

## Practice Based Commissioning (PBC)

### Bulletin 6 – Patients and the Public

#### Purpose of this series of PBC Bulletins:

- To keep PCTs up-to-date and in touch with progress and key issues
- To share information and linked examples and resources through the PCC network
- To highlight any new or important perspectives on PBC that arise during the rest of 2006/7
- To help sustain PBC development through PCT organisational change

This Bulletin builds on the Department of Health (DH) PBC guidance documents ([www.dh.gov.uk/practicebasedcommissioning](http://www.dh.gov.uk/practicebasedcommissioning)), the Primary Care Contracting Preliminary PBC Toolkit and other PBC Bulletins (available at [www.primarycarecontracting.nhs.uk](http://www.primarycarecontracting.nhs.uk)).

#### Key Points in this Bulletin:

- Understanding the views of patients and the public is fundamental to both service development and a modern NHS.
- PCTs continue to have a statutory responsibility to consult patients and the public.
- Be clear about what the purpose is of involving patients and the public.
- Partnership approaches to Patient and Public Involvement (PPI) with other local organisations should be utilised where appropriate.
- Approaches to PPI may exist at different levels, there is no 'one size fits all'.
- Governance arrangements for involving patients and the public need to be clear.

### Why involve Patients and the Public in commissioning?

Delivering, designing and commissioning health services around the needs of patients is key to modernisation. It is integral to improving people's experiences of health services. Involvement aims to increase patient satisfaction, assist in developing services that meet people's needs and ensure the health service does not spend money on inappropriate services.

Collaboration and partnership with the voluntary and community sector is an effective way to build community relationships. However, despite a general feeling that users should be involved, the views of local communities are rarely sought or acted upon.

PPI is underpinned by Chapter 10 of the NHS Plan. More recently 'Creating a Patient-led NHS' has established the basic requirement that services become outcome focused and responsive to the needs and wishes of patients. Additionally, PCTs have a statutory responsibility under Section 11 of the Health and Social Care Act 2001 to make arrangements to involve and consult with patients and the public when:

- planning for the provision of services,
- developing or considering proposals for changes in the way that services are provided,
- decisions are made about general service delivery.

Furthermore Section 7 of the same Act requires that PCTs consult with the local Health Overview and Scrutiny Committee (OSC) on all proposals that will create significant development or variation of local health service provision.

All of this has been recognised in the recent DH White Paper - *Our Health, Our Care, Our Say: a new direction for community services* (January 2006). This emphasised that in future there would be:

- more control for individuals over their local health services to satisfy local need,
- greater involvement of patients in local commissioning decisions.

Finally, the recent DH publication *A Stronger Local Voice* (July 2006) describes the new and significant framework for developing formal methods of involving patients and the public in local decisions. The Commission for Patient and Public Involvement in Health (CPPIH) and patient forums will be abolished and local involvement networks (LINKs) will be established for every local authority area with social services responsibilities. LINKs will strengthen and widen the way in which people's views are gathered, listened to and taken account of when health and social care services are planned, developed and commissioned.

Links to:

- A stronger local voice: A framework for creating a stronger local voice in the development of health and social care services – [www.dh.gov.uk](http://www.dh.gov.uk)
- National Audit Office (2006) – Delivering Efficiency: Strengthening the links in public service delivery chains. [www.audit-commission.gov.uk](http://www.audit-commission.gov.uk).

## How should Patients and the Public be involved?

Patients and the public must be involved at every stage of planning and it is crucial that PCTs and Practices are clear about why they are engaging and involving patients (or their advocates) before approaching them. Clarity about what service, or element of service, you wish to influence, change or develop will carry more weight with patients and allow for more focused engagement. As a result there will be less of a risk of tokenism.

Under PBC, target audiences can bring different views about different stages of the commissioning cycle such as:

- Health Needs Assessment – a 'bottom up' approach to involving those people who know about the health issues of the local community;
- service planning - patients' views are integral to the process that determines the service specification;
- contracting and procurement – views of local people on the scope and level of quality indicators within a service can be explored and introduced within service level agreements between commissioners and providers;
- patient choice will ultimately shape the range and content of agreements with local providers;
- performance management – monitoring outcomes of local services and ongoing patient feedback can be highly appropriate to effect continual service improvement or changes in commissioning investment.

Moreover, other types of PBC-related involvement should be encouraged. For instance, in relation to the establishment and management of PBC clusters or representation on local clinical networks.

Different approaches may be designed and used at different times depending on the situation or the target group. These approaches, from minimal to maximum involvement, are described below and can be found in more detail at [www.dh.gov.uk](http://www.dh.gov.uk). The effectiveness of the chosen approach should be continually evaluated.

<b>Minimum Involvement</b>		←—————→			<b>Maximum Involvement</b>	
<b>Giving Information</b>	<b>Getting information</b>	<b>Forums for debate</b>	<b>Participation</b>	<b>Partnership</b>		
Exhibitions	Patient diaries	Focus Groups	Expert patients	LSP community development		
Leaflets and written documents	Open surgeries Questionnaires Patient surveys	Workshops and panels	Health Panels	Membership of Commissioning groups		
Web-based information	Semi-structured interviews	Meetings with patient groups	Shadowing patients	Overview and Scrutiny Committees		
The Media	Discovery interviews	Public meetings	Story telling	Social Enterprise or Patient-led organisations providing services to own members or client groups		
	PALS comments	Seminars	Citizen's juries			
	Significant Event Audits	Targeting interested groups				
	Complaints	PPI Forums				
		Stakeholder events				

It is also essential that PCTs and Practices feed back to those who have been involved, to show that they have heard and heeded key messages and what actions are being taken as a result. People want to know what difference their input has made. The new PCT Prospectus (as described in the recent DH publication *Health Reform in England: update and commissioning framework* - July 2006, [www.dh.gov.uk](http://www.dh.gov.uk)) may assist in this feedback process.

