

## **Government Response to the Health Committee's Report on Patient and Public Involvement in the NHS.**

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### **Introduction.**

Our aim is for user and public involvement to be a mainstream activity, one which health and social care commissioners, providers and regulators perceive as a powerful means by which services will be improved to meet the needs of local people.

### **Recommendation 1.**

**Patient and public involvement .....happens in many different ways.....PPIFs are only one. ....distinction between the involvement of patients and of the public.....Current or recent NHS patients.....bring different perspectives to bear from those held by the general public. All these distinctions should be taken into account.**

.....the Government has moved away from a single 'one size fits all' PPI system.  
.....the creation of a truly patient led NHS, centred around the needs of both individuals and communities cannot be achieved without a constant commitment to ensuring that people have opportunities to influence services in ways that are meaningful.....

### **Recommendation 2.**

**Two main purpose.....improving the design and provision of services and increased accountability.**

.....the ultimate purpose of user and public involvement is the delivery of improved services which better meet the needs and wants of service users.  
.....essential to involve users,.....in the commissioning decisions.....  
AS users and funders of the services, patients and the public should be able to directly influence the services provided for them.

### **Recommendation 3.**

**Patient and public involvement should be part of every NHS organization's core business.....**

The development of a stronger local voice.....is a fundamental foundation of the health reform process.  
.....the introduction of choice makes the public voice more, not less, important.

### **Recommendation 4.**

**Several witnesses argued that PPIFs should remain.....could be improved.....not a large number of people willing to do work of this type. ....could develop.....**

.....more people want to have a greater say about their local services – but in ways that suit them.

LINKs.....have been designed to be able to adjust to changing circumstances.

.....LINKs will provide much more flexible arrangements.....

.....LINKs will be able to adapt.....more easily than PPI forums.

The prescriptive nature of PPI forum legislation has meant that we needed to start again.

We are sure that LINKs can really build on this experience (*of PPI forums*) by drawing in a much wider range of people in ways that are meaningful to them.

#### **Recommendation 5.**

**.....LINKs cannot be evidence based. ....the Department is drawing up guidance before ‘early adopter’ projects have been evaluated.**

Their (*early adopters*) aim is to provide LINKs and those organizations responsible for establishing, supporting or working alongside them with information, advice and guidance on how to maximise the effectiveness of LINKs and relationships with them.

#### **Recommendation 6.**

**.....what can be expected from Hosts – is not being addressed.**

One of the key objectives of the early adopter projects,.....is to evaluate:

- (a) what activities the host must undertake to bring about the creation of LINKs,.....
- (b) the nature of the staffing support necessary for LINK effectiveness,.....;and
- (c) physical facilities.....

#### **Recommendation 7.**

**We recommend that the ‘early adopters’ should be given the same budget LINKs will have.....**

.....early adopters are not pilot sites nor are they meant to be full scale trials.

.....those involved in these activities need to address what they can achieve with the available resources.....

#### **Recommendation 8.**

**There are serious concerns about both of the models for LINKs.....**

LINKs are flexible, their structure and ways of working are entirely open to the determination of local people. ....will be networks of individuals as well as user groups and those from the voluntary and community sector – engaging groups that represent every sector of the community, .....

LINKs will have the means to hold health and social care organizations to account through the powers they have to:

- make reports and recommendations and receive a response within a specified timescale;
- request information and receive a response within a specified timescale;
- refer matters to both health and social care Overview and Scrutiny Committees and receive a response within a specified timescale; and
- enter and view health and social care facilities.

The aim of LINKs is to create a means for far greater numbers of people to express their views and influence local services. ....

**Recommendation 9.**

**The Department's present view of LINKs may produce not the best of both models but the worst. ....**

LINKs will need to consider carefully where they can add most value.

..... LINKs ..... are independent bodies who will set their own agendas. ....

**Recommendation 10.**

**The lack of clarity about LINKs role and structure is likely to create confusion and inactivity. ....**

We will ensure that guidance for LINKs is clear about the outcomes we think LINKs should achieve, ....

