

# WEST GLOUCESTERSHIRE PRIMARY CARE TRUST

## Strategy for Public and Patient Involvement

### 1. INTRODUCTION

**1.1** The development of patient and public involvement in West Gloucestershire PCT is a key objective for all parts of the organisation.

**1.2** The benefits of involving patients and the public for both the public and the PCT can be summarised as:

- Services will become more patient centred and respond better to needs
- As involvement and understanding grows, people will have more influence over issues that affect their health and well-being
- Increased patient confidence in health services is a likely benefit but measures will need to be developed to assess this
- PCT services will become more cost effective as more appropriate services are introduced
- Patient experience will be used to improve clinical effectiveness and service quality
- Accountability within the NHS will increase even more as a culture of openness and transparency is promoted
- Decision making will be devolved to a more local level

**1.3** The PCT held two public workshops in the autumn of 2001, open to any voluntary or community organisation in the area. The Workshops were held to invite ideas about how the PCT should involve individuals and organisations and to begin to develop a

strategic approach. A number of principles for involvement were agreed at these workshops and these are reproduced at para 3.3.

The events focused on group work, reflecting on experiences of past involvement, what worked and what didn't and seeking views on how the PCT could support involvement.

Some of the barriers to good involvement related to lack of special needs provision, poor information, lack of time to consult within organisations, and little or no feedback.

Participants suggested a number of good practices they wanted the PCT to adopt. They wished to see involvement valued as a core activity for the PCT, with a higher profile and greater organisational commitment.

A brief report of the Workshops, details of organisations invited and workshop participants is attached at Appendix I.

- 1.4** Following on from these workshops a wider Reference group has been formed to act as a Standing Conference of interested organisations and individuals. This group will meet two or three times a year and will monitor the implementation of the strategy once agreed.

A short life Project Group began to develop a strategy for Patient and Public Involvement. The draft Strategy was agreed at the Reference Group meeting in June and presented to the PCT Board in July. *Following wider consultation this amended strategy is now offered for adoption by the PCT Board.*

- 1.5** National guidance on revised arrangements for involving patients and the public began with the NHS Plan (July 2000) proposing new structures including Patient Advice and Liaison Services (PALS), Patient Forums in every Trust, Patient Surveys and Prospectuses and Local Government Scrutiny.

The latest discussion document 'Involving Patients and the Public in Healthcare' (July 2001) and the Response to the Listening Exercise (November 2001) proposed the creation of a new national body, the Commission for Public and Patient Involvement in Health. These documents draw heavily on the principles

proposed in Professor Kennedy's Inquiry into the Bristol Royal Infirmary, which incorporates a vision for a new patient centred NHS.

Greater involvement is also a key part of the governments' modernisation agenda for public services and locally a specific project has been set up under the Local Modernisation Review for the county. The DoH guidance 'Shifting the Balance of Power' proposing the creation of new Strategic Health Authorities, gives strong emphasis to devolving decision making to local level and the Health and Social Care Act 2001 places a new *duty* on NHS bodies to consult and involve patients and the public in decision making.

*Patient and public involvement also inherent in mandatory clinical governance strategies and is therefore a key standard for achievement in any forthcoming CHI review.*

*The standards require the PCT to be clear about:*

- How PPI is part of strategic planning*
- Progress with implementing PALS*
- Resources available to support PPI*
- How PPI has led to change*
- How involving patients, carers and the public has led to improved services and decision making*
- How the PCT supports staff with PPI*
- Including people from vulnerable and marginalized groups*
- Involvement of patient at an individual level – information, complaints, disabled, non English speaking, minority group needs etc.,*
- Feedback to patients, carers and the public on the quality of care and treatment provided*

## **2. AIMS OF THE STRATEGY**

The Strategy should be flexible enough to allow both very specific consultation eg with a defined group of users about a particular issue and/or a much broader interaction with the wider public. The aims are as follows:

