



Transition Advisory Board – Patient and Public Involvement in Health

Progress report – October 2002

The Transition Advisory (TAB) is an independent group set up by the Department of Health to advise on the transition arrangements for patient and public involvement. Each month we will produce an update to keep you informed of progress. More information and minutes of meetings can be found on the web: www.doh.gov.uk/involvingpatients/tab.htm

Update on Implementation

At the October TAB meeting Rob Thompson, Head of Patient and Public Involvement at the Department of Health, reported on progress towards implementation.

Change Assessment Groups (previously called Change Management Groups). The Department of Health has asked strategic health authorities to set up change assessment groups made up of key stakeholders for each strategic health authority (StHA) to work for a 6 month period to enable the Commission for Patient and Public Involvement in Health to make decisions on transfer arrangements as quickly as possible.

Further guidance is being sent out and a meeting of leads in the 28 StHAs being arranged.

Budget allocation for patient and public involvement. The amount available for patient and public involvement was still being negotiated. The total budget available to CPPIH should be known by November. This will give a clearer indication of the number of staff that will support forums and ICAS.

CHC Staff: There will not be automatic transfer of CHC staff to the new arrangements. The Department of Health has been advised that this is not possible because CPPIH is a non departmental public body and is not part of the NHS, this is not possible. This raises serious concerns about staff morale and the continuity of services to the public.

Staff support for patients' forums

The TAB expressed concern that a letter had gone out to Strategic Health Authorities indicating the likely numbers of staff who would support patients' forums and where they would be deployed. The Department assured the TAB that, as with other aspects of resource allocation, this was a set of initial working assumptions, pending a decision by the Commission. It was also noted, as indicated in the last TAB update, that the initial task of the local change assessment groups would be to undertake a baseline assessment of people and resources currently available. The groups would not be able to advise on how to address local requirements until the budget settlement was clear and further advice would be issued. The Department acknowledged that the decision on the deployment of staff and other resources would be a matter entirely for the Commission, once the Department had decided the total funds available. It was also noted that any funding for OSCs would be separate to the funding allocation for the other requirements for patient and public involvement.

The TAB has already indicated that in its view the new arrangements will require considerably more resources than the current CHC budget but the TAB has not undertaken any detailed work on this.

At the meeting ACHCEW tabled a paper on the calculations of the likely requirements. ACHCEW pointed out that there are 184 CHCs with 700 staff and 5,000 members. They do not have a duty

to undertake community outreach or support complainants. In the new arrangements staff would be supporting 600 forums, with 10,000 members with additional responsibilities. ACHCEW would welcome comments on the discussion paper, which can be found on www.achcew.org.uk

Abolition date for CHCs: No abolition date has been decided. The view of the TAB was that continuity and a smooth transition is important and that CHCs should continue until PCT patients' forums are in place. However, the Commission may not be in a position to assess when it will be able to appoint members to patients' forums until next year. A consultancy is looking at the logistics of recruitment and appointment and, when it reports, the Department of Health and Chair Designate will be in a better position to consider a likely timetable.

The TAB emphasized the importance of making a decision as soon as possible and in the meantime keeping CHCs informed and letting them know when a decision might be made. There was general agreement that there should be a single end date.

ACHCEW and regional associations: Unless some guarantee of funding after March 2003 is made, ACHCEW will have to make staff redundant. However support and representation for CHCs would need to be provided for as long as they continue and it seems likely that this will be after 31 March 2003. The Department will be discussing this with ACHCEW.

Consideration also needs to be given to the future of regional associations of CHCs and their staff.

ICAS pilots

A review meeting will be held to look at the pilots and development of ICAS in early November. If you have any information you would like to share you can email contactTAB@aol.com.

Draft Regulations on OSCs

The Draft guidance on the Regulations on OSCs has been published and can be downloaded from www.doh.gov.uk/oscregconsultation.

Comments should be sent by 18th November.

The Commission for Patient and Public Involvement in Health

The Commission (CPPIH) will be set up from January 2003 and be responsible for establishing the new arrangements at local and national level. Draft Regulations have been published for consultation. Comments need to be made by 7th November. The draft Regulations can be downloaded: www.doh.gov.uk/cppihconsultation

Interviews for Chief Executive will be held in October. Post of Commissioners have been advertised. The closing date is 17th October (for applications 0113 394 2999). Appointments are likely to be announced in mid November.

Sharon Grant, Chair Designate, tabled a report on her preparatory work for the establishment of the Commission at the TAB meeting. There is an enormous amount to do in setting up an infrastructure for the Commission and she hopes soon to have senior staff seconded to support her in communications, finance and human relations. She had also commissioned some studies to advise on strategic decisions.

However, many decisions would need to await the formal establishment of the Commission in the New Year and take into account the views of the Commissioners who have not yet been appointed. A copy of the Chair Designate's report is attached to the minutes of the TAB meeting of 3 October, see the TAB website.

Setting up shadow patients' forums:

Some trusts and PCTs are setting up forums that might not meet criteria outlined in the legislation. The Department has not encouraged trusts to set up forums but recognizes that the message is not always getting through.

