

## **Policy Circular**

**Subject: Personal and Public Involvement – Regional Protocol on Exceptional Circumstances for Consultation Schemes**

**For action by:**

Chief Executive, HSC Board  
Chief Executive, Public Health Agency  
Chief Executives, HSC Trusts for cascade to:  
Chief Executive, NIBTS  
Chief Executive, NIGALA  
Chief Executive, NIMDTA

**For Information to:**

Chief Executive, Patient and Client Council  
Chief Executive, Business Services Organisation  
Chief Executive, Regulation and Quality Improvement Authority  
Chief Executive, NI Social Care Council  
Chief Executive, NI Practice and Education Council

**Summary of Contents:**

The purpose of this circular is to advise HSC Organisations of the publication of a Regional PPI Protocol on Exceptional Circumstances for Consultation Schemes to be adopted by relevant HSC Bodies

**Enquiries:**

Any enquiries about the content of this circular should be addressed to:  
Sandra O'Hare  
Standards and Guidelines Quality Unit  
DHSSPS  
Room C3  
Castle Buildings  
Stormont  
BELFAST  
BT4 3SQ  
**Tel:** 028 9052 0707

[sandra.o'hare@dhsspsni.gov.uk](mailto:sandra.o'hare@dhsspsni.gov.uk)

**Circular Reference: HSC (SQSD) 01/12**

**Date of Issue: 25<sup>th</sup> January 2012**

**Related documents:**

HSC (SQSD) 29/07 – Guidance on Strengthening Personal and Public Involvement in Health and Social Care

**Superseded documents**

N/A

**Status of Contents:**

For Action

**Implementation:**

Immediate

**Additional Copies:**

Available to download:

<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-circulars/sqsd-circulars-2011-2012.htm>

Dear Colleague

**Personal and Public Involvement – Regional Protocol on Exceptional Circumstances for Consultation Schemes**

I wrote to you on 10 July and 28 September 2009 advising you of the legislative requirement placed on HSC bodies by section 19 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 ('the Act') to prepare a consultation schemes for submission to and approval of the Department.

A recent incident identified potential gaps in PPI consultation schemes, specifically around exceptions to requirements to consult on changes which are made for reasons of health and/or safety, or which are intended to be temporary in nature. As a result, a small subgroup was convened and tasked with the development of a regional protocol to address these shortcomings and which could be incorporated into organisational PPI consultation schemes which have been approved by the Department in draft form earlier in 2011. This work is now complete and the Department's solicitors have considered and agreed the attached protocol as drafted by the subgroup (**see Annex 1**). I should advise that each HSC organisation may wish to seek legal advice on the incorporation of this protocol in their individual consultation schemes.

In accordance with the PPI target for 2011/2012, I would remind all organisations of the need to publish final Consultation schemes by 31 March 2012.

If you have any queries out this protocol, your organisation's nominated PPI Lead may be able to assist you, or alternatively you make contact Sandra O'Hare at the Department of Health, Social Services and Public Safety on 028 9052 0707 or by email at [sandra.o'hare@dhsspsni.gov.uk](mailto:sandra.o'hare@dhsspsni.gov.uk).

This protocol is also available on the Department's website at:  
<http://www.dhsspsni.gov.uk/index/phealth/sqs/sqsd-circulars/sqsd-circulars-2011-2012.htm>

Thank you for your assistance with this matter.

Yours sincerely



**DR J F LIVINGSTONE**

cc: Chief Executive - Patient and Client Council  
Chief Executive - Business Services Organisation  
Chief Executive - Regulation & Quality Improvement Authority  
Chief Executive - NI Social Care Council  
Chief Executive - NI Practice & Education Council  
Sandra O'Hare  
Dr Jim Livingstone

## PROTOCOL FOR CONSULTATION REQUIREMENTS IN EXCEPTIONAL CIRCUMSTANCES FOR PPI CONSULTATION SCHEMES

### Consultation

<The organisation> recognises the importance of proper and timely consultation as an integral part of fulfilling its statutory obligation to make arrangements with a view to securing involvement and consultation with service users, their carers, the public and the Patient Client Council on decisions on planning and proposals for change affecting the provision of the health and social care services for which < the organisation> is responsible. <The organisation> will endeavour to conduct consultations in a timely, open and inclusive way.

### Normal timescale and exceptions

<The organisation> will aim to provide a consultation period of a minimum of twelve weeks to allow adequate time for groups to consult among themselves as part of the process of forming a view. However <the organisation> has identified the following exceptional situations when this timescale may not be feasible:-

- Changes (either permanent or temporary) which must be implemented immediately to protect public health and/or safety;
- Changes (either permanent or temporary) which must be implemented urgently to comply with a court judgement, or legislative obligations.

In such instances, <the organisation> may decide to shorten timescales for consultation to eight weeks or less. In line with current best practice guidance on consultation, <the organisation> should seek to outline the reasons for a shorter timescale in the consultation document, or in correspondence relating to the changes, as appropriate.

However, having considered the need to consult, the organisation may decide that it is necessary in the interests of patient safety to implement the change immediately.

<The organisation> will monitor and keep under review such occurrences and report on them in its annual PPI review report, which will be published on its website.

Where changes are temporary in nature, and may be considered as part of the day to day management of services, and are considered to be non-contentious, the requirements for consultation will not apply.