No:	2.0	
Author:	Christine Ebeltoft	
Effective Date:	30.07.2018	
Review Date:	31.07.2020	
Equality Impact Assessment Date:	Details to be added after assessment	
APPROVAL RECORD		Date:
Consultation:		

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1. INTRODUCTION

- 1.1 As part of the implementation of the changes under the Health and Social Care Act 2012, Clinical Commissioning Groups (CCGs) are now developed as an informed and forward thinking group of clinical leaders to take on the responsibility of commissioning (buying) health and care services for their residents.
- 1.2 If the services provided, commissioned or contracted by Hull CCG are to be effectively and appropriately developed, the patient and public unique perspective needs to be at the centre of the discussions. The CCG is committed to involving patients, carers and the public in the planning, delivering and monitoring of local health services.

2. SCOPE

- 2.1 This policy applies to all employees of the CCG, and staff who are seconded to CCG, contract and agency staff and any individual working on CCG premise

3. POLICY PURPOSE AND AIMS

This policy provides guidance on the CCG's approach to providing reimbursement to patients, carers and the public who give up their time to get involved in the recognition that they should not be out of pocket with their expenses.

4. IMPACT ANALYSIS

4.1 Equality

The CCG is committed to:

- Eliminating discrimination and promoting equality and diversity in its Policies, Procedures and Guidelines, and
- Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged.

To ensure the above, this Policy has been analysed for its Equality Impact. As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

4.2 Bribery Act 2010

NHS Hull Clinical Commissioning Group has a responsibility to ensure that all staff are made aware of their duties and responsibilities arising from The Bribery Act 2010.

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another

person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed. The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

For further information see <http://www.justice.gov.uk/guidance/docs/bribery-act-2010-quick-start-guide.pdf>.

If you require assistance in determining the implications of the Bribery Act please contact the Local Counter Fraud Specialist on telephone number 01482 866800 or email at nikki.cooper1@nhs.net, or the Counter Fraud Manager on shaunfleming@nhs.net.

Due consideration has been given to the Bribery Act 2010 in the development of this policy (or review, as appropriate) of this policy document and no specific risks were identified.

5. NHS CONSTITUTION

5.1 The CCG is committed to:

- The achievement of the principles, values, rights, pledges and responsibilities detailed in the NHS Constitution.
- ensuring they are taken account of in the production of its Policies, Procedures and Guidelines

5.2 This Policy supports the NHS Constitution and the Value of Working together for patients insofar as the CCG puts patients first in everything it does, by reaching out to staff, patients, carers, families, communities and professionals outside the NHS. It also puts the needs of patients and communities before organisational boundaries

6. ROLES / RESPONSIBILITIES / DUTIES

6.1 Directors

Directors are responsible for ensuring organisational compliance with the duty to involve carers and the public on a voluntary basis in the planning, design and evaluation of services.

6.1.2 Project Lead

6.1.3 Project Leads are responsible for providing the participant with contact details to obtain information on the implications on benefits of receiving reimbursement of expenses.

6.1.4 Project Leads also have a responsibility to provide expenses claim forms to participants and support the completion of forms if required and to refund small amounts of expenses from petty cash on the day of the activity (considering

availability of petty cash in advance); larger amounts will be paid as quickly as possible in a payment method appropriate for the participant. They will ensure that this is done in a confidential and sensitive manner, acknowledging a need for privacy.

6.2 All staff

6.2.1 All staff are responsible for adequately supporting and recognising the contribution made by patients and members of the public engaged voluntarily in PCT activities.

6.3 Managers

6.3.1 Managers are responsible for ensuring that appropriate Engagement activity takes place and that both staff and those engaged voluntarily in the CCG activities are appropriately supported and participants are reimbursed where applicable.

6.4 Participants

6.4.1 Participants are responsible for completing the expenses claim form with all the necessary information and attaching receipts.

7. PRINCIPLES OF INVOLVEMENT & REIMBURSEMENT

7.1 The CCG is committed to offering involvement opportunities to all its population including carers, people with disabilities and those individuals with additional needs. Reimbursement of costs incurred as part of the involvement activity will always be viewed positively and take into account any financial implications for the individual.

