

The new Patient and Public Involvement System

Following the passage of the NHS Reform and Health Care Professions Bill, this briefing asks:

- ***How have the Government's proposals changed?***
- ***What will the new system look like?***
- ***What remains to be done?***

HOW HAVE THE GOVERNMENT'S PLANS CHANGED?

According to the NHS Plan (July 2000), which was said to be 'non-negotiable':

- There was to be no national body for patients and the public on health issues following the abolition of ACHCEW. Now, the Commission for Patient and Public Involvement in Health is an essential element of the plans.
- There was to be no Independent Complaints Advocacy Service (ICAS). If complainants were not helped by the Trusts' own internal Patient Advocacy and Liaison (PALS) staff, they were to be left to fend for themselves or seek help from voluntary agencies. Now, ICAS is to be provided by Patients' Forums covering PCTs, and the limitations of PALS are recognised (now Patient Advice and Liaison Service).
- Patients' Forums for each NHS Trust were to be almost completely lacking in independence and powers. They were to have no staff of their own but rely on support from the Trusts' own PALS staff and their funding would have come from the Trusts themselves. They would have been severely restricted in what they could work on and whom they could report to. The powers and independence of Patients' Forums have been significantly improved during the NHS Reform Bill – see below.
- There was to be no replacement for the role CHCs have played in taking an overview of the local health economy from the public's perspective; tracking the patient experience/journey across institutions; and looking at health inequality and public health issues from the community perspective. The new role created for Patients' Forums for PCTs allows for this wider overview and integration.

Specific improvements achieved during the passage of the NHS Reform and Health Care Professions Bill include:

- A special role has been created for the Patients' Forums covering PCTs to provide an integrated overview of local health issues. Their membership is to include members of each Patients' Forum in the area and other relevant community groups.

- PCT Patients' Forums are now to have staff deployed to them by the Commission for Patient and Public Involvement in Health (CPPIH) to support the work of all the local Patients' Forums; promote the involvement of the wider community, especially hard to reach groups.
- An unnecessary tier of bureaucracy – the 'local networks' of the CPPIH (previously referred to as 'Voice') has been dropped. Instead of this staff-only tier with no lines of local accountability, staff will be accountable to local people via the PCT Patients' Forums.
- The Independent Complaints Advocacy Service is now to be provided by staff deployed to the PCT Patients' Forums, with additional ability to commission specialist advocacy (for example bi-lingual advocacy) where needed to support complainants.
- The remit of Patients' Forums has been extended to take account of the range (or absence) of services, and for the PCT Patients' Forums to consider issues affecting health rather than just services.
- The independence of Patients' Forums has been safeguarded by amendments which ensure that:
 - funding will come from the CPPIH rather than the Trust that they are monitoring.
 - the lifting on restrictions on who forums can report to (they are now able to report to the media and politicians, for example).
 - the allocation of staff employed by the CPPIH to PCT Forums to support the work of all Forums.
- The powers of Patients' Forums have been extended. Rather than being restricted to reporting to the Trust that they are monitoring, they can now make formal referral of issues of concern to the local Overview and Scrutiny Committee of the local authority, or the national CPPIH.
- The independence of the Commission for Patient and Public Involvement in Health (CPPIH) has been improved by amendments which provide for:
 - the appointment of the Chair by the NHS Appointments Commission rather than the Secretary of State.
 - the appointment of future Chief Executives to be made by CPPIH itself rather than the Secretary of State.
 - the ability to make reports to people or bodies it sees fit rather than being restricted to those specified by the Secretary of State.

- The CPPIH, which was to have been largely restricted to developing and monitoring the patient and public involvement mechanisms and processes themselves, has had its remit widened. It can now draw on issues referred to it by Patients' Forums or identified through their annual reports to do work at the national level on policy and service issues affecting patients. It has been guaranteed that this can, if necessary, include taking legal action.

WHAT WILL THE NEW PATIENT AND PUBLIC INVOLVEMENT SYSTEM LOOK LIKE?

