A decorative graphic in the top left corner consisting of several overlapping, curved shapes in shades of purple, magenta, and cyan.

**Proposals to relocate the Urgent Treatment  
Centre and GP Out of Hours Service from The  
City Care Centre in Thorpe Road to the  
Peterborough City Hospital site in Bretton,  
Peterborough.**

**5 August to 30 September 2020**

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# Contents

## 1. Who we are and what we do.

Here at Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) we are responsible for buying NHS services in our local area. We have a budget of £1.3 billion to deliver healthcare services to 980,000 people across Cambridgeshire and Peterborough. This includes funding for hospitals, GP, pharmacies, mental health services, NHS 111 and much, much more.

The NHS receives a fixed budget to buy and provide health services for the local population. We have a growing population, which is also an ageing population that is diverse and has significant inequalities.

## 2. What is this about?

The NHS Long Term Plan, that was published on 7 January 2019, talks about five major changes to the NHS. Chapter 2 of this plan is very clear that local NHS organisations need to:

**“... redesign and reduce pressure on emergency hospital services”**

Along with this plan, the national guidelines state that Urgent Treatment Centres (UTC) should work together with hospital Emergency Departments (EDs) to improve services for patients and create a seamless service.

To meet both objectives effectively, the NHS locally needs to rethink how some of our urgent and emergency services are delivered.

The changes in this proposal relate only to services in Peterborough.

In Peterborough, the Urgent Treatment Centre or UTC is currently located at the City Care Centre on Thorpe Road.

## 3. What is the Urgent Treatment Centre?

The Urgent Treatment Centre in Peterborough was previously known as the Minor Injury and Illness Unit or MIIU, it is also known locally as the ‘Walk-in centre’. All of these names refer to the same services. It is open every day from 8am to 8pm. The service treats a range of illnesses and injuries that are urgent but not life-threatening. These are illnesses and injuries that if left untreated may become more severe quite quickly. For other illnesses and minor injuries people go to their GP practice.

## 4. What is the GP Out of Hours Service?

The GP Out of Hours Service can be contacted through NHS 111 when GP surgeries are closed and provides access to GP services during the night (6.30pm – 8am) and over the weekends (from 6.30pm on Friday to 8am on Monday) and bank holidays. It is for patients with urgent needs who cannot wait until their GP practice re-opens in the morning or on Monday. Many patients are given advice and

prescribed medicines over the telephone or video consultation, but some need to be seen face-to-face - the service for Peterborough is currently located at the City Care Centre.

## 5. What is the Emergency Department?

The Emergency Department or ED is located at Peterborough City Hospital. It is also known as Accident and Emergency, or A&E. These names all refer to the same service which provides emergency care **in life threatening or very urgent cases**. It is open 24 hours a day every day.

## 6. What have people told us about urgent care services so far?

### The BIG conversation

From September to December 2019 the CGG had a BIG conversation. This was not a consultation but had a great response from the public and gave us a good indication of what the public want from future health services.

One of the questions asked in the BIG conversation directly relates to the issues raised by these proposals. The question and the responses we received are given below:

**Q9 When you feel unwell, but it is not an emergency, and you need to see someone to talk about it, would you:**

Answered: 5,646 Skipped: 86

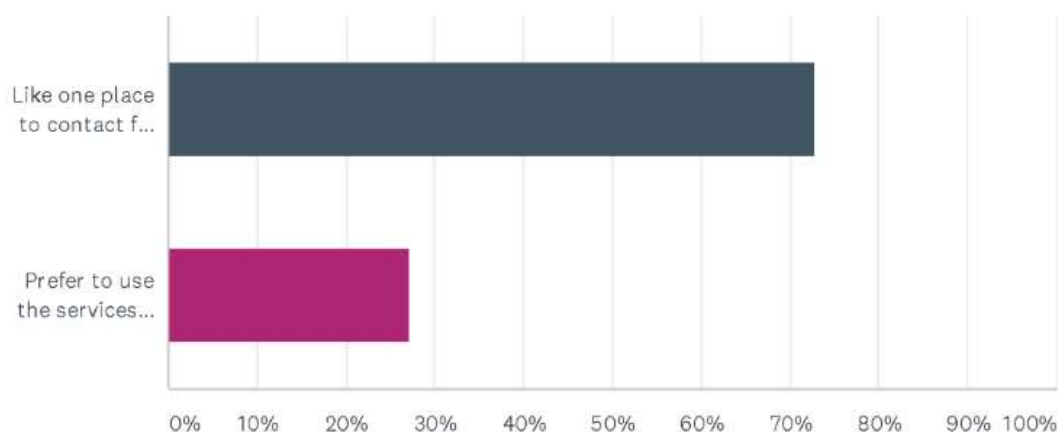


Figure 1: Question nine graph exported from SurveyMonkey

Table 1 BIG conversation responses to question nine.