8 INVOLVEMENT

8.1 The contribution patients, carers and the public make will be recognised and valued. This can be done in a variety of ways for example, being thanked, positive feedback and acknowledgement, practical assistance, training, personal development or seeing the impact of the work and changes made as a result of involvement.

8.1.1 Patients and the public will be given the right information at the right time to be able to make an informed choice about how and on what terms they want to be involved.

8.1.2 Commissioners/Service providers will discuss and agree with participants the terms of involvement prior to them committing to it. Involvement in unpaid activity does not require the participant to register as a volunteer.

8.1.3 Individuals will not be left out of pocket or put at risk of being financially worse off as a result of their involvement in service improvement.

9. TRAINING AND SUPERVISION

9.1 Training and supervision are essential in enabling people to develop their skills and contribute effectively. Where possible, training will be provided jointly with staff to promote shared working, experiences and viewpoints.

9.2 Each engagement activity will have a named Project Lead who will be responsible for identifying the individuals to be engaged and supporting them through the engagement activity.

9.3 Where the engagement activity is one-off or ad hoc, the Project Lead will:

- liaise with the Engagement Manager to consider access to the Membership database in order to invite participation
- register the activity and its outcomes on the Engagement Database (if appropriate)
- identify training needs
- facilitate preparation for specific tasks
- offer individual support as and when required
- consider reimbursement of expenses in accordance with this policy
- offer a review of the participation activity undertaken on a regular basis
- ensure that the participants are fully briefed on their role prior to the task being started
- and that they are given all relevant documentation and background information
- ensure communication and access needs are addressed
- be available to meet with the participants at an agreed time before the activity and address any specific concerns or questions
- ensure the participant(s) are supported fully during the activity
- meet with the participant(s) after the activity takes place
- thank the participant(s) for their involvement and keep them informed of subsequent outcomes.

10. CATERING / SUBSISTENCE

10.1 Where catering is required, the CCG will normally arrange for all catering to be provided for all the participants at the meeting/event so individuals will rarely be expected to incur individual subsistence expenses. However, in the rare instances where these may need to be reimbursed, the rates of reimbursement will be in line with Section 18 of the current NHS Agenda for Change Handbook. **(Waiting on a check from EMBED)**

10.2 Reimbursement

10.2.1 A wide range of patients, carers and the public, with different needs and experiences will be encouraged and supported to be involved. The way that reimbursement of expenses is settled should not needlessly create barriers that deter them from being involved.

10.2.3 Reimbursement for costs incurred through the use of an individual's own transport will generally be paid at the rate of 45 pence per mile. This is in line with the NHS Employees Agenda for Change Reserve Rate for non-business essential travel.

The CCG will also reimburse passenger costs at 5 pence per mile and will refund direct costs incurred through use of public transport upon receipt of a valid ticket.

If an individual has special transport requirements these should be disclosed at the earliest opportunity and the CCG will reimburse in full appropriate taxi, passenger transport, or ambulance costs.

10.2.4 The amount of reimbursement will normally be calculated from the participant's usual residence to the event and return. Any deviation from this should be disclosed at the earliest opportunity and appropriate payment agreed with the Project Lead.

Parking/speeding fines and/or loss of personal belongings will not be reimbursed by the CCG.

10.3 Other Reimbursements

10.3.1 Where any other expenses need to be incurred, these should be agreed in advance, and, if approved, will be reimbursed through the reimbursement claim form.

10.3.3 Links to Benefits

On the whole, reimbursement of travel expenses does not affect patients and the public in receipt of benefits.

10.3.4 How to Claim

10.4 Paperwork is necessary to safeguard both the CCG and the participant and it will therefore be accessible and easy to understand. Paperwork to claim reimbursement will be kept to a minimum and payment will normally be made through the participant's bank account.

10.5 Individuals will be asked to complete the declaration form (Appendix 1) and will receive payment within 30 days.

The Project Lead will:

- Provide the participant with contact details to obtain information on the implications on benefits of receiving reimbursement of expenses
- Give help with the completion of expenses claims forms if required
- Ensure that this is done in a confidential and sensitive manner, acknowledging a need for privacy.