- To achieve closer involvement with the voluntary and community sector, and vulnerable and marginalized groups.
- To involve patients and the public in planning, developing, monitoring and evaluation of PCT services (including those commissioned from other agencies)
- To promote and support patient and carer engagement in their personal health care
- To use information about the patients experience to improve services and practice
- To enable patients and the public to have the necessary information, and through training and support to develop and maintain skills and expertise to participate effectively.
- To agree an Action Plan for the systematic involvement of patients and the public in all areas of PCT work. This will be integrated into other partners' strategies, including the voluntary sector and other partners.
- *To ensure PPI is part of the Trust's strategic planning and that appropriate resources are made available to support the work on the promotion of patient and carer involvement.*
- *To evaluate the PPI involvement and establish the changes/improvements that have been achieved over time, feeding back to patients and the public where their contribution has made a difference*

### **3. CONTENTS OF THE STRATEGY**

#### **3.1 Whole Organisation Approach**

- The strategy will be endorsed by the PCT Board and the PEC via its representative on the Project Group
- Key leadership in the PCT will be given by the Director of Operations and Nursing

- The principles for involvement will be embedded across all Directorates, and all aspects of PCT activity, and be reflected in any major documents produced by the PCT
- All PCT strategies will demonstrate commitment to the agreed involvement principles. They will be particularly important in the Quality, Clinical Governance, Training and Communications Agendas (currently being developed)
- Service Level Agreements for all services commissioned by the PCT will require Health Service Providers to demonstrate how users are involved eg in setting quality standards. The PPI Reference Group will have a role in monitoring this
- PCT Locality Sub Committees for Gloucester and the Forest will include user and carer representation
- Services which support carers should be retained and developed

### **3.2 Links to new PPI structures and external agencies**

- This strategy will link to developments arising from national guidance, locally implemented ie

#### **Patient Advice and Liaison Services (PALS)**

This is a new service providing information on local health services. It will help to sort out problems quickly and will listen to concerns and suggestions. A Community PALS covers the PCT area and will report to the Primary Care Trust.

#### **Patient Forums**

Each PCT will have a Patient Forum drawn from members of the local community. Consultation on the regulations is expected in the autumn with Forums set up in 2003.

#### **Patient Surveys and Patient Prospectus**

All Trusts will be expected to carry out annual patient surveys and produce a Patient Prospectus based on the findings.

## **Local Authority Overview and Scrutiny Committees**

These committees based in Local Authorities will be given new powers to scrutinise local NHS organisations from 1 January 2003 as part of their wider health improvement role.

## **National Commission for PPI in Health**

The new body will set standards nationally, provide training and monitor PALS, Patients Forums and ICAS (see below).

## **Independent Complaints & Advocacy Service**

ICAS is intended to give support to people who wish to complain, complementing but not replacing existing advocacy services. ICAS will be commissioned by the Patient Forums.

Most of these proposed initiatives are still in the development stage with functions still uncertain. It will be important to monitor their local operation is consistent with the agreed principles for PPI.

## **Partnership**

- A strategic multi agency approach will be developed. (Service users do not recognise the distinctions between different agencies and groups feel “over consulted” by different agencies on similar issues)
- Where there are overlapping issues or communities of interest with other partners, joint consultations will be promoted. *As well as taking opportunities when they arise, the PCT will aim to work pro-actively with other organisations, taking a more strategic approach.*

- *It will be important to maintain and develop links with local elected councillors at parish, district and county level. Councillors often receive comments about local services and can be a source of valuable feedback.*
- Links will be maintained with partner agencies and the voluntary and community sector to explore opportunities for joint consultation. FOLDA (Federation of Local Development Agencies), for example, is leading work on developing a countywide infrastructure for the voluntary and community sector.
- *Local Strategic Partnerships will be an important vehicle for engaging with communities on health issues and working across organisational boundaries. The PCT has recently become a statutory partner under the Crime and Disorder Act with effect from 2003.*

### **3.3 Involvement**

- Principles for Participation have been agreed at the two PCT Workshops.

These principles were informed by participants' good and bad experiences of being involved with local health services in the past. They should underpin any future involvement strategy developed by the PCT.

