



Transition Advisory Board – Patient and Public Involvement in Health

Progress report – September 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 TAB meeting Rob Thompson, Head of Patient and Public Involvement at the Department of Health, reported on progress towards implementation.

Implementation – Guidance to Strategic Health Authorities would be sent shortly outlining their role in facilitating preparatory work in setting up change management groups (see below)

Spending Review: The amount available for patient and public involvement was still being negotiated. It was hoped that this information would be available by November at the latest. The TAB expressed its concern that information on budgets was not yet available. The information was urgently needed both to plan the Commission and for local change management groups.

Staffing issues: A meeting had been arranged with staff representatives for 12th September and it was hoped that issues about the employment rights of CHC staff would be clarified.

Timetable: The Draft Regulations on OSCs will be published for consultation at the end of September. The Draft Regulations on patients' forums would not now be published until January, but this would still enable the Regulations to be in place by 1 April 2003.

A timetable for the transition will be prepared for the next TAB meeting in October.

Setting up change management groups

The Department of Health has agreed to go forward with the 'Change Management' group approach with a small board 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. Guidance will be given shortly by the Department of Health to StHAs on their role in facilitating this process.

The sub-group of the TAB met in August to discuss the steps required to help implement the policies at local level. Below is the advice given to the Department.

Membership

TAB members felt that membership should reflect the key local stakeholders and these might vary according to local circumstances. However every group should include:

- CHCs – including member and officer perspectives
- A PCT
- A NHS trust
- Local government, including member and officer perspectives
- The voluntary sector
- Community development initiatives where relevant

CHC leads for the region should also be closely involved either as members of the core group or as informants. Others, including trade unions, communications, human resources and public health, may be involved in assisting in particular areas.

Terms of reference

The TAB felt that the purpose of the Group would be to advise CPPIH on the establishment of PCT patients forums. CHCs will not be able to be abolished until the functions they provide can be transferred. It is suggested that priority is given to setting up PCT patients forums as this will ensure that all the population are covered and staff will be accountable to them. Forums in NHS trusts can then be set up.

The group should be expected to prepare information and appraise options according to standard framework so that CPPIH will be in a position to decide how best to implement the new arrangements locally.

Collecting information

1. The geography and demography of the area
2. Governance arrangements in the area
3. Existing activities and networks, including support for complainants, community development and area based initiatives with whom forums can work
4. Existing patient and public involvement initiatives that are relevant the new structures
5. Any local factors that hinder patient and public involvement

Generating and appraising options

1. How the main functions of PCT patients forums might be delivered and where these might be provided jointly, including complaints support
2. Identify options for staffing and how staff might be organized to deliver these functions.

3. Review of existing premises and identify options for locating staff that meet criteria.

Preparing the way

1. Raising awareness of the new arrangements in particular in disadvantaged communities to enable recruitment of forum members.
2. Identifying detailed plans and timetable for setting up PCT patients' forums

Working arrangements

The TAB felt that groups should work in as open and transparent a way as possible to enable stakeholders not directly represented on the core group to comment as they collect information and identify options. Some group members may not agree on all recommendations and this should be reflected in the appraised options.

Guidance for StHAs and the national framework

The successful implementation of the new arrangements during the early stages is critical to the long-term achievement of the aims of the new policies. There is a danger that there may be different approaches adopted and inconsistencies established that do not reflect local needs and that will be hard to change in the future.

It is important that the Department of Health provides central support and advice to change management groups. The whole process will need to be co-ordinated and monitored.

The TAB hopes to work with the Department to produce a framework to support the groups. These need to be provided to groups as soon as the work is completed nationally. The framework should cover:

- An indication of likely resources and staffing available for the population for each area
- Criteria for premises: (i.e. disabled access, location best suited to

networking, staff and accessible to members, independent of NHS premises but shop front not necessary)

- Role descriptions for core staff functions (community empowerment, support to forums, research, complaints support e, training etc)
- Advice on principles for the selection and likely arrangements for recruiting forum members.
- Training and preparation for staff and potential members to assist in the transition.

Timetable

The Department of Health hopes that this work can be completed within 6 months. In some areas much of this work has already been done. Others will be just starting. The TAB suggested that there would need to be national target dates by which particular sections of work need to be completed.