ANSWER CHOICES	RESPONSES	
Like one place to contact for advice and treatment which can book you an urgent appointment with the right service, within two days or sooner if need be	72.85%	4,113
Prefer to use the services you know are available and see how quickly you can be seen, such as A&E, Minor Injury Units, Urgent Care Centres, GP out of hours or GP urgent appointments	27.15%	1,533
<b>TOTAL</b>		<b>5,646</b>

People told us that they are often confused by the range of services available when they have an urgent health need. They sometimes aren't in a position to decide what is and isn't an emergency. When a person you care about needs help or is in pain then it can feel like an emergency, and you take them to where you know they will get help. Bringing these services together in Peterborough will create a single access point for urgent and emergency care in this area.

### **The BIG Conversation Healthwatch Cambridgeshire and Peterborough Community Values Panels**

As part of the BIG conversation Healthwatch Cambridgeshire and Peterborough held a number of Community Values Panels on behalf of the CCG. Thirty local people from across Cambridgeshire and Peterborough joined a Community Values Panel on 19 November 2019 in St Ives to discuss, think about, and have a say on Urgent and Emergency care in our area.

Thirty panellists were selected to reflect the diverse demographic characteristics of the population in Cambridgeshire and Peterborough. This was based on age, gender, and district of residence. The selection also aimed to reflect the area's disability, ethnicity, sexuality, long-term conditions and caring profile.

Panellists were asked to vote on two statements at the start of the day and again at the end of the day, following input from experts and their own detailed deliberations.

**Statement 1:** We should redirect people to other NHS services if you go to A&E and do not have a serious injury or illness that needs to be dealt with as an emergency.

Table 2 Healthwatch Community Values panel responses to questions regarding statement one.

		Start of the day		End of the day	
A	Strongly agree	15	56%	21	78%
B	Agree	8	30%	6	22%
C	I'm not sure	1	4%	0	0
D	Disagree	3	11%	0	0
E	Strongly disagree	0	0%	0	0
	Total	27	100%	27	100%

Most of the panellists agreed with the statement at the start of the day. Only four panellists told us that they were either unsure or disagreed with this statement. By the end of the day all who voted agreed with this statement.

**Statement 2:** You should always be seen at A&E if you go there and you should not be turned away.

The vote on the second statement suggested less certainty. This time only half of the panellists agreed that people should always be seen if they went to A&E. Fewer panellists were unsure at the end of the day. Panellists talked about how they felt about the term 'turned away' and were concerned about how this would happen in practice.

The full report on the Community Panel can be found on our website here:

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/resources/assets/inline/full/0/20189.pdf>

### The Proposal

We propose to move the current Urgent Treatment Centre and the GP Out of Hours (OOHs) Services from the City Care Centre in Thorpe Road Peterborough to the Peterborough City Hospital site to be located alongside the Emergency Department.

## 7. What will the changes look like?

The services proposed to be relocated are:

- The Urgent Treatment Centre (UTC) run by Lincolnshire Community Health Services NHS Trust (LCHS)
- The GP Out of Hours Service (GP OOHs) run by Herts Urgent Care (HUC)

Moving these services will allow for a single front door to all the urgent and emergency care services at Peterborough City Hospital.

You can travel to one location for all of your urgent and emergency health needs and will no longer have to work out which service is the most appropriate for you. Trained healthcare professionals will ensure you get the right care.

The service will cover the full range of injuries and illnesses with access to diagnostics, such as x-rays and scans, as well as specialist opinions, should they be needed. The services will be available to adults and children of any age. There will be a combination of pre-booked appointments and walk-in access.

GP Out of Hours Service will still go out on home visits if required, which are booked through NHS 111 if clinically required. This will not change.

**Access to these services will be through:**

- Direct booking through NHS 111, telephone or online.
- Walk-in bookable appointments, this means that people who walk-in are given an appointment slot time, so they don't have to sit and wait for their appointment. Some walk-in treatment will still be available, but at busier times people will have to wait for that type of service.

