

30 May 2022

**RCGP response to the Department for Health and Social Care consultation on Working in Partnership with People and Communities: Statutory guidance for Integrated Care Boards, NHS Trusts, NHS Foundation Trusts and NHS England**

**1. Which guidance documents have you read?**

- I have read the draft guidance
- I have read the summary document
- I have read the draft guidance and the summary document
- I have not fully read either document

**2. Please select your organisation type**

- Member of the public
- Voluntary Community Social Enterprise sector
- Local Authority
- Clinical Commissioning Group (CCG) or Integrated Care System (ICS)
- NHS Trust
- Primary care
- Other health or care provider
- Other

**If you have selected 'Other' please state:**

Professional membership body.

**3. The ambitions of the guidance are that:**

- health and care systems build positive and enduring relationships with communities to improve services, support and outcomes for people
- people have a greater say in how health and care services are run and the actions needed to reduce health inequalities.
- Communities can set the agenda for local change and for systems to create the conditions for power-sharing to occur.

**Do you think following the ambitions of the guidance will lead to better health outcomes?**

- Yes, for all communities

- Yes, for some communities
- No
- Not sure

**4. The guidance sets out the benefits of working with people and communities. Are there any other benefits that should be included?**

- Yes
- No
- Don't know

**5. Below is a list of the 10 principles to working with people and communities. Which 3 do you believe systems will need most support with.**

- 1. Ensure people and communities have an active role in decision-making and governance
- 2. Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions
- 3. Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working
- 4. Build relationships based on trust, especially with marginalised groups and those affected by inequalities
- 5. Work with Healthwatch and the voluntary, community and social enterprise sector as key partners
- 6. Provide clear and accessible public information
- 7. Use community-centred approaches that empower people and communities, making connections to what works already
- 8. Use co-production, insight and engagement methods so that people and communities can actively participate in health and care services
- 9. Tackle system priorities and service reconfiguration in partnership with people and communities
- 10. Learn from what works and build on the assets of all partners – networks, relationships and activity in local places.
- 11. I don't know/I'm unsure

**First principle choice:**

10. Learn from what works and build on the assets of all partners – networks, relationships and activity in local places.

**Second principle choice:**

7. Use community-centred approaches that empower people and communities, making connections to what works already.

**Third principle choice:**

4. Build relationships based on trust, especially with marginalised groups and those affected by inequalities.

**6. We want the guidance to clearly demonstrate and explain how health inequalities can be addressed through working with people and communities. Do you think this has been achieved?**

- Yes, for all communities
- Yes, for some communities
- No
- Not sure

**7. Do you have any further thoughts or comments on the guidance?**

The proposed guidance sets out strong principles for working in partnership with people and communities. The aims and methods proposed are comprehensive and best practice approaches that, if followed, would be likely to result in more representative and implementable policies and strategies.

However, general practice is already the hub through which relationships are built between the community and the healthcare system. The majority of all patient contacts in the NHS occur in general practice, and the relationships between patients and their GPs are the foundation of good medical care. The guidance does not recognise this existing, ongoing, engagement between general practice and the community, which aligns with many of the principles that are suggested.

There is a missed opportunity in the guidance to recognise and leverage the knowledge and expertise of general practice staff about the concerns and priorities of their communities. General practice has already developed pathways into the community, particularly with the most vulnerable members who are unlikely to have the resources or time to engage in broad consultations. GPs are already best placed to build these links, and could be resourced to do so.

The guidance recommends community input at every level of the decision-making process. Further to this, increased representation of general practice in internal ICS decision-making processes would ensure a community voice is represented in programme development from the beginning and would help to inform the approach that ICSs take to public engagement. There is also space for the guidance to suggest ways that ICSs can engage with general practice specifically, to understand the needs of the community before formal engagement takes place, to avoid duplication.