OSCs, CHCs and patients forums

In August a TAB subgroup met with the Department of Health to:

- To advise on protocols and suggested 'rules of engagement' during the period of overlap between OSCs and CHCs from 1 January 2003
- To identify ways that forums and OSCs can work together to inform the DoH in drafting guidance and Regulations

The discussions are outlined below are advice to the Department of Health given by the TAB.

The overlap period between CHCs and OSCs

In a few areas both CHCs and OSCs are already both undertaking scrutiny and this can be helpful in enabling CHCs to pass on information and experience to OSCs. However, from 1 January 2003 OSCs as well as CHCs will have the right of referral to the Secretary of State when there is a

dispute about reconfiguration of services or a substantial variation of services.

The group felt that this duplication did not necessarily cause any difficulties. Some members felt strongly that the period of overlap should be very brief. The Department of Health needed to give clear advice to the NHS on this:

- NHS bodies should continue to consult as usual
- For a period of time both OSCs and CHCs will have the right to refer to the Secretary of State and should be regarded as equals in this
- OSCs and CHCs should be encouraged to share information and work together on consultations during this period.

Passing on CHC experiences and 'memory' to OSCs

The group felt that there are advantages in parallel running between OSCs and CHCs, as this will enable CHCs to pass on experiences and information to OSCs. The Change Management Groups to be set up in StHAs Areas to advise CPPIH on local implementation will be a useful forum to establish relationships.

Areas where CHCs can assist OSCs include::

- Training – ACHCEW is producing for the Department a training pack for OSC members on health scrutiny and there will be a training programme to train trainers to roll this out locally. This should be available towards the end of the year.
- Caseload: CHCs and OSCs will need to ensure that there are arrangements to pass on information about any ongoing referrals to the Secretary of State that are not resolved by the time that CHCs are abolished. In the period of parallel working OSCs and CHCs will need to work closely together on consultations and submissions.
- Case law- there is considerable case law about consultation and CHCs,

some of which is relevant to OSCs. ACHCEW, LGA and the DoH will meet to discuss legal learning on consultations.

- Sharing information and work on particular areas undertaken by CHCs that can help OSCs in developing work programmes and identifying priorities.
- Joint meetings to familiarize OSCs with the issues and develop a commitment to joint working.
- 'Whole systems' events for OSCs, CHCs, the NHS and other bodies to discuss the work programme and local issues and develop relationships.
- CHC members might be co-opted to the OSC or be observers with speaking but not voting rights.
- Copies of relevant reports and correspondence should be copied to the OSC.
- CHCs can monitor the outcomes of OSC scrutiny

The group felt that if these relationships are set up during this overlap period, it will provide a basis for building the relationships with the patients' forums.

Consultation after 1 January 2003

After 1 January NHS bodies must consult the OSC as well as CHCs on proposal that involve reconfiguration of services or substantial variations of use. OSCs will give their views on the proposals and also comment on the adequacy of the consultation. Therefore it is essential that the NHS talks at the start with the OSC about how the consultation will be undertaken to avoid criticism later on. This duty on the NHS is in addition to their duty under Section 11.

Frequently consultations will involve a number of PCTs or trusts. They will need to discuss whether this is undertaken as a single or separate consultations. OSCs may also need to work together and might consider delegating their referral powers to a single OSC.

OSC will develop work programmes. PCTs and patients' forums will have views on priorities and should be asked to comment on work plans, though it is up to the OSC to decide what it wishes to scrutinize.

Each local authority needs to identify a named lead officer for training and co-ordinating activities around health from 1 January 2003.

OSC and patients' forums

The group recognized that there is a potential for overlap between OSCs and PCT forums, though in practice their roles are complementary. However, sharing information and good communications will be essential. Both are independent and will choose the areas they wish to look at, but will need to share draft work programmes with each other. It will be helpful if OSCs and forums work to similar planning timetables for their work programmes.

There may be some areas where forums and OSCs wish to work jointly, such as in training, sharing information and formal consultation arrangements. Patients' forums can help OSCs in the following ways

- Providing intelligence and suggesting areas for scrutiny
- Advising trusts and OSCs on how people might be consulted at the start of formal consultations
- Providing evidence of patients' experiences for scrutiny reviews. Sometimes OSCs may want to ask forums or voluntary organizations to undertake specific pieces of information gathering on patients' experiences on their behalf.
- Refer issues that are of urgent concern and where they consider patient safety issues are concerned.
- Patients' forums will be able to follow up recommendations and the outcome of scrutiny.