The Participant will:

- Complete the expenses claim form with all the necessary information and attach receipts.
- Inform the Project Lead at the earliest opportunity if unable to attend for any reason
- Follow guidance from the Project Lead on the general conduct of the activity
- Act as a critical friend, helping the Project Lead to have a constructive discussion and explore both the positive and the negative aspects of issues raised

11. CODE OF CONDUCT

11.1 The principles listed below make up the Code of Conduct and reflect a summary of the expectations attached to contributing to the NHS in any unpaid capacity.

- Involvement necessitates respect for all others, be they staff, other volunteers, patients, service users/carers.
- Individuals/groups must be recognised and respected for their own beliefs, irrespective of whether they differ from our own.
- Cultural and ethnic diversity must be acknowledged and valued, and at all times equality and fairness must be promoted.
- Discrimination of any kind (be it direct or indirect) will not be tolerated.
- Language or actions perceived to be aggressive, intimidating or abusive will not be tolerated.
- Practice in a non-judgemental manner and not to impose our own beliefs, values or opinions on anyone else.
- The highest regard for confidentiality must be understood and maintained (including the protection of patient identification and respect for privacy)
- Share any concerns we may have (be it related or of a personal nature) with the appropriate staff contact.

12. CONFIDENTIALITY

Anyone voluntarily involved in CCG business may have access to information of a sensitive nature. Where this is the case, they will be required to sign a confidentiality agreement (Appendix 2). It is the responsibility of the Project Lead to ensure they have access to this, as appropriate.

13. CONCERNS, COMPLAINTS AND DISPUTES

If either the participant or project lead has a concern, complaint or dispute in relation to reimbursement, these should be resolved locally between the participant and their Project Lead.

If either side feels the need for third party involvement, a member of the engagement team should be informed. They can then discuss with those concerned the options available and how to take the matter forward. If necessary, the complaints process should be followed.

14. REFERENCES

Department of Health (August 2006) Reward and Recognition

Department of Health (October 2008) Involving people and communities - A brief guide to the NHS duties to involve and report on consultation

Humber Mental Health Teaching NHS Trust (September 2003) Code of Practice for Voluntary Service User and Carer Involvement in Mental Health Services

North and East Yorkshire & Northern Lincolnshire Strategic Health Authority (October 2004) Policy for the Reimbursement of Expenses to Patients, Service Users, Carers Members of the Public and Lay Representatives when participating in SHA Patient and Public Involvement Activity and Contracted Activity

Selby and York Primary Care Trust (June 2002) Policy for the reimbursement of Expenses of Patients, Service Users, Carers and Lay Representatives

North East London Mental Health NHS Trust (July 2005) Policy for Payments to Service Users and Carers for Involvement in Trust Activities

15. REVIEW

This Policy will be reviewed within two years from the date of implementation. The Reimbursement Rates will also be reviewed on a regular basis in line with national guidance.

Minor amendments (such as changes in title) may be made prior to the formal review, details of which will be monitored/approved by Hull CCG.

Such amendments will be recorded in the Register and a new version of the document issued.

16. MONITORING AND EFFECTIVENESS

The effectiveness of this Policy will be monitored by xxxxxxxxxxxx?

17. POLICY REVIEW

This Policy will be reviewed within 2 years from the date of implementation.

APPENDIX 1

REIMBURSEMENT DECLARATION FORM

NAME (Please print): _____

HOME ADDRESS: _____

_____ Post Code: _____

Email: _____ Tel/mob No: _____

Event(s):	Venue:	Date:

BANK DETAILS

Name of Bank: _____ Sort Code: _____

Account Holder: _____ Account No: _____

TRAVEL EXPENSES (Please attach tickets or receipts)

- Rail Fare (Standard Class) £ _____
- Bus Fare £ _____
- _____ miles @ 45p per mile £ _____
- Passenger _____ miles @ 5p per mile £ _____
- Parking £ _____
- Taxi Fare* £ _____
- Other (please describe below) £ _____

**State reason taxi required, e.g. mobility problems, rural transport problems, late night/early morning travel*

• **TOTAL CLAIM** £ _____

I declare that this claim is true and correct and the result of travel undertaken at the request of Hull Clinical Commissioning Group (CCG).

