

PUBLIC INVOLVEMENT WORKSHOP

28 February 2001

Outcomes from the day

Julie Wells

Patient Representation in the NHS

28th February 2001

Summary Notes

Key issues and themes

- Buckinghamshire needs a practical plan that will take the work on the new representative methods forward
- Some proposals remain unclear but work needs to be undertaken to ensure that locally we end up with the kinds of mechanisms we want
- There is a need to work together and avoid duplication
- It is vital that we consider health and social care together – not just concentrate on health
- We must build on, and build in local experience and expertise.

Key actions

- **County-wide working group to be established**
 - time limited 9-12 months
 - Health Authority led with project worker support?
 - act as a forum for sharing information on developments at a local level
 - could become 'prototype' ILAF?
 - help define transition arrangements
 - consider county-wide Patient's Council
 - consider county-wide training
 - model 'patient pathway' through the new systems
 - bring key players together again next year 2002
 - consider information to support scrutiny function
- **Local working groups established with key organisations involved**
 - Locality forums and CHCs help map local groups so these can be built upon (draw upon Adams Park work)
 - Once systems set up publish 'Who's Who'
 - Consider local advocacy services and growth and funding issues
 - Consider resources for training and volunteers
 - Contact and liaison with the local voluntary sector

Gill Hutchings
Head of
Communications
and Public
Involvement
*Aims of the
Conference*

The aims of the workshop are to examine:

- what work is currently being undertaken that has involved the public
- the work of specific groups and professionals who involve the public in health issues
- to develop future plans for the implementation of the public involvement mechanisms identified in Chapter 10 of the NHS Plan

Jenny Hunt
Chief Officer
Aylesbury Vale
CHC
*New structures
for the NHS*
(Overheads
attached)

Jenny explained the various proposals for patient/public involvement set out in Chapter 10 of the NHS Plan and updated workshop participants on the progress of the Health and Social Care Bill.

The main elements of Chapter 10 are:

- Patient Advocacy and Liaison Service (PALS)
- Patients Forums
- Independent Advisory Service
- Independent Local Advisory Forum
- Local Authority Scrutiny Committee
- Patient Council(? Detail yet to be confirmed)

Jenny outlined a number of benefits from the new proposals but also some associated problems. Jenny reminded the workshop that public involvement is the responsibility of all NHS organisations.

**David
Custerson**
Director of
Corporate Affairs
*Commitment and
Responsibility of
BHA*

David Custerson outlined the Health Authority's views on the new proposals, in summary these were:

- some concern about the role of the CHC going
- HA roles is to lead, facilitate and give direction but much of the detail remains unclear
- Want to minimise 'consultation overload'
- Want to consider what we can do on a county-wide basis
- HA role is also to lead on the implementation of the NHS Plan
- Service does try and respond to patients – the more difficult task is how to encourage the public to become involved and influence NHS service delivery/provision.

There are a number of clear targets during 2001/2001, including the requirement to monitor patient experience; implementation of 'Your Guide to the NHS'; examine the format and content of hospital letters; inclusion of patients in receiving copies of letters between consultants about their care.

In conclusion David said he believed the NHS Plan was taking the NHS in the right direction and that it is the Health Authority's role to bring some clarity to the process.

Judy Lovesay

Patient Affairs
Officer Stoke
Mandeville
Hospital

*My role now and
in the future*

(overheads
attached)

Judy Lovesay told the workshop her aim was to give a perspective on how Stoke Mandeville Hospital manages complaints. She explained that any complaints system needs to have a high profile and the key is for it to be responsive.

Communication accounts for the highest percentage of complaints every quarter. The hospital tries to have an open culture. Judy explained what an ordinary day might look like – it included:

- Complaints
- Litigation
- Training
- Information
- Advice, guidance, support
- Liaison,
- Bereavement counselling

The role may in the future change and there may be less formal complaints as a result of the new system.

Pat Thomas

Chief Officer,
Milton Keynes
CHC

*The PALs Pilot in
Milton Keynes*

(Overheads
attached)

Pat explained that the aim in Milton Keynes is to have a PALs service that is consistently available throughout the health economy in Milton Keynes. The provision of this type of service within the Community sector poses more challenges.

What sort of service should PALs be?

“trouble shooter or free spirit, so that patients, their relatives and carers can have their concerns addressed and resolved.”

Pat pointed out a number of qualities PALs would need and some ‘problem’ areas that would need resolution. She said it would be important that there was a 4 to 6 week induction period and that there would probably need to be a single point of contact with an outreach service.

Janet Turner
Director,
Aylesbury Vale
Advocates
*Advocacy in
Action*
(Overheads
attached)

Janet outlined the ways in which advocacy can help. She explained advocacy involved 'giving someone a voice who may not be able to express their own views'.

Janet explained the experience her organisation had had with the residents of Manor House in Aylesbury and how they work closely with the County Council and Social Services.

Janet outlined a number of 'key words' that relate to advocacy including:

- independence
- joint working
- voluntary sector networks
- volunteers
- client focus

Janet ended by saying that there is an overwhelming agenda and that the service needs developing properly.

Peter Havelock
Pound House
Surgery
*Patient Oriented
Primary Care*
(Overheads
attached)

Dr Peter Havelock explained the aims of Patient Oriented Primary Care as getting a patient focus into the education and development of Primary Health Care Teams.

