Receipt, Acceptance and Management of Petition Policy

CO35

Contents

Version Control

Version	Date Approved	Committee	Date of next review	CCG Lead
1	31 July 2018	Executive Committee	July 2020	Head of Corporate Affairs
1.1	June 2020	Head of Corporate Affairs; Extension granted in light of COVID19. No legislation updates nor external environment impacts identified	June 2021	Head of Corporate Affairs.
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Accessible Information Standards

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1. Introduction

A petition represents the expression of the views of the people who sign it. For NHS Sunderland Clinical Commissioning Group (the CCG) petitions are an important mechanism for local people to have a voice on local health matters.

However, to ensure that the voices are heard appropriately and in order to avoid the danger of listening only to active lobby groups, petitions will not be viewed in isolation but as one piece of evidence and information which contributes to an overall picture of public opinion. Petitions can be raised as a discrete statement by the signatories or as a response to a public consultation or proposal being made by the Clinical Commissioning Groups.

This policy outlines how the CCG will handle any petitions received from the local community.

2. Scope

This policy relates to the receipt and management of either hard copy or e-petitions.

Petitions may be proactive, e.g. unsolicited where there is public opinion that a new service may be required to fill a perceived gap in service provision; or reactive, e.g. in response to a CCG initiated proposal to change an existing service.

The policy sets out how petitions will be received whether outside a formal consultation period or during a formal consultation period.

3. Context

There is currently no clear, legally binding guidance to the NHS on handling petitions. Whilst the intention to introduce a clear framework was set out in *'Our health, Our Care, Our Say'*(Department of Health, 2006), this was not subsequently translated into policy.

When considering the receipt and management of e-petitions, the CCG wishes to ensure that it follows best practice. The CCG has drawn on published terms and conditions for submitting e-petitions, utilised by HM Government.

4. Criteria for the consideration of petitions

In order to be received for consideration, petitions should meet the criteria outlined below:

- A petition amounting to any number of signatures will be considered by the CCG in their commissioning decisions. The sentiment indicated in the petition will be forwarded to the most appropriate internal commissioning process. This will be determined by the subject of the petition e.g. the petition may be passed to the relevant commissioning manger to incorporate into a service specification and/or relevant subgroup or committee for consideration.

- Where a petition, with significant support (with a minimum of 1000 signatures) has been received by the CCG, the Chief Officer shall consult with the Chair of the Governing Board as to whether the petition should be included the petition as a specific item for the agenda and consideration of the next meeting of the Governing Board to agree any appropriate actions.

- Petitions may be received in paper or electronic (e.g. email, web based or social media) format.

- Petitions should include a statement of petition which should include:

  - the organisation to which the petition is being addressed
  - the proposition which is being promoted by the petition
  - the timeframe over which the petition has been collected

- The following information about each petitioner should be included:

  - Name
  - Postcode
  - Signature (in the case of a written petition)
  - Email address (in the case of an electronic petition). If this data is not collected due to the data controller not sharing the data e.g. a social media (e.g. Facebook) or 38 degrees petition, the petition will only be acknowledged as an indicator of public sentiment.

- The name and address of the petition organiser, who must be resident within the area to which the petition relates, should be provided on the first page of the petition.

5. Acceptance of Petitions

An acknowledgement of receipt of the petition will be provided to the lead petitioner within 5 working days of receipt with a clear explanation about what will happen next.

Petitions will not be considered if they are repeated, vexatious or if they concern issues which are outside the CCGs' remit. Petitions will also not be considered if the information contained is confidential, libellous, false, defamatory or offensive.

A petition will be considered as a repeat petition if:

a) it covers the same or substantially similar subject matter to another petition received within the previous six months;
b) it is presented by the same or similar individuals or groups as another petition received within the previous six months.

A petition will be considered as a vexatious petition if:

c) it focuses on individual grievances
d) it focuses on the actions or decisions of an individual and not the organisation

A petition will be considered as outside the CCGs' remit if:

e) it focuses on a matter relevant to another organisation
f) it requests information available via Freedom of Information legislation
g) its aim is to correspond on personal issue(s) with an individual(s)
h) signatories are not based in the UK

A petition will be considered as confidential, libellous, false or defamatory if:

i) it contains information which may be protected by an injunction or court order
j) it contains material which is potentially confidential, commercially sensitive, or which may cause personal distress or loss

A petition will be considered as offensive if:

k) it contains language that may cause offence, is provocative or extreme in its views

Where a petition does not meet the requirement set out in the criteria above then the relevant CCG will respond in writing within ten working days to confirm that the petition has been received and that, as the petition does not meet the criteria. The reason for rejection will be given clearly and explicitly.

5.1 Petitions received outside formal consultation period

For petitions received outside a formal consultation period, the Chief Officer (as Accountable Officer) may delegate responsibility for receiving a petition to a nominated representative. The Chief Officer or nominated representative will arrange for a short private meeting with the petition organiser to formally receive the petition. All photographic opportunities may be politely declined by the CCG during this meeting.

Once received, the Chief Officer or nominated representative will ensure that the petition receives appropriate and proportionate consideration and that a response is made in writing.

5.2   Petitions received during a formal consultation period

If a petition relates to a subject, proposal or matter about which the CCG is actively seeking public opinion, and if the petition is submitted before the publicised close date of the engagement or consultation process, the petition will be considered as an item of correspondence, in the same way that any other response would be considered. Petitions will be considered as valid for consideration as part of the consultation if they meet the requirements set out in the criteria outlined in this policy.

