

Equity and excellence: Liberating the NHS

Involving Patients and Communities

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- Policy Context
- Why bother?
- What we're doing?
- Some of the issues

Involving Patients and Communities – Policy Context

- White Paper & Consultations
- Shared Decision Making
 - Individual and collective
- HealthWatch
 - local and National
- Public Engagement in Commissioning
- Carrots and sticks

Local HealthWatch proposals



- Local consumer champion for health and social care
- Build on LINKs existing responsibilities
- Commission health complaints advocacy
- Help people to access and choose services
- Report concerns about quality of local services to HealthWatch England
- Provide evidence to GP Consortia to inform commissioning
- Will sit on local Health and Wellbeing boards



HealthWatch England proposals



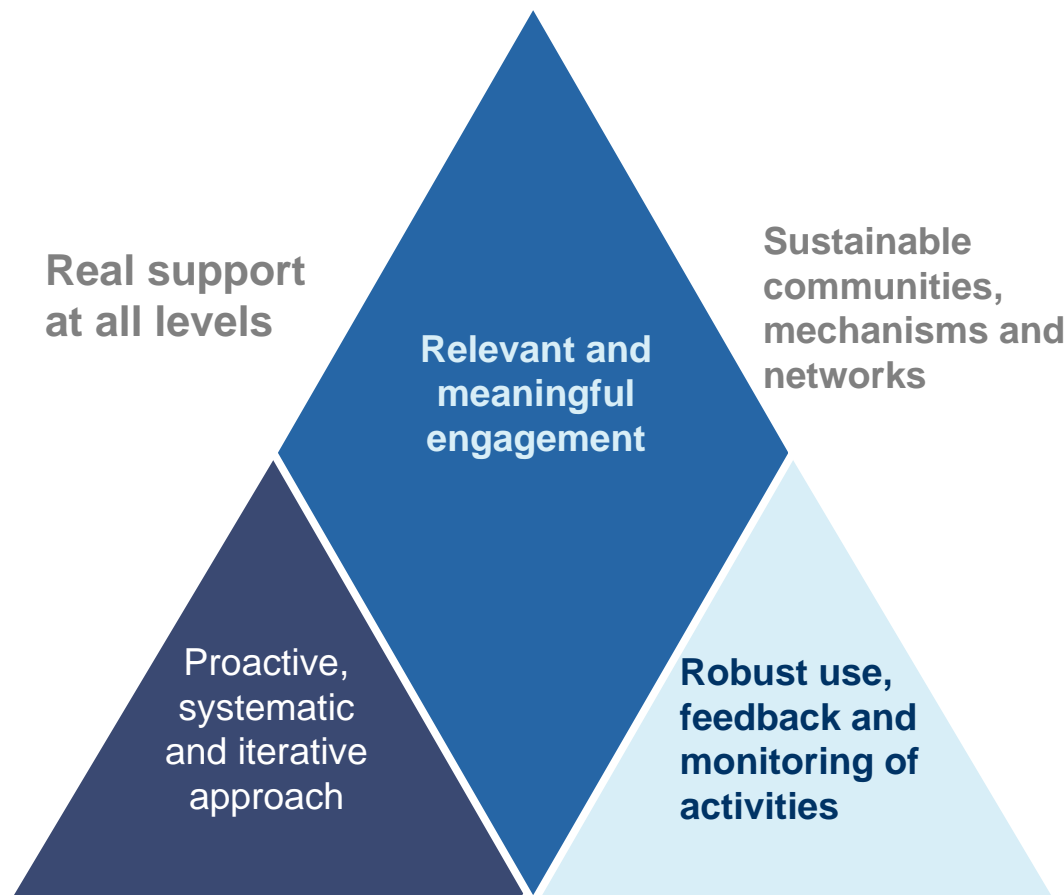
- Independent arm of CQC
- Provide leadership and support
- Propose CQC investigate poorly performing services
- Consulted about new commissioning guidelines
- Views taken into account by SofS, NHS Commissioning and Regulators, including CQC itself
- Have regard to the NHS Constitution



Involving Patients and Communities – why bother?

- The evidence
- The context
- When it works
- When it doesn't work (IRP)

Integrated PPE Workshop 3 Highlights



Integration of patient experience and patient/public engagement

Integration of PPE within Consortia as part of core business

Integration of PPE with commissioning

Real Support at all levels

- *“It’s not about the capacity and capability of the PPE team; it’s about the capacity and capability of the whole PCT taking on PPE.”* (PPE respondent)
- *“We need something to push the agenda at Board level; something to highlight the importance and the legal need for it; to push it from the top and make sure it’s on agendas. We’re getting there, but it has previously been as an afterthought and we need to get it embedded from the top”.* (PCT respondent)
- *“What I have done to overcome lack of commitment from senior management is shifted our emphasis and talked about the added value we bring”.* (PCT respondent).
- *“We are pushing for patient-centred training to be part of the mandatory training and induction training within the organisation; it is important that people can go out and talk to the public and patients they serve.”* (PCT respondent)

Sustainable communities, mechanisms and networks

- *“Good relations with partner organisations are essential for ensuring that business runs smoothly. You cannot just turn up at public meetings and answer questions; relationships with communities must be built up.”* (PCT respondent)

Relevant and meaningful engagement

- *“Where it works it tends to be where we have engaged meaningfully at an early stage with citizens, so that they feel they have come along the journey with us and we have been honest and transparent. Where it hasn’t worked well it’s been where we have parachuted stuff in and people haven’t felt that they have informed the process.”* (PCT respondent)

Proactive, systematic and iterative approaches

- *“It’s more about embedding PPE in the organisation rather than relying on the catalyst team.”* (PCT respondent)

Robust use, feedback and monitoring of activities

- *“The biggest issue for us is being able to use the data we have collected and bringing it together in a systematic way so that we can look back to each PPE activity and reference each activity. There is no doubt that we are doing the work and spend a lot of time going out and talking to people; the difficulty is in collaborating this work to combine all of our PPE activities in a systematic way.”* (PCT respondent)

Involving Patients and Communities – what we're doing

- The Bill...
- Plans for LHW and HWE
 - with CQC, Links.
- The 'architecture'
- Public Engagement in Consortia

How can we learn from existing best practice and develop this thinking to support emerging consortia?

- We will:
- develop a time limited initiative - help and support emerging GP consortia move swiftly to become good commissioners through efficient and effective public engagement
- small number of enthusiastic consortia that want to push ahead and reap benefits strong public voice in commissioning for local people
- how they might work with their local communities, LINKs, PPG and LA in capturing and using the views and feedback of local people to improve their commissioning outcomes
- share their early learning and practical tips for success with the wider commissioning community
- link local PCTs and SHAs with national views from BMA, RCGP, NAPC, NHS Alliance, NAPP

Why is this work important?

It will:

- support Consortia in getting to grips with a challenging commissioning development agenda more swiftly as a result of the experience and learning from others
- embed and reinforce good engagement at the heart of commissioning and local partnership working with LAs
- help LINKs, PPGs and Consortia understand how they can work together to become more effective in supporting the public voice in commissioning
- help Consortia consider how they may contribute to and benefit from a JSNA that is informed by public voice and sensitive to their local population
- secure better engagement outcomes and avoid unnecessary waste of time and resources

Involving Patients and Communities – some of the issues

- Form over purpose
- Structure vs Insight
- Joining the engagement dots
- Taking volunteers with us
- Enjoy critical friends

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