Change assessment groups will need to look at each one on an individual basis and see how they fit into the new arrangements. Members of these forums would need to go through the selection process if they wished to join the statutory forum, when it was set up.

Communication is needed to help the NHS and local government prepare for the changes.

Patients forums and specialist trusts

In the last progress report we asked for views on how forums in specialist trusts might operate. Thanks to all those who have responded. We will be including these comments in the TAB final report.

We have also recommended that the Department of Health hold a meeting of people involved in specialist trusts to discuss how some of the issues raised might be addressed.

TAB's interim report - Department of Health's response

Comments on the TAB's interim report were tabled at the October meeting of the TAB and can be found on the www.doh.gov.uk/involvingpatients/tab.htm

Outstanding work

With a considerable amount of work now taking place outside the TAB, the TAB will be winding up in November and handing over to the new Commission.

In future the TAB will point out to the Department and the Chair Designate where further work was needed, rather than work on these issues itself. TAB

members have offered to help to undertake this work.

However, there are outstanding areas, which need to be addressed, and the TAB has recommended that the Department of Health and the Chair Designate to address these. Outstanding areas include:

- Transitional arrangements –ensuring a smooth transition from CHCs to the new arrangements, including ICAS
 - Staff competencies and roles and accountability
 - How will staff time and resources will be allocated. PCT forums will need clear guidance on this to ensure fairness between trusts.
 - Role specification and induction training for members
 - Selection criteria for forum members
 - Specialist trusts and foundation trusts
 - Recruitment and capacity building – It was suggested that the Department of Health /CPPIH should hold a meeting to discuss this with people involved in with experience of working on this locally
 - Lay involvement on PCT professional Executive Committees
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The next TAB meeting

The next meeting will be on November 5th. The meeting will discuss:

- Feedback from the TAB regional events
- Draft guidance on the Regulations for OSCs
- Timetable for Implementation
- Guidance on patients' forums
- CPPIH – branding and marketing

The final meeting will be held on 4th December and will look at lessons from the experiences of the TAB.

CPPPIH and its national links

The TAB has identified some areas where the Commission will need to develop links at national level. These are outlined below. We would welcome comments to contactTAB@aol.com.

National bodies	Function
General Medical Council and statutory regulatory bodies, Commission for Health Improvement, Commission for Social Care Inspection, National Patient Safety Agency, National Clinical Assessment Authority	To raise specific concerns about patient safety (likely to involve confidential information and may need explicit agreement on sharing information)
Strategic health authorities, Directorates of Health and Social Care, Estates, etc	To address performance management issues (patient and public involvement)
Ombudsman etc, NHS Litigation Authority	To monitor complaints and handling of complaints procedures
Department of Health, Modernisation Agency, National Director for Patient Experience and Public Involvement, CHI	To clarify conceptual frameworks and definitions (what do we mean by patient and public involvement etc)
Modernisation Agency, Department of Health, Academic institutions, Local Government Association, NHS Confederation, BMA/ professional organisations and trade unions	To support the delivery of patient and public involvement
NICE, Health Technology Assessment Panel	To influence other bodies' policy and practice
Social Exclusion Unit, Health and Safety Executive, Health Development Agency, Regional Development Agencies, Transport Commission, Housing Commission, Royal Commission on Environmental Pollution and many others.....	To influence 'cross cutting' wider determinants of health/public health agenda
Professional bodies (Royal colleges, Royal Pharmaceutical Society, Association of Allied Health Professionals and	To promote patient and public involvement
Voluntary organisations, Umbrella organisations (The Patients Forum, GIG, LMCA etc)	To receive advice on specialist areas of patient and public involvement
Learning disability, disability, mental health and other specific areas with unique needs	Communication and to receive advice on user involvement issues
National patient organisations/health charities (working in clinical priority areas)	To ensure that PPI is considered in training and standard setting, to ensure joint working to improve the patient experience
NACAB, Consumers Association, National Consumer Council	To ensure clear communication with the larger patient/health organisations and seek advice on specific disease areas as appropriate.

Transition Advisory Board

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GLOSSARY

We have been asked to provide a glossary of abbreviations so here it is.

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CHC Community health Council

CHI Commission for Health Improvement (to be replaced by CHAI (Commission for Healthcare Audit and Inspection)

CPPIH Commission for Patient and Public Involvement in Health

DHSC - Directorate of Health and Social Care – regional offices of the Department of Health – 4 for England

ICAS Independent Complaints Advocacy – new service to support NHS complainants from April 2003

NED Non-executive director on trust Board

NPSA - National Patients Safety Agency

OSC – Local government Overview and Scrutiny Committees from January 2003 will have the power to scrutinize the NHS. Some of the rights of CHCs on consultations will transfer to OSCs.

PALS patients advice and liaison service – to give information and help to patients in each NHS trust

Patients' forum – a group of patients and carers to be set up for each NHS and primary care trust to advise on services from a patient perspective

PCT - Primary care trust

PPI – patient and public involvement

RDA – Regional Development areas – planning areas for local government – 9 in England.

StHA - Strategic Health Authorities responsible for performance management and strategy for primary care trusts in their area. 28 in England

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