**Recommendation 11.**

**The Minister told us that the abolition of CPPIH would result in one third more money for 'front line' spending by LINKs. .... significant economies of scale ....**

.....the £9m that is currently spent centrally by CPPIH will be distributed, along with the rest of the funds, directly to support LINKs locally. ....

..... there will be 150 LINKs as opposed to 398 PPI forums.

**Recommendations 12 and 13.**

**..... not enough money ..... more work .....clear direction required in relation to what work LINKs should do. .... issue guidance to clarify what LINKs priorities should be. ....**

.....LINKs should avoid duplicating the work of other bodies.

Once the LINK has decided its priorities, it could request relevant information on a particular topic from commissioners and consider this information in conjunction with relevant national policies, guidelines or frameworks both from Government and other bodies such as Royal Colleges or specialist voluntary sector organizations. ....

The key issue is that LINKs have the flexibility to use their resources and develop their activities in ways that suit them, and to meet the needs of local people. ....

**Recommendation 14.**

**..... volunteers ..... are unlikely to make commissioning a priority as they prefer to concentrate on the quality of the services ....**

..... commissioning is a key area of focus for LINKs. ....LINKs can have a major impact on future service provision as well as how services are provided now.

**Recommendation 15.**

**We recommend that each LINK discuss with its local NHS bodies and social care commissioners its priorities. ....**

..... LINKs are independent bodies which will set their own agenda. ....

LINKs ..... compare the commissioner's information with what they know about local people's needs and experiences .....

..... LINKs will be able to act as a check and balance on the activities of local commissioners.

#### **Recommendation 16.**

**.....few (people) are prepared to make a major commitment to patient and public involvement. Many of these people are members of PPIs. The Department should take steps to ensure that in this period of uncertainty they do not cease to be involved in patient and public involvement.**

..... We would like to reiterate our commitment to PPI and to maintaining the involvement of PPI forum members, .....

We are also making it clear to local authorities that they should involve local people .....such as PPI forum members, in the tendering process to appoint a host organization locally.

..... LINKs provide opportunities for highly committed volunteers, such as existing forum members as well as a means by which everyone can get involved in ways and at times that suit them.

#### **Recommendation 17.**

**It is vital that LINKs have the same right of entry to places where NHS care is carried out as PPIFs have at present. There must be no diminution of the powers of PPIFs. LINKs should not have to write to the regulator and wait for a reply. Ideally, LINKs should have the same rights in relation to social care premises with due regard for the needs and wishes of the residents.**

*It may be useful here to include the separate document that I prepared.*

*Ensuring that the public have complete confidence in the services provided by health and social care providers, both public and private is of paramount importance and not necessarily contrary to the Government's overall policy 'to reduce the burden of inspection'.*

*Whilst inspection always imposes an added burden on a provider it is not unwelcome to a responsible provider and is in fact welcomed as an independent check or confirmation that things are alright or that other innocently overlooked matters need correcting.*

*What is unnecessarily burdensome are overlapping inspections by different bodies that occur within too small a period of time. These can be avoided by liaison between the various bodies or, if effective liaison cannot be organized by the inspecting body giving advance notice to the provider that they will be visiting within, say a specific period of time. The provider being invited to say if they have been notified of another inspection within that time.*

*There is nothing wrong with LINKs replicating the work of other bodies, indeed as a principle it is desirable that LINKs, as a body representing the public etc. should be able to provide independent assurance of the quality and quantity of services.*

The aim of LINKs is to create a means for far greater numbers of people to express their views and influence local services. ....

**Recommendation 9.**

**The Department's present view of LINKs may produce not the best of both models but the worst. ....**

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..... LINKs ..... are independent bodies who will set their own agendas. ....

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**We recommend that each LINK discuss with its local NHS bodies and social care commissioners its priorities. ....**

..... LINKs are independent bodies which will set their own agenda. ....

