

## **STAFFING FOR PATIENTS' FORUMS – A DISCUSSION PAPER**

### **Introduction**

As a consequence of the *NHS Reform and Health Care Professions Act* Community Health Councils (CHCs) are due to be abolished at an as yet unspecified date. Patients' Forums will be the main 'replacements' for CHCs once CHCs are abolished. This is particularly true of the Patients' Forums for PCTs, which will have broader responsibilities and will have staff deployed to them to deliver three core functions of :

- supporting the work of all Patients' Forums (of which there will be 600 nationally)
- empowering the wider involvement of local communities, especially 'hard to reach groups,' in health issues
- providing (and in some circumstances 'commissioning') Independent Complaints Advocacy Services (ICAS)

There will be approximately 300 Patients' Forums for PCTs. However, it is anticipated that in some areas PCT Patients' Forums will deliver some of their functions jointly and 'share' the staff team and office. This will depend on local demography, patient flows etc. The intention is that any configuration of PCT Patients Forums working together and sharing staff teams/offices will remain local and accessible to the communities they serve. These staff, whilst 'employed' by the Commission for Patient and Public Involvement in Health, will be accountable to the PCT Patients' Forum (or partnership between PCT Patients' Forums). Based on the pattern of current PCTs and the communities they cover, it is estimated that at least 150 local offices/staff teams will be needed.

Currently, there are 184 CHCs in England with a total staff complement of approximately 700. However, the responsibilities of CHCs are much narrower. Staff deployed to PCT Patients' Forums will have a total of 600 Patients' Forums to support compared to the 184 CHCs. Also, the PCT Patients' Forum staff will be expected to do far more than CHCs. For example:

- do dramatically more community development/capacity building to involve the wider community and hard to reach groups.
- The provision of ICAS will need to be properly resourced for the first time, as CHCs who currently provide a complaints service do so as an added extra responsibility of the staff team, which has never been directly funded.
- PCT Patients Forums will be given a formal role in monitoring and inspecting primary care services which was denied to CHCs, and will also have the extra role of monitoring how well the NHS complies with the Section 11 requirement to consult and involve the public.



This paper seeks to identify the main roles that will be required within PCT Patients' Forum staff teams, and to calculate the appropriate numbers of staff that will be required to fulfil the functions expected of them.

### **Roles within PCT Patients' Forums Staff Teams**

- Chief Officer/Co-Ordinator: overall management of the staff team
- Community Involvement Officers: outreach work with hard to reach groups, conduct research etc
- ICAS Officers: providing advice to complainants or people with problems with the NHS (possibly different kinds of staff at different levels)
- Patients' Forum Support Officers: to provide a direct link to Patients' Forums and provide support and advice to them
- Administration Staff: to allow the smooth running of the organisation, deal with initial enquiries, and provide admin back-up to other staff and the Patients' Forums

These would appear to be the main roles that need to be reflected in the staffing for each PCT Patients' Forum. It is a matter of debate as to how much overlap there should be between the different roles, however each role needs to be properly allowed for in terms of staff time.

### **Numbers of Staff Required**

The numbers of staff that will be required to deliver the functions of PCT Patients' Forums have been calculated below on the basis of the above roles. The calculations are based on there being 150 staff teams/offices for PCT Patients' Forums, as this is considered the minimum number likely to deliver the required 'local' identity and accountability. The calculations would need to be adjusted if there were to be more than 150 staff teams/offices. Three different scenarios are looked at: fit for purpose; basic/functional; and minimalist. Obviously, it is also possible to calculate other permutations, but this is considered a useful starting point in order to establish the potential range and basic minimum to deliver the core functions.



### **Scenario 'A' – 'fit for purpose'**

- Chief Officer/Co-Ordinator: overall management of the staff team (1 per PCTPF staff team = **150**)
- Community Involvement Officers: outreach work with hard to reach groups, conduct research etc. (2 per PCTPF staff team = **300**)
- ICAS Officers: providing advice to complainants or people with problems with the NHS (possibly different kinds of staff at different levels): 2 per PCTPF staff team = **300**)
- Patients' Forum Support Officers: to provide a direct link to Patients' Forums and provide support and advice to them. ( 1 x full time equivalent per PF = **600**)
- Administration Staff: to allow the smooth running of the organisation, deal with initial enquiries, and provide admin back-up to other staff and the Patients' Forums. (2 per PCTPF staff team = **300**)

**TOTAL FULL TIME EQUIVALENT STAFF UNDER 'FIT FOR PURPOSE'**  
**OPTION= 1650**

### **Scenario 'B' – 'Basic/Functional'**

- Chief Officer/Co-Ordinator: overall management of the staff team (1 per PCTPF staff team = **150**)
- Community Involvement Officers: outreach work with hard to reach groups, conduct research etc. (1 per PCTPF staff team = **150**)
- ICAS Officers: providing advice to complainants or people with problems with the NHS (possibly different kinds of staff at different levels): 1 per PCTPF staff team = **150**)
- Patients' Forum Support Officers: to provide a direct link to Patients' Forums and provide support and advice to them. ( .75 full time equivalent per PF = **450**)



- Administration Staff: to allow the smooth running of the organisation, deal with initial enquiries, and provide admin back-up to other staff and the Patients' Forums. (1.5 full time equivalent per PCTPF staff team = **225**)

**TOTAL FULL TIME EQUIVALENT STAFF UNDER 'BASIC/FUNCTIONAL' OPTION= 1125**

**Scenario 'C' – 'Minimal'**

- Chief Officer/Co-Ordinator: overall management of the staff team (1 per PCTPF staff team = **150**)
- Community Involvement Officers: outreach work with hard to reach groups, conduct research etc. (1 per PCTPF staff team = **150**)
- ICAS Officers: providing advice to complainants or people with problems with the NHS (possibly different kinds of staff at different levels): 1 per PCTPF staff team = **150**)
- Patients' Forum Support Officers: to provide a direct link to Patients' Forums and provide support and advice to them. (.5 full time equivalent per PF = **300**)
- Administration Staff: to allow the smooth running of the organisation, deal with initial enquiries, and provide admin back-up to other staff and the Patients' Forums. (1.5 full time equivalent per PCTPF staff team = **225**)

**TOTAL FULL TIME EQUIVALENT STAFF UNDER 'MINIMAL' OPTION= 975**

**Conclusion**

If the new system of PPI is to do a better job than CHCs do currently it will require a huge extra investment in staff. Over double the current 700 CHC staff (1650) would be needed to provide a system of PCT Patients' Forums which are truly 'fit for purpose'. Over a thousand staff will be required to provide an acceptable ('basic/functional') level of service, whereas 975 staff would be needed to run even the most minimal level of service within the new system as currently designed.

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