The following is based on a description provided by the Department of Health:

In every Primary Care Trust and NHS trust there will be a Patients' Forum that will:

- monitor and review the services arranged and or provided by the trust from the perspective of the patient – not just the operation of services, but the range too;
- seek the views of patients receiving services provided or arranged by the trust;
- inspect premises where NHS services are delivered;
- make reports and recommendations to the management of the trusts;
- refer matters of concern to OSCs, StHAs, CHI and National Patient Safety Agency etc – and any other person or body the forums deem appropriate including the media;
- be represented on the Board at Non Executive Director level.

In addition the PCT Patients' Forum will:

- have a wider membership, including representatives of other patients' forums in the area and other relevant groups
- promote the involvement of the public in decisions and consultations on matters affecting their health;
- provide or commission independent complaints advocacy;
- collect information about patients' experiences, identify trends and make reports to decision-makers;
- put forward the views of the public to key local decision-makers;
- help Forums work together across boundaries;
- have to take account of Forums' views when setting priorities for their work
- provide a one stop shop service by providing advice and information to the public about public involvement;
- monitor how well the NHS is meeting its duty to involve and consult the public.

And in every NHS trust and PCT there will be a Patient Advice and Liaison Service

that will:

- resolve problems on the spot;
- provide information to patients, carers and their families about local health services and put people in contact with local support groups;
- tell people about the complaints procedure and direct people to independent complaints advocacy support;

- act as an early warning system for trusts and Patients' Forums by monitoring trends and highlighting gaps in service and making reports for action to trust management. These recommendations and the trust/PCT response will be included in the annual patients' prospectus for the trust/PCT in question.

In all local authorities with social services responsibilities there will be an Overview and Scrutiny Committee. They will

- take on the role of scrutiny of health services including the NHS;
- be able to refer contested service changes to the SofS;
- be able to call NHS managers to give information about services and decisions;
- report their recommendations locally;
- have to be consulted by the NHS where there are to be major changes to health services.

Nationally there will be a Commission for Patient and Public Involvement in Health

that will

- monitor and make recommendations about the performance of Patients' Forums and providers of independent complaints advocacy support;
- set standards for Patients' Forums and providers of independent complaints advocacy
- submit reports to the Secretary of State on how the whole system of patient and public involvement is working and advise him about it
- make reports as it sees fit to other national bodies such as CHI , the National Care Standards Commission and the National Patient Safety Agency on patient and public involvement issues and issues that in its opinion give rise to concern about the safety or welfare of patients that have not or are not being dealt with properly
- carry out national reviews of services from the patients' perspective – collating data from forums and making recommendations to the Secretary of State, and to other bodies and persons it considers appropriate.

Community Health Councils (CHCs) and the Association of CHCs for England and Wales (ACHCEW) will be abolished (a date has not been set for this).

CONCLUSION – WHAT IS NEEDED NOW?

ACHCEW, together with most commentators, believes that the changes set out above represent a very welcome and significant shift on the part of the Government. There is now a legislative framework that can provide the basis for a good system of patient and public involvement following the abolition of CHCs, provided there is the goodwill to plan a smooth transition and sufficient resources to make the new system work. The Transition Advisory Board will have a crucial role to play in advising the Department of Health on the detail and the transition to the new system. See www.doh.gov.uk/involvingpatients/tab.htm

Some key issues are:

TRANSITION:

- Much work still needs to be done on the detail of how the new system will work in practice.
- CHCs and ACHCEW must be able to continue representing patients and the public's interests until the new system is up and running. There needs to be a realistic timetable agreed.
- Ways must be found to retain the skills and experience of staff and members of CHCs and ACHCEW, which will be vital to the new system. This needs to happen urgently to avoid more loss of CHC staff and members.

RESOURCES:

The Department of Health has provided no indications or even estimates as to the resources that are to be made available for the new system. It is clear that very substantially more resources will be needed than have been available to CHCs if the system is to be made to work. Planning the new system and structures is almost impossible without any idea of the resources available.

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