Links to:

- Nottinghamshire PPI Leads - Commissioning Wheel
- Hinckley and Bosworth PCT – Patient Participation Group
- Lewisham PCT and the Lewisham Community Development Partnership
- Critical Friends Groups in General Practice – [www.cfep.co.uk/pdf/reports6.pdf](http://www.cfep.co.uk/pdf/reports6.pdf)
- National Association for Patient Participation – [www.napp.org.uk](http://www.napp.org.uk)
- 'Effective practice-based commissioning: engaging with local people'. Developing Patient Partnerships – [www.dpp.org.uk](http://www.dpp.org.uk)
- Improvement Leaders Guide to Involving Patients and Carers – [www.modern.nhs.uk/improvementguides/reading/involving\\_patients.pdf](http://www.modern.nhs.uk/improvementguides/reading/involving_patients.pdf)

## Working in partnership

The NHS is not alone in addressing the challenges of involving its current and future client groups. It can learn from other sectors and develop local approaches to involvement built on previously successful initiatives elsewhere. The health community is a part of this process at PCT level, and PBC presents an ideal opportunity to consider the potential for engaging in partnership-based or delivered services.

- Local Authorities and the Police in particular are increasing looking at how they engage with the wider community.
- The development of Local Area Agreements and Community Strategies demonstrates the strategic partnership approaches to join key partner organisations together at local level.
- Joint priorities and the impact of these priorities at community level are identified.
- Members of the local community take their place on Board arrangements or are members of the organisation.

PCTs should establish how their own PPI and communication strategies stack up with their local authority equivalents. There may be significant opportunities for pooling resources and for cross-over working in PPI which would benefit those patients (particularly those with long term conditions or continuing care) who engage with both agencies regularly.

## Governance issues

Early development of PBC highlights how PPI can be further embedded into local structures and processes, particularly around internal and external governance arrangements for PBC. Examples of this have ranged from fairly informal lay representation to support local PBC clusters, perhaps through patient groups feeding into any Board arrangements through to full public membership of Social Enterprise or Mutual organisations. Additionally, further examples of patient membership similar to that of Foundation Trusts have also been adopted.

Clearly, one of the outcomes of the Judicial Review involving North East Derbyshire PCT, has emphasised how it is good practice to consult in advance with patients and the public about major health service changes and developments which impact locally.

Further involvement of patients and the public will also be necessary in the ongoing development of PBC through their impact in local commissioning decision making panels both at PCT level or at local SHA arbitration. LINKs will establish a specific relationship with overview and scrutiny committees and have the power to refer matters to the OSCs. Additionally, there is now call for the role of PPI to be extended, providing input to the overall regulation of NHS organisations, systems and processes. This annual health check will assess how well local arrangements for involving service users, the public and the LINKs are supported and utilised, and how well commissioners and providers have sought and responded to the views and needs of their populations. This is likely to form part of a PCT's annual performance rating.

The establishment of new organisations provides an opportunity to review capacity and demonstrate how existing resources can be used more efficiently. Identification of a designated PPI lead for a particular area e.g. lead for consultation, Practice Based Commissioning at a strategic level, PALS, etc will ensure PPI momentum is maintained or increased as new PCTs are established and aligned with their partner organisations.

Links to:

- Rushcliffe PCT
- North East Derbyshire PCT
- Sheffield South West PCT
- Kings Fund paper (April 2006) – Social Enterprise and Community-Based Care. [www.kingsfund.org.uk](http://www.kingsfund.org.uk)

### **Patient and Public Engagement - how is your PCT progressing?**

- What local approaches for PPI can be utilised or developed to assist PBC?
- Have you established who is in the best position to carry out these approaches – the PCT or the practice?
- Can you identify any local PPI champions to assist in engaging patients and the public on behalf of the PBC cluster or PCT?
- Have you a governance framework which includes arrangements for PPI?
- What partnerships can be established or developed with other local organisations including local authority, police, voluntary sector? Are there opportunities for cross-over working?
- Is training in place for staff in techniques for engaging with patients and the public?
- Is there a strategy for managing patient surveys nationally and locally to identify interdependencies and emerging issues?

#### *Other information*

The Improvement Foundation ([www.improvementfoundation.org](http://www.improvementfoundation.org)) have now completed wave 1 of their programme of support, taking one PBC team from 26 of the 28 SHA areas. There has been a programme of collaborative working, learning exchange and service re-design and development. Wave 2 is now underway and PCTs are advised to contact their local spread centre or SHA for more information on how to get involved.

For other resources and information, PCTs may wish to link to other agencies such as the NHS Alliance, the NHS Confederation, the National Association of Primary Care, or the Royal College of Nursing.

If you or your PCT would like to give feedback on this PCC Bulletin or contribute to the next Bulletin (share examples; innovative solutions to significant issues, local PBC events etc), then please contact the PBC Project Team.

#### ***Next PCC Bulletin: PBC and Social Care***

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