When you as a patient walk through the 'front door' you will be triaged or assessed by trained clinicians. They will take a brief history and perform basic observations before directing you to the most appropriate service depending on their injuries or illness.

**There will be four service streams available for people who arrive at the front door at the hospital without calling or going online to NHS 111 first.**

After triage, the patient will be directed to one of these four service areas:



Figure 2 proposed four service streams

999 ambulances will arrive directly at the ED (no change to the existing service).

## **8. How will this service work for you?**

Currently if you have an urgent need for medical treatment there are a range of service options available. You need to decide how urgent the need is, and where to go to receive the most appropriate treatment. We have been told that patients find this choice confusing and they are often not sure where they should go. NHS 111 can provide information on where to go.

The proposed changes will mean that you are encouraged to call or go online to NHS 111. You will now have just one place to go for urgent treatment needs, a single access point which will then guide you to the most appropriate service to meet your needs.

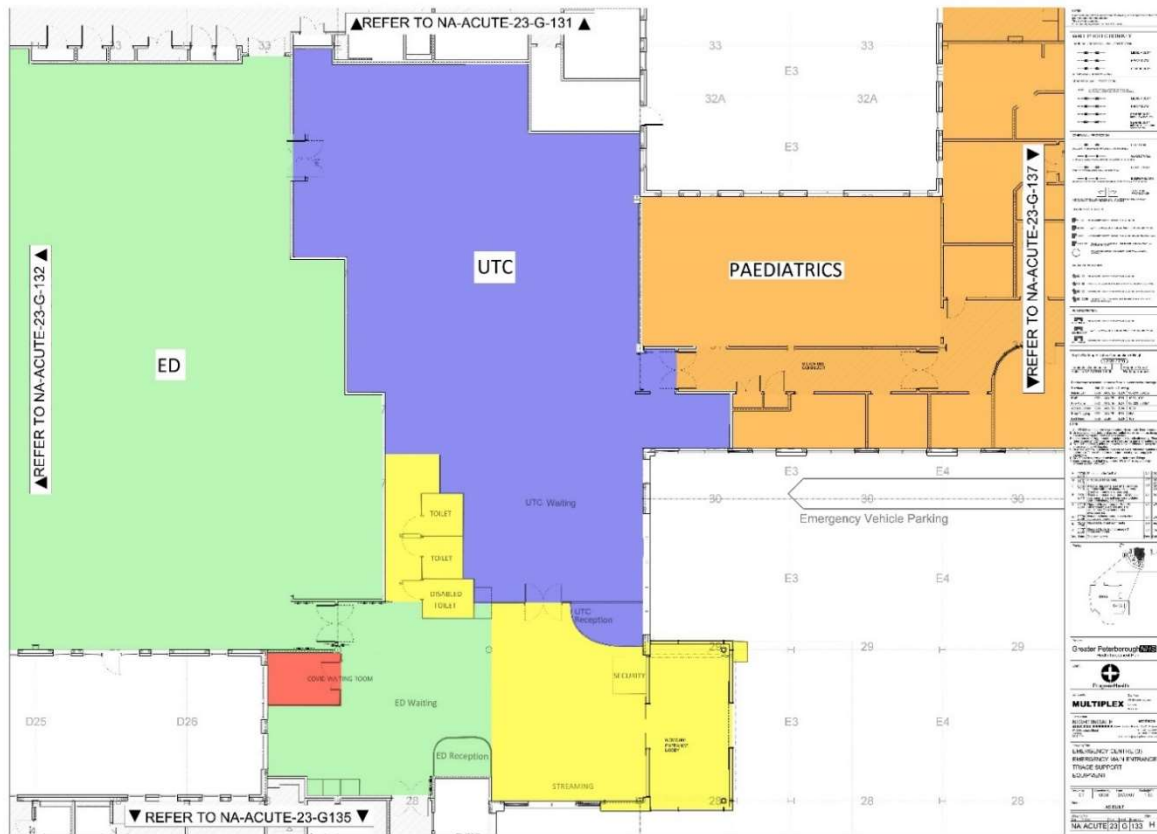


Figure 3 Proposed location of the single access service at Peterborough City Hospital

- Streaming and assessment area
- Urgent Treatment Centre
- Emergency Department
- COVID-19 waiting area
- Paediatrics

### Current use of the UTC service

The table below shows the busiest times for the UTC is between 8 -11am in the morning. After 11am activity flattens and becomes steady between 9-11 patients per hour. The busiest days are Saturdays, Sundays and Mondays.