Signed: _____ **Dated:** _____

Approved by: _____ **Job title:** _____

**Please send this completed form to Engagement Team
FREEPOST RTGL-RGEB-JABG**

**NHS Hull Clinical Commissioning Group
2nd Floor, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY**

APPENDIX 2

NON-DISCLOSURE OF CONFIDENTIAL INFORMATION

The NHS has a legally binding obligation not to disclose information of a confidential nature concerning patients' illnesses, their affairs or CCG and staff business and likewise, they have a duty to draw attention to their staff and volunteers to this obligation.

Participants must not disclose, either during or after the termination of their volunteering activity period, any information of a confidential nature relating to the CCG, its patients or any further third party without first obtaining the written permission of the CCG of the party concerned.

Disclosure of confidential information can occur either directly or indirectly and staff and volunteers have a duty to ensure that indirect disclosure does not occur due to the unauthorised access to, or misuse of information.

Any unauthorised disclosure of such information will be regarded as a serious breach of discipline and, therefore, action will be taken. If the volunteer has left the organisation, legal action may be considered by the CCG. An unauthorised disclosure is an offence under the Data Protection Act 1988 and as such the Information Commissioner or Director of Prosecution could commence proceedings against the individual.

Staff should also be aware of and adhere to the relevant Information Governance Policies. Any unauthorised disclosure of such information will be regarded as a serious breach of discipline and therefore, appropriate disciplinary action will be taken.

I have read and understood the above

(Signature)

Name (Block Capitals)

Address

Date

Contact details for accessing this document in different language:

You can get this document in a different language, in Braille or in large print, by contacting us in the following ways:

Tel: (01482) 344700 Fax: (01482) 223140

Albanian

Nëse dëshironi ndihmë me këtë document, ju lutemi telefoni 01430 457351

Chinese Traditional

如果您能對此文件提供幫助，請致電：01430 457352。

Turkish

Eğer bu döküman ile ilgili olarak yardım istiyorsanız, lütfen 01430 457353 numaralı telefonu arayınız.

Polish

Potrzebujesz pomocy w zrozumieniu tego dokumentu? Zatelefonuj pod 01430 457367

HR / Corporate Policy Equality Impact Analysis:	
Policy / Project / Function:	
Date of Analysis:	
Completed by: (Name and Department)	
What are the aims and intended effects of this policy, project or function?	
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	
Please list any other policies that are related to or referred to as part of this analysis	
Who will the policy, project or function affect?	
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	
Promoting Inclusivity and Hull CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives: 1. Ensure patients and public have improved access to information and minimise communications barriers	

Comment [WU1]: Details around equality can be found on the CCG Website at <http://www.hullccg.nhs.uk/pages/equality-and-diversity>
Alternatively support is available from the Corporate Governance Team on 344703.

<p>2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job</p> <p>3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve</p> <p>4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs</p>	
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Equality Data	
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as '<i>Equality Groups</i>'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <p>1: Recruitment data, e.g. applications compared to the population profile, application success rates</p> <p>2: Complaints by groups who share / represent protected characteristics</p> <p>4: Grievances or decisions upheld and dismissed by protected characteristic group</p> <p>5: Insight gained through engagement</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document). If you answered No, what information will you use to assess impact?</p> <p>Please note that due to the small number of staff employed by the CCG, data with returns small enough to identify individuals cannot be published. However, the data should still be analysed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.</p>

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?
 (Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a <i>Genuine Determining Reason</i> ¹ exists (see footnote below – seek further advice in this case)
Gender				
Age				
Race / ethnicity / nationality				
Disability				
Religion or Belief				
Sexual Orientation				
Pregnancy and Maternity				
Transgender / Gender reassignment				
Marriage or civil partnership				

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

1. ¹ The action is proportionate to the legitimate aims of the organisation (please seek further advice)

Sign-off
All policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs
I agree / disagree with this assessment / action plan
If <i>disagree</i>, state action/s required, reasons and details of who is to carry them out with timescales:
Signed:
Date:

Comment [WU2]: EIA Must be signed off in advance of final approval of policy. Allow 7 days for sign off of EIA email michael.napier@nhs.net