

Policy for the Receipt, Acceptance and Management of Petitions



**With you.
For you.**

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Acknowledgement

This policy is based on those developed by North Sunderland CCG, North Staffordshire and Stoke on Trent CCG.

CONTENTS

1.	Introduction	3
2.	Scope	3
3.	Context	3
4.	Definition	3
5.	Criteria for the Consideration of Petitions	4
6.	Acceptance of Petitions	4
7.	Management of Petitions	5
8.	Return of Petitions	6
9.	Duties and Responsibilities	6
10.	Review of the Policy	7
11.	Implementation	7

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 NHS West Lancashire Clinical Commissioning Group (CCG) will handle any petitions received from the local community.

2. SCOPE

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

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.

3.0 CONTEXT

3.1 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.

3.2 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.

4.0 Definition

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 CRITERIA FOR THE CONSIDERATION OF PETITIONS

5.1 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 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 the relevant commissioning manager 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 Body as to whether the petition should be included as a specific item for the agenda and consideration of the next meeting of the Governing Body 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 eg a social media (eg 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.

6.0 ACCEPTANCE OF PETITIONS

6.1 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.

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

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

6.3 Petitions received outside formal consultation period

6.3.1 For petitions received outside a formal consultation period, the Chief Clinical Officer (as Interim Shared Accountable Officer) may delegate responsibility for receiving a petition to a nominated representative. The Chief Clinical 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.

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

6.4 Petitions received during a formal consultation period

6.4.1 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.

7.0 **MANAGEMENT OF PETITIONS**

7.1 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.

7.2 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.

7.3 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.

7.4 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.).

8.0 RETURN OF PETITIONS

8.1 Hard copy petitions should be addressed to

The Chief Clinical Officer (as Interim Shared Accountable Officer)
NHS West Lancashire CCG
Hilldale
Wigan Road
Ormskirk
Lancashire
L39 2JW

If you wish to make an appointment in advance to have your petition formally received, Telephone: 01695 588000 or Email: wlcgq.info@nhs.net

Electronic petitions can be brought to the attention of the Chief Clinical Officer by sending a link to wlcgq.info@nhs.net

9.0 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.
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Chief Clinical Officer	The Chief Clinical 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 Governance and HR	The Head of Corporate Governance and HR has 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: <ul style="list-style-type: none"> - 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.

10.0 **REVIEW OF THE POLICY**

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

11.0 **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.