He explained some differences between patient involvement and a patient oriented approach.

Peter gave some information about possible ways of researching patients views in Primary Care and explained the relationship between 'assumed quality' that is the level of service expected within primary care and 'patient satisfaction' that is the satisfaction derived from additional 'service' or what patients see as additional quality.

Barbara Pool
Training and
Development
Officer
South Bucks
People's Voice
*Advocacy a
means to an
end?*
(Overheads
attached)

Barbara explained that advocacy empowers people to ensure their voices are heard, their interests defended, their rights respected, whilst supporting them in ways which do not undermine their rights.

Barbara outlined the different types of advocacy and the different levels of involvement.

**Julian
Backhouse**
Regional Support
Co-ordinator

Julian said his organisation was considering how to take forward the NHS Plan and questioned how we can help MS branches make sense of all of this.

MS Society
NHS Plan – a
voluntary sector
view

At the moment there is a great deal of confusion. The branches have had good links with the CHCs in the past – they are asking how they are to have an impact in the future?

They are also concerned that their campaigning/lobbying is going to be more fragmented in the future. There is sometimes a lack of understanding about MS in the health and social care sector.

What is needed is good clear information about the new organisations, their aims, meetings, structures and their effectiveness.

Effort is now going into explaining to the branches what the new systems might be like, through local meetings, the newsletter and the web site. They are also targeting key players within the health sector. It is also important to look at alliances between voluntary sector organisations.

Group Work Sessions

When involving the public/patients what currently works well and why?

Milton Keynes

- Working in Partnership – shared vision
- Mental Health Steering Group – user led
- Casualty Watch
- Breast Screening – making a difference
- Learning Disabilities – focused on what was important
- Involving users in recruitment

Aylesbury Vale

- AVCHC – public involvement work, impartial, overview works across boundaries
- Locality Forum – wide representation, has ‘street cred’
- PCG/PCT – Been proactive, lay members involved, commitment from the top
- Advocacy services
- Health For All Group – works well in organisations
- Walton Court Project – planning for real
- AVDC – public involvement systems

South Buckinghamshire

- CHC visits to wards
- Public involvement committee in PCG
- Independent advocacy schemes
- Voluntary organisations
- Locality Forums
- Practitioner involvement in PCG
- Training of GPs

What could be improved?

Get rid of the jargon
Find ways to engage education
Patients should be involved in clinical governance
Improve the empowerment of hard to reach groups
Build stronger links with advocacy groups
Greater range of approaches to involvement
Greater clarity on national vision
Ensure involvement across the whole health and social care economies
Action must follow involvement
Improve roll out of good practice
Need to define how accountability is to be undertaken
Need to build 'patient pathway' – how do new mechanisms fit together
Need organisations to communicate with each other
Have common staff
Perhaps slot in AVDC advice centre
Pilot patient's forum with PCT
Discharge questionnaire at time of discharge - ? – independent?
Co-ordination of consultation to reduce overload
Commitment from statutory organisations to act on recommendations where possible.
Consultation across mental health services and all services.

Key characteristics, barriers and action

PALs
Must be responsive to patients and be in close liaison across all organisations
Close links with the voluntary sector
Credible and acceptable to patients/staff/carers
Well publicised
Public access – hours, satellite, out-of-hours, NHS Direct
Trained and able to channel to other services
Fully resourced
Problem solving rather than complaints prevention
Advisory not advocacy
Internal trouble shooter and sign-poster
Contribute to the improvement of quality

Patients Fora
Recruitment issues – broad representation
Meet in public
Accountability
Clear membership appointments
Local nomination
Visiting
Links
Interface with primary care
Celebrate success
Training and induction
Organisations to nominate reps?

Co-ordinator

Independent Local Advisory Forum

Linked to HAs

Links with PALs

Links with Patients Fora

Links with HFA and locality forum

What does independent mean?

Involvement of Social Services?

Training and induction

Independent Advocacy Service

Use existing services

Train and expand as necessary

Input of advice and support

Must be independent

Must be fully funded

Patient Council

Co-ordinating body?

Makes reports to HA, LA and Secretary of State

Needs effective communication up and down

Adequate provision of officer staff

Appointments procedure and training

Scrutiny Committee

LA function

Needs teeth

Well informed, incisive debate, based on feedback from local people

Better liaison between health and LA

Better local accountability

Not independent

Partnership agenda – not own perspective

Political agenda

Barriers

Resistance to change

Protective of own service

Insufficient funding

Insufficient numbers of people - volunteers

Lack of clarity of role

Scope for exploitation by patients

ILAF must be involved at an early stage

Hidden agendas

Turf wars

Common Comparable systems

Lack of understanding of NHS systems

Lack of co-terminosity

Lack of co-ordination

Lack of training

No change of culture

Political agenda

Overwhelming agenda

Local community agenda vs. health

How can you do health half and hour twice a year?
(Scrutiny committees)

Actions

Utilise CHC – people, skills, experience, knowledge, best practice

Locality Forum – build on

Map existing organisations roles and remits

Networking regional and national

Early working together

Map existing data bases

Disseminate info re services in a timely fashion

Map clear lines of accountability

Right people to do the job

Orientation and training

Local collaboration

Co-ordination locally and county wide

Good advertising

Multiple bases for staff

Scarce resources

Single forum for MK

Scrutiny committee needs some power