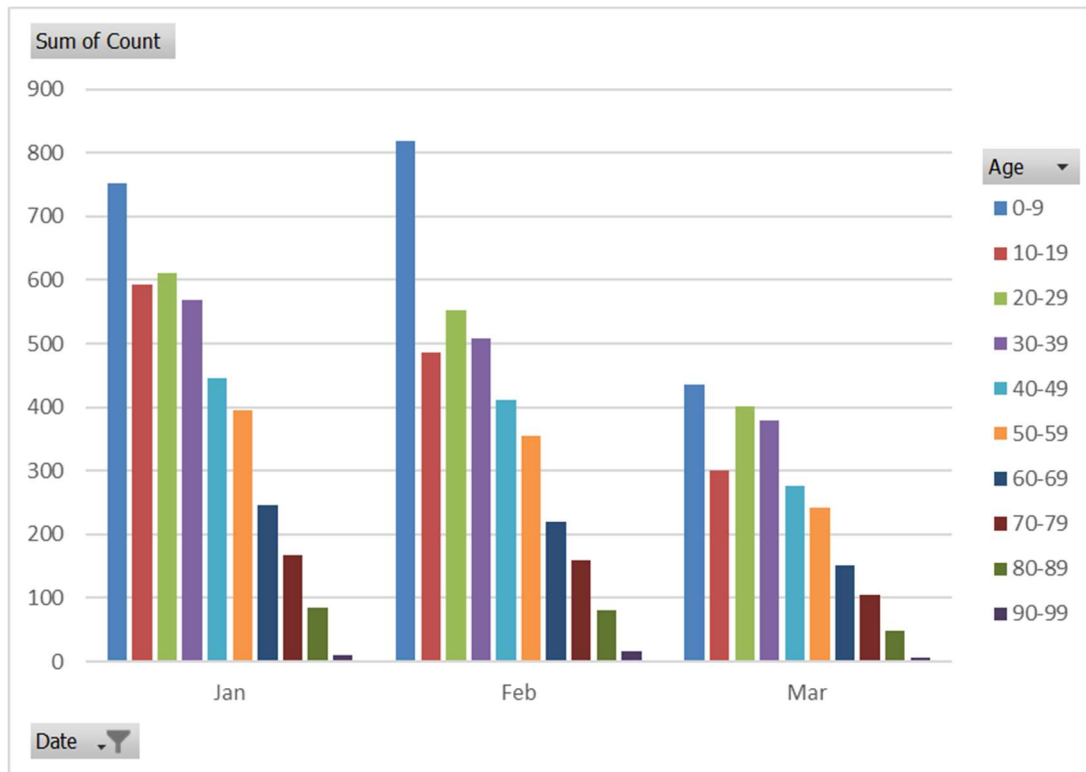


Table 3 Average attends at UTC for 2019

Peterborough UTC Average attends by day by Hour 2019													
Hours	8	9	10	11	12	13	14	15	16	17	18	19	Totals
Monday	13	13	13	13	12	11	11	11	11	10	11	7	134
Tuesday	12	10	10	10	9	8	9	9	10	10	10	6	116
Wednesday	11	11	9	10	9	9	9	9	11	10	11	6	113
Thursday	11	10	9	9	9	9	9	10	10	10	11	6	113
Friday	12	10	10	9	9	9	10	9	10	10	11	6	116
Saturday	23	13	15	13	12	11	11	9	9	9	9	6	140
Sunday	24	14	15	13	12	11	11	9	7	6	5	4	130

The table below shows the age profile of patients attending the UTC between January and March 2020. The highest demographic is patients (children) between 0-9 years. This is then followed by 10-59 years this then starts to drop off for age groups above 59.

Table 4 UTC age Profile Jan – Mar 2020



On 10 March 2020 the staff at the current UTC asked each patient for some details of the age, where they had travelled from and how they had reached the UTC. The results are given below.

Table 5 how people travelled to the UTC on 10 March 2020.