Forums will have the right to refer issues formally to the OSC and the group felt that

there needed to be guidance on when forums should do this and the actions that OSCs will need to take when they receive a formal referral.

Reciprocal observer status

Patients' forums will need to be involved in the work of OSCs. This might be in two ways:

- Where specific issues are discussed, forums might be invited to attend and speak as 'expert witnesses'
- PCT forums might have observer status with speaking rights. Where there is more than one PCT in the OSC area, one PCT forum might take the lead to attend meetings and keep other PCT forums up to date. In some areas more than one PCT forum observer might be needed.

It was suggested that OSCs might be encouraged to nominate members to liaise with each PCT forum, who might attend forum meetings as an observer where relevant.

Co-option to OSCs was not considered as an option as the status of co-options (with voting rights) to local government committees is currently under review

Membership of patients forums

Some TAB members felt that there may be difficulties if Councillors or members of OSCs are also members of patients' forums and that they should be excluded. This was because:

- There is a potential for conflicts of interests with increasing numbers of joint services
- There is a danger of politicising of forums
- Forums are about including people who are not otherwise in a position to influence decision makers
- Those already involved in local government or OSCs might not have the time to give to the forum that it needed.

Other TAB members felt that it was inappropriate to exclude councillors if they met the selection criteria.

Reference group meeting – July

The first reference group was held in July with 80 invited 'stakeholders' to provide preliminary feedback to the TAB. We were able to reflect some of these discussions in our interim report to the Department of Health. A summary of this meeting is on www.doh.gov.uk/involvingpatients/tab.htm

The response from the Department of Health on this report will be posted on the website when available.

The second reference group meetings – where the same participants will be invited to comment on the final recommendations of the TAB will be held in 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 will be published towards the end of October.

Sharon Grant has been appointed Chair designate and the TAB looks forward to working with her until the Commission starts its work.

The Chief Executive and Commissioners Designate will be advertised during September. These posts will be advertised mid September in the press and can be downloaded from the NHS Appointments Commission website: <http://www.doh.gov.uk/nhsacc/index.htm>.

Regional events

Regional open events will be held in Leeds, London, Birmingham and Bristol in October to outline our conclusions and invite feedback as well as exploring how the new arrangements can be implemented.

There is space for 100 participants at each event, and all are now fully booked with a waiting list. We apologize to those who have not been able to get a place.

Copies of the papers prepared for the meetings will be available to those who did not obtain a place. We will be putting information about local pilots and projects on the TAB website at the end of September. If you have experiences you would like to share, please send a synopsis (2 sides of A4 max) to contactTAB@aol.com

Patients forums and specialist trusts

Many people have raised with the TAB the issue of whether there should be special provisions for forums in some NHS trusts, such as ambulance trusts and those providing mental health services, services for people with learning difficulties and children as well as those providing national or regional services.

The main concerns seem to be around:

- How forums can cover wide geographical areas with many PCT patients forums,
- Special skills required for staff working with particular client groups

- The need to build on existing good practice in user involvement and advocacy that have been developed some trusts providing services for people with mental health problems or leading disabilities.

If you have any views on how guidance from the Department of Health can deal with these concerns, please let us know: email: contactTAB@aol.com.

Future work of the TAB

Now that the Chair Designate, Sharon Grant, has been appointed, the TAB will be working closely with her. She will be attending TAB meetings.

At the meeting on 9th September, it was agreed that members would work in three sub groups on:

1. On training and recruitment of members of forums
2. CPPIH national links and relationships
3. Staff competences and roles needed in the new system.

The next TAB meeting

The next meeting will be on October 4th. The meeting will discuss:

- Timetable for Implementation
- Guidance on Patients forums
- CPPIH – branding and marketing
- CPPIH national links

Transition Advisory Board

C/o 11 Studd Street, London N1 0QJ

Fax: 020 7359 8594

Chair - Paul Streets

e mail: contactTAB@aol.com

Project Manager - Christine Hogg

GLOSSARY

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

ACHCEW - Association of CHCs for England and Wales

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

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

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

TAB - Transition Advisory Board