

## Policy for the Receipt, Acceptance and Management of Petitions

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| <b>Policy Folder &amp; Policy Number</b>         | Corp   |
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| <b>Ratified by:</b>                              | Governing Bodies   |
| <b>Date ratified:</b>                            | North Staffs CCG & Stoke CCG June 2017<br>Cannock Chase CCG, East Staffs CCG,<br>South East Staffs & SP CCG, Stafford &<br>Surrounds CCG November 2017 |
| <b>Name of originator/author:</b>                | Deputy Director of Corporate Services and Governance   |
| <b>Name of responsible committee/individual:</b> | Communications Engagement, Equality & Employment Committee   |
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| <b>Review date:</b>                              | February 2020  |
| <b>Date of first issue</b>                       | April 2013   |
| <b>Target audience:</b>                          | All CCG staff and stakeholders   |

## CONSULTATION SCHEDULE

| Name and Title of Individual/Group Consulted           | Date Consulted |
|--|----------------|
| Clinical Director, Partnerships & Engagement           | Feb 2017       |
| <i>Stoke-on-Trent Patient Congress</i>                 | Feb 2017       |
| <i>North Staffs Patient Congress</i>                   | Feb 2017       |
| <i>Health Watch Stoke Volunteer Engagement meeting</i> | 28.02.17       |
| Community Health Voice                                 | March 2017     |

## APPROVALS & RATIFICATION SCHEDULE

| Name of Committee approving Policy                            | Date            |
|---|-----------------|
| Communications, Engagement, Equality and Employment Committee |                 |
| Governing Bodies (in common)                                  | See front sheet |
|   |                 |
|   |                 |

## VERSION CONTROL

| V | Version/Description of amendments   | Date          | Author/amended by |
|---|-------------------------------------|---------------|-------------------|
| 1 | North Staffs & Stoke New Policy     | February 2017 | Anna Collins      |
| 2 | Adapted policy for use by all 6 CCG | Nov 2018      | Jane Chapman      |
| 3 |                                     |               |                   |

## Impact Assessments – available on request

|                            | Stage | Complete | Comments                        |
|----------------------------|-------|----------|---------------------------------|
| Equality Impact Assessment | 1     | 22/11/18 | Strengthened the EIRA statement |
| Quality Impact Assessment  |       |          |                                 |
| Privacy Impact Assessment  |       |          |                                 |

## Contents

|                                      |          |
|--------------------------------------|----------|
| <b>1. Introduction</b>               | <b>4</b> |
| <b>2. Aims &amp; objectives</b>      | <b>4</b> |
| <b>3. Scope</b>                      | <b>4</b> |
| <b>4. Definition of Terms Used</b>   | <b>4</b> |
| <b>5. Principles</b>                 | <b>5</b> |
| <b>6. Roles and Responsibilities</b> | <b>6</b> |
| <b>7. Policy Review</b>              | <b>6</b> |
| <b>8. Development</b>                | <b>6</b> |
| <b>9.0 Main body of the Policy</b>   | <b>6</b> |
| <b>Acceptance of Petitions</b>       | <b>6</b> |
| <b>Management of Petitions</b>       | <b>7</b> |
| <b>Return of Petitions</b>           | <b>8</b> |

## **1.0 Introduction**

- 1.1 A petition represents the expression of the views of the people who sign it. For the Clinical Commissioning Groups (CCGs) 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.
- 1.2 This policy outlines how Cannock Chase, East Staffordshire, North Staffordshire, South East Staffordshire and the Seisdon Peninsula, Stafford and Surrounds and the Stoke-on-Trent Clinical Commissioning Groups (CCGs) will handle any petitions received from the local community.

## **2.0 Aims & Objectives**

- 2.1 This guidance outlines how NHS Cannock Chase, East Staffordshire, North Staffordshire, Stoke on Trent, South East Staffordshire and Stafford & Surrounds CCGs (the CCGs) will handle any petitions from the local community. This guidance is relevant to the receipt and management of either paper or e-petitions.
- 2.2. It sets out two circumstances in which petitions may be received, outside a formal consultation period or during a formal consultation period.

## **3.0 Scope**

- 3.1 This policy relates to the receipt and management of either hard copy or e-petitions. 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.
- 2.2 Petitions may be pro-active e.g. unsolicited; where there is public opinion that a new service may be required to fill a perceived gap in service provision or re-active i.e. 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.