Address	Age range						Method of travel						
	First part of postcode	Under 16	16-24	25-44	45-64	65-74	Over 75	Walked	Driven	Driven by someone else	Taxi	Bus	Ambulance or other patient transport
PE2				✓					🚗				
N/A						✓				🚗			
N/A				✓						🚗			
PE2	✓									🚗			
PE7	✓									🚗			
PE3		✓								🚗			
PE2						✓	🚶						
PE8			✓						🚗				
PE1			✓						🚗				
PE2			✓						🚗				
PE2			✓							🚗			
PE1					✓					🚗			
PE4				✓					🚗				
PE2	✓									🚗			
PE3						✓					🚌		
PE4			✓							🚗			
PE3				✓					🚗				
PE4						✓				🚗			
PE4					✓				🚗				
PE1				✓					🚗				
PE1			✓						🚗				
PE1	✓									🚗			

## 9. Parking and public transport

We know from the previous analysis that the primary mode of transport to the UTC is by car, only an extremely small number of patients walked or used public transport including taxis. We intend to continue to do surveys of patients attending the UTC and ED at both sites to further understand transport and parking needs.

Peterborough City Hospital is located to the west of Peterborough City Centre. The site is located adjacent to the A47 and approximately 10.5km north east of A1 Junction 17. The site has one vehicular access via Bretton Gate.

### Parking

112 additional car parking spaces were created during 2019 providing a total of 796 parking spaces and 101 disabled parking spaces allocated for patient and visitor parking.

There is a drop-off bay adjacent to the main entrance for visitors and patients to use with a 20-minute stay limit.

Peak car parking times are from 9am to approx. 1pm and 1.45pm – 6pm Monday to Friday. The peak usage times as shown in table 1 show that the busiest times for the UTC are mostly outside of these times. The GP Out of Hours service operates only outside of these peak times for the Peterborough City Hospital car park.

An evaluation of public car parking charges at other Trusts has been undertaken to understand whether charging is consistent with local Trusts to adhere to the 'Health Technical Memorandum 07-03 NHS Car-Parking Management: Environment and Sustainability' document. The findings show on average, Peterborough City Hospital charges the public less for parking than other Trusts considered within the high-level assessment.

By comparison, the City Care Centre on Thorpe Road has 82 parking spaces with five disabled parking spaces allocated for patient and visitor parking.

The above analysis highlights a question around car park charges and whether there is a significant difference in cost between sites which would impact on patients attending the hospital site

*Table 6 Parking cost comparison between sites*

Peterborough City Hospital Site	City Care Centre
<ul style="list-style-type: none"><li>• No charge for up to 30 minutes</li><li>• £2.90 for up to 4 hours</li><li>• £4 for up to 8 hours</li><li>• £6 for up to 24 hours</li></ul>	<ul style="list-style-type: none"><li>• No charge for up to 30 minutes</li><li>• £2 for up to 2.5 hours</li><li>• £3 for up to 3.5 hours</li><li>• £4 for up to 4.5 hours</li><li>• £5 for up to 5.5 hours</li><li>• £6 for up to 6.5 hours</li><li>• £10 for over 6.5 hours</li></ul>

## Buses

A number of Stagecoach buses run between Peterborough City Centre bus station and the Peterborough City Hospital site.

Table 7 Bus routes from the city centre to PCH source: Stagecoach website

Stagecoach No 4				
Day	Start	Stop	Interval	Journey time
Mon — Fri	0613	1953	Every 20 mins	15 mins
Saturdays	0623	2003	Every 20 mins	
Sundays	0936	1736	hourly	
Stagecoach 2 via South Bretton				
Day	Start	Stop	Interval	Journey time
Mon — Fri	0646	2307	Every 12 mins from 0958	21 mins
Saturdays	0700	2307	Every 12 mins from 0958	
Sundays	0944	2307	Every 30 mins	
Stagecoach 3 via North Bretton				
Day	Start	Stop	Interval	Journey time
Mon — Fri	0646	2307	Every 12 mins from 0958	21 mins
Saturdays	0700	2307	Every 12 mins from 0958	
Sundays	0944	2307	Every 30 mins	

## Taxi

A standard one-way taxi charge from Queensgate Bus Station to the PCH site has also been reviewed:

- Initial charge: £3.30
- Distance costs: £2.19
- Traffic related costs: £0.55
- Estimated price: £6.10

## The Green Travel Plan

North West Anglia Foundation Trust is responsible for the Peterborough City Hospital site. The Trust is in the final approval stages for their Green Travel Plan that

has been developed in consultation with patients and staff to make sure that users can get to the site as safely and conveniently as possible.

