



ASSOCIATION OF
COMMUNITY HEALTH COUNCILS
FOR ENGLAND & WALES

Attachment 6

**MEETING WITH SHARON GRANT (CHAIR, CPPIH),
LAURA McMURTRIE (CHIEF EXECUTIVE, CPPIH),
ALAN HARTLEY (CHAIR, ACHCEW) AND
MALCOLM ALEXANDER (DIRECTOR, ACHCEW)**

- Agreed to jointly confirm the accuracy of the minutes/key points of the meeting.

KEY POINT

We welcomed the opportunity to discuss the work of the Commission and expressed the commitment of ACHCEW to help build the new system and to the integration of staff and members into Patients' Forums and other new PPI organisations.

1.

Q Would the work of the pilot Patients' Forums be used to kick-start the new system. Will the current members and staff be regarded as a valuable base on which to build PPI?

A The tendering process for the new networks would be publicised widely through CHCs and voluntary sector contacts. CHC staff/members could 'express an interest' in tendering for the networks and seminars would be held across the country to inform potential bidders about the new process of tendering. Invitations to tender would be let by the end of July 2003. The budget for the Commission had only been finally agreed on Friday 14th February with the DoH.

2.

Q The new system based on voluntary sector networks causes us concern because of the enormous variations in voluntary sector groupings across the country and the potential conflicts of interest should voluntary sector bodies be service providers. How will you ensure that there is consistency across the country for Patients' Forums?

A. The CPPIH would build greater capacity in the community and promote a deeper democracy. Bodies like CHI and the OSCs would play a major role in involving citizens in NHS public involvement work.

3.

Q The proposed PPI system needed to build on the strengths of the current system. The new system would take too long to set up and would leave patients and carers with nowhere to get help from past September 1st 2003. How will you ensure that services do not lapse when CHCs close?

A. Nobody with a complaint will be left unattended after the closure of CHCs. There would be national coverage for people with complaints, regional helplines and CPPIH would take up problems if necessary. Arrangements for establishment of ICAS were continuing with the DoH. One problem is that at the present time only Patients' Forums can commission ICAS services and steps may need to be taken to deal with this issue.

4.

Q. What will the Interim Arrangements be during the period when Patients' Forums are developing?

A. A range of services will be used in the interim period. The CPPIH will ensure that provision is of an acceptable standard and it is possible that pilot ICAS could be part of that provision.

5.

Q. How would details of the new system be publicised?

A. The CPPIH's communications team would meet on February 26th to plan their strategy for releasing information about the tendering process and publicise the new model.

6.

Q. Why wasn't the model agreed with the Department consulted on? Wasn't it inconsistent for the CPPIH to fail to consult on the model of delivery?

A. The new system has been arrived at after 2 years of extensive consultation. CPPIH's concern is about outcomes, and the proposed structure is the best vehicle for achieving the outcomes given the current position. It is essential to maximise opportunities and the CPPIH is well placed to create exciting new ways of involving people at local level. CPPIH must drive and control the agenda.

7.

Q. What opportunities would there be for CHC members in the new system?

A. There will be lots of opportunities for those who are currently involved as well as for many others not currently involved.

8.

Q. How will the CPPIH know about the local capacity and configuration of services in the community?

A. The local networks will be tasked very soon after their set up with mapping existing PPI activity and configurations of service. They will do this through discussions with local people and will produce a local template. However they are likely to have some knowledge of this already.

9.

Q. Was the CAG survey work useful?

A. It was of limited use, because it was based at the Strategic Health Authority level.

10.

Q. ACHCEW has a number of valuable services that have supported CHCs including legal, policy and training. Will the Commission take steps to support the continuity of these services into the new system?

A. Training services will come later and are likely to be developed through a tendering process.

ACHCEW legal services could form a valuable adjunct to the interim ICAS service. Liz Dimond is the key person regarding the ICAS service.

11.

Q. What employment opportunities will there be for staff?

A. Adverts will be placed for some jobs in approximately 2-3 weeks time and will be placed on the CPPIH web site.

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Q. Foundation Hospitals.
What's the Commission's view on the Government's decision not to have Patients' Forums for Foundation Hospitals?

A. The CPPIH is very concerned by the prospect of Patient Forums not being a statutory requirement for Foundation Trusts and will take the matter up with Ministers.

13.

Q. Is the CPPIH committed to the One Stop Shop model for Patients' Forums?

A. There is a contradiction between the one stop shop model and the demand for accessibility, if one stop shop means one physical location for all services. The CPPIH want a wide range of access points in each area each providing an equivalent level of information and advice about ICAS, Patients' Forums and public involvement in health.

14.

Q. Will the Commission work with ACHCEW to ensure that CHC and ACHCEW records are retained and made accessible as a knowledge base for Patients' Forums.

A. Yes, this can be done in collaboration with the National Electronic Library, the Commission, the Modernisation Agency. It would be most effectively done by accessing catalogued archive material and producing a compendium of useful documentation.

19 February 2003

MALCOLM ALEXANDER

Checked by Alan Hartley - OK

Checked and agreed by CPPIH -21/2/03

Final version