## **4.0 Definitions of terms used**

- 4.1 For the purpose of this policy a petition is defined as a written document signed by a number of people demanding some form of action from the CCG.

## **5.0 Principles**

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

- 5.1 A petition amounting to any number of signatures will be considered by the CCGs 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 a Commissioning Manager to incorporate into a service specification, the Clinical Priorities Advisory Group (CPAG), Planning and Commissioning Committee or Quality Committee.
- 5.2 Where a petition, with significant support (with a minimum of 1000 signatures) has been received by the CCG, the Chair of the Governing Board shall include the petition as a specific item for the agenda and consideration of the next meeting of the Governing Board to agree any appropriate actions.
- 5.3 Petitions may be received in paper or electronic (e.g. email, web based or social media) format.
- 5.4 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
- 5.5 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 eg a social media (eg Facebook) or 38 degrees petition, the petition will only be acknowledged as an indicator of public sentiment.
- 5.6 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.

## **6.0 Roles & responsibilities**

- 6.1 The Chairs of the Governing Bodies - where a petition, with significant support (with a minimum of 1000 signatures), has been received by the group, the Chair of the Governing Body shall include the petition as an item for the agenda of the next meeting of the Governing Body.
- 6.2 The Governing Bodies are responsible for considering the petition and providing a response to the petition organiser.

Cannock Chase Clinical Commissioning Group  
East Staffordshire Clinical Commissioning Group  
North Staffordshire Clinical Commissioning Group  
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group  
Stafford and Surrounds Clinical Commissioning Group  
Stoke-on-Trent Clinical Commissioning Group

- 6.3 The Lay member with responsibility for Communications and Engagement is responsible for reporting to the Governing Body the results of any petitions received.
- 6.4 The Chief Officer has responsibility for ensuring that the policy is adhered to by the CCG.
- 6.5 The Corporate Services Team is responsible for providing administrative support to the process of acknowledging receipt of the petition.
- 6.6 All CCG staff are responsible for forwarding all petitions received by their team to the Corporate Services Team for attention of the Chair.

## **7.0 Review of the policy**

The policy will be reviewed in every three years unless there are any significant changes which require an earlier review.

## **8.0 Development of policy**

The policy is based on that developed by North Staffordshire and Stoke on Trent CCG. As part of the development, a number of patient groups (see Consultation schedule) provided feedback and advice.

This policy has been assessed in relation to having due regard to (1) the public sector equality duty (PSED) 3 aims, dropping down from the Equality Act 2010 to: "eliminate discrimination, harassment victimisation; advance equality of opportunity; and foster good relations", (2) The Health & Social Care Act 2012 re evidencing showing due regard to reducing health inequalities between the people of England.

## **9.0 Management of Petitions**

### **9.1 Acceptance of Petitions**

- 9.1.1 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.

- 9.1.2 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

- 9.1.3 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.
- 9.1.3 For petitions received outside a formal consultation period, the Chair may delegate responsibility for receiving a petition to a nominated representative. The Chair 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.
- 9.1.5 Once received, the Chair's nominated representative will ensure that the petition receives appropriate and proportionate consideration and that a response is made in writing.
- 9.1.6 Petitions received during a formal consultation period and relating 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.
- 9.2 Management of Petitions
- 9.2.1 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.

9.2.2 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.

9.2.3 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.

9.2.4 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.).

9.3 Return of petitions

9.3.1 Hard copy petitions should be addressed to  
The Accountable Officer  
C/o Head of Communication & Engagement  
The Clinical Commissioning Groups  
Staffordshire Place 2  
Tipping Street  
Stafford  
Staffordshire  
ST16 2DH





Cannock Chase Clinical Commissioning Group  
East Staffordshire Clinical Commissioning Group  
North Staffordshire Clinical Commissioning Group  
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group  
Stafford and Surrounds Clinical Commissioning Group  
Stoke-on-Trent Clinical Commissioning Group

If you wish to make an appointment in advance to have your petition formally received;-

Telephone: 01785 854482 / 854125 or email [nscg@northstaffs.nhs.uk](mailto:nscg@northstaffs.nhs.uk).

Electronic petitions can be brought to the attention of the Accountable Officer by sending a link to [nscg@northstaffs.nhs.uk](mailto:nscg@northstaffs.nhs.uk)