

Patients' Forums: being set up to fail?

A briefing paper reflecting concerns over the potential underfunding of the new patient and public involvement structures

16th Oct 2002

Background

The abolition of Community Health Councils (CHCs) in England and their replacement by a new structure of patient and public involvement has proven to be one of the most controversial health issues to have faced parliament over the past 2 years. CHCs and their supporters argued that the proposed alternative structures were fragmentary, lacking in statutory power and insufficiently independent.

Following a sustained lobbying campaign substantial changes were made to the government's initial proposals. While concerns remained about the new structures, many felt that they had a legislative framework that could lay the basis for a decent system of patient and public involvement. In particular, the expanded role envisaged for Primary Care Trust (PCT) Patients' Forums, the key replacement bodies for CHCs, convinced many that they had the potential to be the strong, independent, local watchdog and one-stop shop needed by patients and the public.

In recent weeks concern has grown that the level of staffing and funding envisaged for the new system is so poor as to undermine their ability to deliver core functions. Fears have been raised by indications from the Department of Health that the new system may employ as few as 600 – 700 staff to support the work of all 600 Patients' Forums and related work. (Currently, there are 700 CHC staff to support 184 CHCs).

The range of functions envisaged for Patients' Forums is also greater than that of CHCs. New responsibilities include:

- Community development/capacity building to involve the wider community and hard to reach groups.
- The provision of an Independent Complaints Advocacy Service (Although CHCs currently provide a complaints service, they do so as an added extra responsibility of the staff team, which has never been directly funded).
- Monitoring and inspecting primary care services.
- Monitoring how well the NHS complies with the Health & Social Care Act Section 11 requirement to consult and involve the public.
- Overseeing the work of Trust based Patient Advocacy and Liaison Service.

While the aspiration to deliver these additional functions is to be applauded, it is difficult to square with the early indications of levels of funding. An additional concern is that the same information from the Department of Health indicates that as few as 28 'local' offices will be provided (one per Strategic Health Authority area). This would make it impossible to realise the promised vision of local 'one-stop shops', grounded in their communities.

The danger exists that underfunding and understaffing will result in a system that is not robust, not local and not an effective watchdog.

Commitments

"It will also be the responsibility of PCT patients forums to act as a sort of one-stop shop for local people, by providing advice and information to them about how they can get involved locally, what consultations are taking place and how they can make a complaint."

"The staff...will be grounded and rooted in PCT patients forums close to their communities."

Hazel Blears House of Commons 22nd May 2002

Ministerial commitments given during the passage of the NHS Reform and Health Care Professions Bill indicate the intention that PCT Patients' Forums would be robust, local bodies, able to act as a 'one-stop shop' for patients and the public. Such commitments would be difficult to reconcile with a system that had only 28 offices and 600 staff.

Analysis

If PCT Patients' Forums are to deliver the functions outlined for them, staff will have to fill a number of roles. These include: community involvement and outreach, provision of expert complaints advice and support, provision of support and advice to PCT Patients' Forums, overall management of staff and services, general administration to deal with initial, 'one-stop shop', enquiries and general administrative back-up to staff and Patients' Forums. A recent analysis argues that a fit for purpose staffing level would require 1,650 full time staff, while even a minimal level of service would require 975 staff. This analysis is based on there being a minimum of 150 PCT Patients' Forum offices and staff teams, which already assumes large scale sharing of offices and staff teams by Patients' Forums.

An analysis of the cost implications of the above levels of staffing estimates that the fit for purpose level of staffing would cost £53 million p.a., while the minimal level would cost £31 million p.a.

Recommendations

Given the threat to the credibility of the new patient and public involvement structures and the Commission for Patient and Public Involvement in Health we call on the government:

- *to ensure that funding and staffing for the new system is sufficient to meet its designated functions*
- *to provide a clear and detailed breakdown that explains how proposed levels of expenditure match the designated functions of the new bodies*
- *to ensure that PCT Patients' Forums are provided with suitable local offices relating to the communities served by the PCT Patients' Forums*