*It is unlikely that in the normal course of events LINKs inspections would be burdensome since given the limited resources that LINKs are likely have they will never be able to inspect more than a tiny proportion of the many (100s or even 1,000s) of facilities within their area.*

*Children's services are a special case and inspections of them require special skills. A solution to the particular problems would be for LINKs to participate in inspections done by other 'expert' bodies rather than to do their own independent inspections.*

*Not allowing LINKs to enter those facilities where there is a tenancy or licence agreement between the individual and the landlord and would therefore be classed as someone's home is an unnecessary restriction. Respect for an individual's rights and privacy can be achieved without excluding attendance and by not entering without permission or invitation.*

*If the public, patients, users etc are to have justifiable confidence in LINKs then restrictions on powers of inspection need to be minimal and only imposed where absolutely essential. I would hope that the Government would see matters in the same light.*

**Recommendation 18.**

**LINKs must have higher profile with the public than PPIFs. ....**

..... we have asked the NCI (NHS Centre for Involvement) to produce the LINKs guidance ..... relating especially to raising the profile of LINKs .....

**Recommendation 19.**

**..... it will be crucial that at least a core of people in each LINK is trained to ensure that they have the skills to carry out their task. ....**

..... The NHS Centre for Involvement (NCT) is in the process of developing an accredited training course for those embarking on patient and public involvement work. ....

**Recommendation 20.**

**We are concerned about social care providers acting as Hosts. ....**

..... it is more than reasonable to expect potential host organizations to demonstrate that they are able to manage their existing responsibilities as well as take on the task of supporting a LINK. .... The model contract specification currently being drafted addresses this issue .....

**Recommendation 21.**

**..... The Department needs to clarify how LINKs, as well as Hosts, are to be held to account.**

A LINK must be accountable for its activities to the local community. ....

..... It will be for the host of a LINK to ensure that arrangements are in place for the wider membership of LINKs to be able to hold the 'Board' to account to local people and to representative organizations.

**Recommendation 22.**

**..... The National Centre must not direct LINKs but supply assistance and advice on request. We recommend that the Centre be provided with additional funds to allow it to undertake this task. ....**

..... we are in discussion with it to consider the funding requirements for the longer term. ....

**Recommendation 23.**

**..... We recommend that LINKs be given a sufficient period to establish themselves before any further changes are made.**

..... Further legislative changes will be far less likely as LINKs will be able to adapt to changing circumstances.

**Recommendation 24.**

**..... Too often NHS bodies have sought to avoid consultation under Section 11 about major issues. ....**

..... the overall aim of Section 11 is too make sure patients and the public are involved and consulted from the very beginning of any process – before minds are made up  
.....this will not change .....

..... It is not acceptable for NHS bodies to avoid their responsibilities set out in Section 11.....We will ensure this message is backed up in the revised statutory guidance .....

**Recommendation 25.**

**..... changes to clarify when consultation should take place. ....**

..... Section 11 currently sets no threshold .....consultation activity to be meaningful  
..... consultation only to be required when there is a meaningful impact on the range of services or the manner in which they are provided .....

..... We will be updating the current guidance ..... share best practice ..... through the newly established NHS Centre for Involvement.

**Recommendation 26.**

**..... few referrals from Overview and Scrutiny Committees are subsequently referred to the Independent Reconfiguration Panel. We recommend that the Secretary of State refer all .....**

*The Government supports present practice requiring local resolution. The Strategic Health Authority's role in quality assuring. The SoS's assessment of cases on their merits.*

**Recommendation 27.**

**..... at a national level patient and public involvement is fragmented and lacking a coherent strategy: we recommend that the Government should address this as a priority.**

The National Voices Working Group ..... is currently working to deliver .....  
*proposals* ..... by the end of June 2007.

The Department of Health, as part of its Capability Review, is also looking at what skills, capacity and processes it needs to produce user centred policy and how this will enable the NHS to better deliver that policy. National Voices will be included in this work which will report in June/July 2007.

Prepared by  
John Amos  
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