6.   Management of Petitions

When a report on the outcome of consultation is prepared, the following issues will be taken into account when considering a petition:

- If a petition is raised about a perceived lack of or missing service, Consultation is not a public referendum or public vote. Influence will be afforded to the most cogent ideas and arguments, based upon clinical effectiveness, quality, patient safety, clinical and cost effectiveness and not necessarily to the views of the most numerous stakeholders.

- The petition should be relevant to the subject of the consultation. It may not necessarily use the same words, but it should have a bearing on the proposal(s) that the CCG/s have put forward.

- The petition should reflect the latest proposals and policy statements being made by the CCG and not relate to issues that are no longer under consideration. This is particularly relevant when considering the timescale during which signatures have been collected.

- The petition should provide an accurate reflection of the proposals in the consultation, rather than including misleading information or statements.

- The petition should relate to the consultation and to the proposed action of the CCG (and/or its stakeholders), rather than to broader policy agenda beyond the scope of the consultation.

- The petition's concerns will be assessed in relation to the aims being put forward in the consultation, and the rationale and constraints behind it. For example, a petition that proposes a realistic alternative option will normally be given greater weight than a petition that simply opposes an option that has been put forward for valid reasons.

- The petition's concerns will also be assessed in relation to the impact on other populations if these demands were accepted. This assessment could take into account views expressed in other petitions (which may conflict) or in more direct responses to the consultation.

The organiser of the petition will receive correspondence from the CCG as the body that has initiated the consultation, in the same manner as other respondents (e.g. acknowledgement, an outcome letter describing how the issues raised during consultation have or will influence the decisions made following consultation) within 28 days of receipt of the petition.

Petitions will be formally acknowledged in the analysis of consultation responses, along with all the other responses. If what petitioners call for is accepted or rejected, the reasons for this should be given.

Hard copy and electronic petitions will be stored in a secure place within the CCG for 3 years and will then be destroyed as confidential waste (in the case of hard copies) or deleted (e-petitions.).

7.   Return of Petitions

Hard copy petitions should be addressed to:

The Chief Officer (as Accountable Officer)
NHS Sunderland CCG
Pemberton House
Colima Avenue
Sunderland
Tyne and Wear
SR5 3XB

If you wish to make an appointment in advance to have your petition formally received, you should contact the CCG on 0191 5128484.

Electronic petitions can be brought to the attention of the Chief Officer by sending a link to SUNCCG.sccg@nhs.net

8. Duties and responsibilities

Governing body	The Governing Body has responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Officer	The Chief Officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
Head of Corporate Affairs	The Head of Corporate affairs has delegated authority from the Chief Officer for the strategic and operational management to ensure that CCG processes comply with legal, statutory and good practice guidance requirements, including oversight of the implementation of this policy.
All Staff	All staff, including temporary and agency staff, are responsible for: • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.

9. Implementation

This policy will be available to all staff for use and be aware of.

All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

10. Training Implications

It has been determined that there are no specific training requirements associated with this policy/procedure.

11. Related Documents

11.1 Other related policy documents

CCG's Communications and Patient and Public Involvement Strategy.

11.2 Legislation and statutory requirements

There is currently no clear, legally binding guidance to the NHS on handling petitions. The CCG has drawn upon published terms and conditions for submitting e-petitions, utilised by HM Government.

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12. Monitoring, review and archiving

12.1 Monitoring

The Executive Committee will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

12.2 Review

12.2.1 The Head of Corporate Affairs will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

12.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Executive Committee will consider the need to review the policy or procedure outside of the agreed timescale for revision.

12.3 Archiving

The Head of Corporate Affairs will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

13. Equality analysis

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.

STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Caroline Latta
Title of service/policy/process:	**Receipt acceptance and management of petitions**

Existing: ☐   **New/proposed:** ☒   **Changed:** ☐

What are the intended outcomes of this policy/service/process? Include outline of objectives and aims

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Who will be affected by this policy/service /process? (please tick)

XStaff members
☐ **Other**

If other please state:

What is your source of feedback/existing evidence? (please tick)

☐ **National Reports** ☐ **Staff Profiles**
☐ **Staff Surveys** ☐ **Complaints/Incidents**
☐ **Focus Groups** ☐ **Previous EIAs**
✗ Other

Feedback includes media coverage, public perception and stakeholder feedback.

If other please state:

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	No
Staff Profiles	No
Staff Surveys	No
Complaints and Incidents	No
Staff focus groups	No
Previous EIA's	No
Other evidence (please describe)	

STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)

Age A person belonging to a particular age

Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

None

Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

None

Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

None

Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

None

Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

None

Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Sex/Gender A man or a woman.

None

Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

None

Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person

None

STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics?

This supports wider transparency and public influence.

Please state how staff engagement will take place:

STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform staff of the policy?
x Verbal – through focus groups and/or meetings ☐ Verbal - Telephone ☐ Written – Letter ☐ Written – Leaflets/guidance booklets X Email x Internet ☐ Other
If other please state:

STEP 5 - **SUMMARY OF POTENTIAL CHALLENGES**

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 None identified.	N/A

STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
NA	NA	NA	NA	NA	NA	NA

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?
NA	NA	NA	NA

SIGN OFF

Completed by:	NECS Communications team
Date:	July 2018
Presented to: (appropriate committee)	Executive Committee
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