The Green Travel Plan will contribute to an enhanced transport network that supports an increasing proportion of journeys being undertaken by sustainable travel modes, and support a package of Smarter Choices that encourage and promote sustainable travel to all people travelling in and around Peterborough.

## 10. Patient stories – what will be different?

1. A child of four years is brought to the current UTC with a cut and damaged finger from trapping it in a door. Due to the extensive damage to skin and tissue, the child needs to be given an x-ray and needs further assessment. Due to the damage to the finger further assessment is needed under anaesthetic.

The child has already waited to be triaged at the current UTC. The parents are advised they need to take the child to the Emergency Department at Peterborough City Hospital (PCH) due to their age, and the nature of the injury. On arrival at PCH ED the child is then re-assessed after another wait, before being admitted for surgery.

In the new model this child would have been triaged straight to ED and treatment given much faster.
2. A patient arrives at the UTC with left sided chest pain. The patient has risk factors for a pulmonary embolism (blood clot on the lung). Previously these patients would have been sent to the Emergency Department then admitted to hospital waiting investigations. In the new model the patient would be sent directly to SDEC from the UTC (SDEC refers to the care and treatment of patients for whom admission to hospital would have been the default option in the absence of an SDEC service) for same day blood tests, scans, diagnosis and treatment if needed.
3. A tall thin adolescent man arrives at the current UTC with chest pain which is worse with coughing or breathing in deeply. They wait to be triaged at the UTC and wait to be seen by a clinician. This patient was then transferred to ED at PCH, they wait there for the ED clinician to see him and wait again for a chest X ray to exclude spontaneous pneumothorax.

In the new model, this patient would be streamed to ED for an urgent chest X ray to exclude a spontaneous pneumothorax.

# 11. How to tell us your views

You can share your views in a number of ways:

- Fill in the questionnaire found online on our website:  
<https://www.surveymonkey.co.uk/r/D8V8VHY>
- Tear out and post your survey to us at:  
UTC relocation survey  
Cambridgeshire and Peterborough CCG  
2<sup>nd</sup> Floor, City Care Centre  
Thorpe Road  
Peterborough  
PE3 6DB
- Attend one of our virtual events on the dates shown, details of how to join the virtual public meetings will be shared here:
  - [www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/utc-consultation/](http://www.cambridgeshireandpeterboroughccg.nhs.uk/get-involved/consultations-engagement/utc-consultation/)
    - **Weds 19 August 5pm to 6.30pm**
    - **Thursday 10 September 5.30pm to 7pm**
- Email your views to us at: [capccg.contact@nhs.net](mailto:capccg.contact@nhs.net)
- Telephone us on 01223 725400

This document will be downloaded in full as a page on our website where the text to voice facility, read speaker, is available.

This information is available in other languages and formats on request. To request alternative formats, please contact us at [capccg.contact@nhs.net](mailto:capccg.contact@nhs.net)

The closing date for responses is **Wednesday 30 September 2020**.

## 12. Survey Questions

<b>1.</b> When you feel unwell, but it is not an emergency, and you need to see someone to talk about it, would you:
<input type="checkbox"/> Prefer a single 24/7 hospital-based access point to go for advice and treatment which can book you an urgent appointment with the right service?
<input type="checkbox"/> Prefer to use the services you know already are available and see how quickly you can be seen, such as ED, Minor Injury Units, Urgent Treatment Centres, GP out of hours or GP urgent appointments?
<b>2.</b> Do you understand the reasoning behind the proposals to move to the Urgent Treatment Centre to the Peterborough City Hospitals site?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
<b>3.</b> Do you agree with the proposals to move the Urgent Treatment Centre to the Peterborough City Hospital site to create a single access point for urgent care?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
<b>4.</b> When you feel unwell, would you be willing, if assessed as not requiring hospital-based services to call or go online to NHS 111 as an alternative means of accessing healthcare?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
<b>5.</b> Are you happy for NHS 111 to book you an appointment at the most appropriate service to meet your needs?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
<b>6.</b> Is there anything else you would like to share with us about these proposals?
<b>7.</b> Can you tell us which age band you belong to?
<input type="checkbox"/> 16-29 <input type="checkbox"/> 30-44 <input type="checkbox"/> 45-50 <input type="checkbox"/> 60-75 <input type="checkbox"/> 75+
<b>8.</b> How would you describe your ethnic background?
<b>9.</b> Finally, please tell us the first part of your postcode, for example PE28 PE2.

