



RCN Policy Unit

Policy Briefing 08/2007

**The House of Commons
Health Select Committee
Public and Patient Involvement
in the NHS**

May 2007

Royal College of Nursing
Policy Unit – Room 209
20 Cavendish Square
London
W1G 0RN

Telephone 020 7647 3754
Fax 020 7647 3498
Email policycontacts@rcn.org.uk

Background

The Health Select Committee held an Inquiry into patient and public involvement in the NHS and published its report on 20 April 2007¹. The RCN submitted written evidence to the Committee².

The Committee has assessed the current proposals to set up new patient and public involvement bodies- Local Involvement Networks (LINKs)- in the Local Government and Public Involvement in Health Bill. At the same time, the Committee has taken a longer perspective by considering the history of public and patient involvement in the NHS and the role of volunteers. It has also considered the culture that exists in the NHS in relation to consultation, the somewhat confused functions that are considered in debate about public and patient involvement- what does involvement mean, what is it intended to achieve, who funds that involvement- and the precise wording in the Bill about both LINKs and the requirements fi/0sesewspectivp2-0.022 505.48338 52905.48338t64B 51o1v Tmrnq.068 593.

stretching outcome targets. The Market provides both competition and contestability through a purchaser provider split, and Capacity is created through leadership, workforce development, and organisational development.

Users shaping services requires giving service users a choice and personalisation, it also requires that funding follows the users choice, and thirdly by engaging voice through voice and co-production.

In order for this model to work effectively, it is vital that Government creates a system in which individuals have the ability to make choices in the health market, and where collective voices are also heard so that services can be shaped directly between the providers and commissioners and the users of those services. An excessive degree of direct Government interference will stifle the voice of the individual and the collective while too little direct information will mean there are insufficient structures in place by which both commissioners and providers can hear and respond to the demand of the users of the services.

3. Local Government and Public Involvement in Health Bill- public involvement issues

The Bill sets out proposals under which local authorities will be under a statutory duty to make arrangements for the establishment of Local

Main issues considered by the Health Select Committee

Patient and Public Involvement-recent history

Community Health Councils (CHCs) were created in 1974 and were in place for almost 30 years. They were the first formal structures to represent the public interest in the NHS. They were abolished at the end of 2003.

Their role was taken over by a range of different organisations in early 2004:

- Overview and Scrutiny Committees
- Patient Advice and Liaison Services
- Independent Complaints Advocacy Service
- Patient and Public Involvement Forums
- Commission for Patient and Public Involvement in Health

In July 2004 the abolition of the Commission for Patient and Public Involvement in Health was announced but no date has been set. In July 2006 the abolition of Patient and Public Involvement Forums was announced but no date has been set. Reasons given for abolition of CHCs was that there was a wide variation in performance, they were not representative of the community, they failed to attract young people and ethnic minorities. The same reasons are now being given for the justification to abolish Patient and Public Involvement Forums.

Patient and Public Involvement- aims

“Patient and public involvement should be part of every NHS organisation’s core business”- recommendation 3. The Committee found that patient involvement and public involvement are distinct from each other and are achieved in different ways. Broadly, this involvement is aimed at improving the quality of services and enhancing accountability for public spending. However, patient and public involvement often appears to be a nebulous and ill defined concept, used as an umbrella term to cover a multiplicity of interactions that patients and the public have with the NHS. Confusion about the purpose of involvement has led to muddled initiatives on the part of Government.

The Committee found that the lack of local accountability in the NHS is often referred to as the “democratic deficit”. There is no clear means for a

role for independent patient and public involvement structures. The NHS has not been linked with local democracy since local councillors were removed from Health Authorities in the 1970s. Accountability has been improved by the establishment of Overview and Scrutiny Committees but they do not have sufficient resources to cover all NHS issues in all areas.

Overall, the Committee found that patient and public involvement mechanisms do have the potential to play a key role in bringing about service improvement and improving public confidence. Good patient and public involvement does not yet happen uniformly across the health service, perhaps because it is not yet fully ingrained into NHS culture.

The Government is keen that public and patient involvement takes place in decisions about commissioning. The Committee found that this may be a lower priority for the LINKs activity given that they may spend more of their time being concerned about the quality of the services that NHS bodies provide. The Committee were not convinced that the Government had been clear about the respective roles for NHS and social care commissioners will be in relation to public and patient involvement.

Patient and Public Involvement- structures

The Committee found that Public and Patient Involvement Forums (PPIFs) should not have been abolished, but should be allowed to evolve. The policy decision to create Local Involvement Networks (to replace PPIF) is not evidence based and there is very limited detail on how they will operate. The Committee was concerned that there are no pilot schemes in place, there is no clarity about the central funding that will be provided to each LINK, and how the abolition of the central body, (the much criticised although praised by Unison) Commission for Public and Patient Involvement In Health will not be replaced by a new national body.

The Committee was concerned that there are a range of unresolved issues around the function of the Local Involvement Network (either a network through which contact can be made with a wide range of communities or the range of activities carried out by Public and Patient Involvement Forums), to whom they are to be accountable and how the reliance on existing volunteers will not be lost.

The Committee believed that Local Involvement Networks can be made more effective with the following activity:

- Clarify the function and ensure they prioritise
- They have neither funds nor volunteers to do all the Minister wanted

- Department must issue guidance on what they should do within their budget
- Clarify how they can be made accountable
- Clarify how conflicts of interest are to be resolved
- Ensure that existing volunteers are not lost in the transition

Patient and Public Involvement- consultation

councillors and in many cases are not independent from local trusts; there is no lay or public representation, so a majority party can fill all the seats on the OSC with members from one party.

Health Select Committee recommendations

- The main purposes of patient and public involvement need to be

- Secretary of State should refer all cases to the Independent Reconfiguration Panel before her own intervention takes place.
- National consultations cannot be open to the accusation of being “cosmetic” and consultation on national policy may be valuable both terms of enhancing accountability and improving policy making, even if final decisions rest with elected representatives.

RCN policy position and forthcoming activity

Any future model of public patient involvement must have political teeth and a meaningful voice at a local and national level. Success will depend upon partnerships between patients, carers, communities, practitioners and other health service staff. NHS st

Social Care Policy Group under the Nursing Directorate operational plan. This work stream will include further activity on the role of public and patient participation. One key product of this work stream will be the development and production in 2007 of a learning resources pack for activists and members in relation to consultation over service changes in England. This work is being carried out in conjunction with Richard Stein from Leigh Day Solicitors who was invited as an expert to provide evidence to the Health Select Committee on the challenges that face the health service in ensuring that there is effective public and patient partnership across the health economy.

For more information please contact Helen Caulfield, RCN Policy Adviser at helen.caulfield@rcn.org.uk