#### ***The PCT's approach must be***

Flexible and innovative  
 Open, transparent and honest  
 Representative and accountable  
 Rooted in both equality and diversity  
 Proactive (with staff going out to a local level)  
 Monitored and evaluated by users and carers  
 Amenable and open to listening to views of traditionally excluded groups

### ***Involvement needs resources***

Money including payment for user and voluntary groups' time  
Skills including training to support involvement and address power imbalances  
Time  
Appropriate facilities

### ***Effective consultation needs***

To involve people on their terms  
Development of a continuous process  
Early involvement of users and carers  
Appropriate structures and collaboration  
Proper feedback  
Adequate time

### ***Effective information is***

Not just the written word  
Shared before meetings  
Jargon free  
Accessible to particular groups and the general public  
Available where people go

### ***Partnership working means***

Joined up working to achieve best value  
Direct communication with decision makers  
Clear, direct and effective route for views  
Working together (issues not taken out of your hands)

- The PCT will always define the aims of any consultation and maintain an honest and open approach. (The Arnstein ladder of Participation is commended as a useful tool - see Appendix 2). PPI NHS activity has traditionally centred on information giving and consultation. There has been less effort and investment for genuine engagement with communities

- A variety of methods depending on the purpose and level of the involvement will be explored to involve people. This should always be done as locally as possible, recognising and addressing physical and cultural barriers
- Involvement in primary care settings will be developed further
- Standards for involvement will be developed, reflecting comments from the PCT Workshops. These will include allowing sufficient notice of meetings, providing information and giving feedback about what has changed as a result to everyone who has participated within a reasonable time. Allowance will be made for organisations own schedules and a 3 month consultation is considered a reasonable minimum.
- Opportunities for joint consultation will be explored when appropriate (see 3.2) linking in to existing methods used by other agencies eg Gloucestershire 2000 (the County Council's Citizen Panel).

### **3.4 Communication**

- The PCT Communication Strategy will reflect the commitment to openness and transparency
- PCT staff will be aware of PPI activity within the organisation via the PCT Newsletter Look West issued to all staff and interested organisations
- Appropriate communication methods will be used
- Special efforts will be made to reach excluded groups, using a range of approaches. Traditionally used methods have not been successful and developing long term relationships with groups is likely to be more effective
- The PCT will support the development of existing infrastructures in the voluntary and community sectors and "communities of interest"
- An annual account of PPI activity will be produced

### **3.5 Support and Resources**

- Specific resources required to implement the strategy are detailed within the action plan for PPI
- The Director of Operations and Nursing will lead the implementation of this Strategy
- A Non-Executive Director will be the PCT lead for PPI at Board level
- A Senior Manager will be nominated the responsibility for co-ordinating and supporting PPI activity in the Trust
- A dedicated budget will be identified to support PPI work in the PCT. Resources will be required not only for PPI work across the PCT but also for related developments such as PALS, Patient Forums and Surveys which will need to link in to annual planning cycles and the SaFF process (Service and Financial Framework)
- Realistic levels of reimbursement for childcare/sitting expenses, transport costs and fees for specific consultancy work will be agreed. This is under discussion at a countywide level and uniform rates for the whole Health Community will be recommended
- Support to enable individuals and groups to participate (including the Reference Group) will be needed. Training and Information will be an important part of the development of this Strategy and individual members of the Reference Group can make an important contribution to this
- Practical support (venues, administrative, training) should be available to local groups. Grant making to voluntary bodies has now transferred from the Health Authority to PCT's

- All staff carry a responsibility for effective involvement of patients and the public and training and education opportunities will be provided to staff Trustwide
- In addition front-line staff with lead roles for user and carer involvement will be asked to identify their support and development needs, and these will be addressed
- User and Carer awareness should be included in staff induction and training

The PCT will recognise that time needs to be invested in PPI activity because of its importance and that this should be incorporated into individual objectives

#### **4. MONITORING THE STRATEGY**

- The PCT Board will monitor user and carer involvement
- The Reference group will monitor the implementation of the PPI strategy
- Measures will be developed to evaluate the effectiveness of this strategy, and some service specific measures will need to be developed
- The involvement of users, carers, voluntary and community organisations in monitoring the implementation of the strategy will be actively encouraged by the Reference Group
- The Strategy will be reviewed every 6 months by the Reference Group and changes incorporated as necessary

#### **5. AGREEING THE STRATEGY**

The Draft Strategy has now been consulted on more widely, prior to final adoption by the Board in October.

#### **6. ACTION PLAN**

When the draft Strategy has received Board approval an Action Plan for implementation will be developed by the Reference Group. The Action Plan will identify priorities and resources needed.