## 13. Why we consult

Cambridgeshire and Peterborough Clinical Commissioning Group is committed to ensuring that the views of the public and stakeholders is considered when making decisions about the provision of healthcare in our area.

### Legal requirements

This consultation document has been drawn up in accordance with the following legal requirements and guidance:

#### **Cabinet Office Consultation Principles July 2012**

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement.

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation, and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before, and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

The full consultation principles document can be accessed via the Cabinet Office website at:

<https://www.gov.uk/government/publications/consultation-principles-guidance>

#### **Section 14Z2 Health and Social Care Act 2012**

##### **14Z2 Public involvement and consultation by clinical commissioning groups**

- (1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).
- (2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):
  - (a) in the planning of the commissioning arrangements by the group,



(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution:

(a) a description of the arrangements made by it under subsection (2), and

(b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see

<http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

### **Criteria for Significant Service Change**

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

### **CCG Constitution Section 5.2**

#### **5.2. General Duties - in discharging its functions the NHS C&P CCG will:**

**5.2.1.** Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

a) ensuring that individuals to whom the services are being or may be provided are involved:

- (i) in the planning of the CCG's commissioning arrangements;
- (ii) in the development and consideration of the proposals by the CCG for changes in commission arrangements;

- (iii) in the decisions of the CCG affecting the operation of commissioning arrangements, where the decisions would, if made, impact on the manner in which the services are delivered to the individuals or the range of health services available to them;
- b) in order to understand the views of patients and the public and to disseminate relevant information to them, establishing and working closely with:
- (i) a Patient Reference Group which is constituted as a subcommittee of the Governing Body in accordance with this Constitution;
  - (ii) Local Commissioning Groups which are constituted as subcommittees of the Governing Body in accordance with this Constitution;
  - (iii) the Patient Safety and Quality Committee which is constituted as a subcommittee of the Governing Body and considers patient experience, complaints and feedback;
  - (iv) Patient Participation Groups which will seek the views of local populations and assist with the dissemination of information, and representatives of which will sit on each Local Commissioning Group's patient forum;
- c) in order to understand the views of patients and the public and to disseminate relevant information to them, ensuring regular liaison and the development of close working relationships with each of the following bodies:
- (i) Patient Forums, which are intended to give individuals the opportunity to raise questions or concerns about the provision of healthcare services at the wider county level;
  - (ii) Healthwatch, which gathers views of local people on local health services;
  - (iii) Health Overview and Scrutiny Committees which review the planning, commissioning and delivery of health services;
  - (iv) Health and Wellbeing Boards, each of which is a group of key leaders representing health and care organisations who work together to understand what their local communities need from health and care services and to agree priorities;
- d) publishing a Communications Membership and Engagement Strategy, approved by its Governing Body and regularly revised to take into account any new guidance published by NHS England, which will be designed to ensure that the CCG involves patients and the public by a range of means that are suitable to different aspects of its commissioning arrangements, those means to include as appropriate:
- (i) the publication of documents to disseminate relevant information about the commissioning arrangements;
  - (ii) regular attendance at key meetings, forums and events for the purpose of listening to the views of patients and the public, providing information about and explaining actions being taken or considered by the CCG, and answering questions;
  - (iii) the dissemination of information by means of the CCG website, emails, newsletters targeted at specific groups, media campaigns, advertising, and targeted engagement events;
  - (iv) the provision of an opportunity for patients and the public to make their views known via the CCG website, emails and other suitable means;
  - (v) the publication of consultation documents in relation to certain planning and commissioning activities, and the creation of specific engagement opportunities such as the use of public surveys and feedback forms;

e) in the implementation of the arrangements described above, acting consistently with the following principles:

- (i) ensuring that appropriate time is allowed for the planning of activities and commissioning arrangements;
- (ii) proactively seeking engagement with the communities which experience the greatest health inequalities and poorest health outcomes;
- (iii) commencing patient and public involvement as early as possible and allowing appropriate time for it;
- (iv) using plain language, and sharing information as openly as is reasonably practicable;
- (v) treating with equality and respect all patients and members of the public who wish to express views;
- (vi) carefully listening to, considering and having due regard to all such views;
- (vii) providing clear feedback on the results of patient and public involvement.

You can read more about the CCG's duties to engage and consult in section 5.2 of the CCG's Constitution [www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/](http://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/)



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