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Whose consortium is it anyway? – lay involvement in authorisation

How can local lay people be engaged with the authorisation process for commissioning consortia? The Bill is silent on this point (which speaks volumes in itself), so we thought we'd fly a kite for our thoughts on how the National Commissioning Board (NCB) authorisation process with consortia could be effectively scrutinised and challenged by local lay people. It includes a section on how complaints about poor consortium performance post-authorisation could be made through the local OSC (the Council's Overview and Scrutiny Committee).

Triangulation

Try triangulation between

1. the applicant consortium
2. the approvals process of the NCB and most importantly
3. an independent reference group or panel comprised of knowledgeable local lay people, including councillors

This we think can be implemented in an effective way which at the same time strengthens a Council's Overview and Scrutiny function.

Independent lay reference group

The independent lay reference group should be hosted within the relevant Council's health and social care scrutiny function. It should comprise a group made up equally of serving councillors who are experienced in or currently involved in scrutiny (preferably but not exclusively from health and social care), together with an equal number of independent lay people (called "assessors") who are recruited from the local population on the basis of their ability to make a substantial contribution to the scrutiny and authorisation process.

It is important to stress that these lay people are not "patient representatives", but individuals able to play a role in the authorisation process in the public interest. "Lay members" would be another descriptor. They may comprise any or all of the following: expert patients and carers, patient advocates, representatives of 3rd sector user-led

bodies, experienced LINk members and other individuals selected for their expertise in health and social care issues. Half a dozen people in each consortium area should not be difficult to identify.

These lay assessors should be rewarded for their time and level of responsibility in contributing to the consortium authorisation process at the same level as councillors who undertake scrutiny functions. The recruitment process should be simple, e.g. inviting expressions of interest against a person and role spec available online on the Council website. Selection of assessors should be a joint LINk and Council activity.

Assessors working with councillors

The purpose of the lay reference group (councillors and assessors working together) would be to scrutinise and validate evidence submitted by the consortium to the NCB and to form a consensus view based on local knowledge of the compliance of the consortium with the NCB's authorisation criteria.

In carrying out this role, Councillors and lay assessors would be of equal status. The chair of the OSC would chair the panel and, in the unlikely case that voting was necessary, have a second and casting vote.

The process would be for the reference panel to consider the consortium authorisation application documentation and to hear a presentation from the consortium leadership about the evidence the consortium was putting forward to support its case for compliance with the NCB criteria for authorisation.

Panel's engagement with the public

The panel's meeting to consider authorisation would be publicised and it would meet in public. The consortium application and the NCB criteria would be available on the Council's website for wide viewing in advance of the meeting. Interested members of the public would be invited to submit questions to the reference panel in writing in advance via the website. These would be considered at the meeting and a list of questions and consortium responses would be published.

Questions for lay assessors to ask

The lay assessors on the panel would in particular ask questions about:-

- the consortium's strategy and operational practices for patient and public engagement at whole consortium, subdivision (eg "locality") and individual practice level and the evidence that existed of successful functioning. Example: ***Will this ensure responsiveness to patient experience and public feedback about current services and service improvement priorities?***

- the process for gathering user-led intelligence and applying it to commissioning decisions and evidence that this was viable Example: ***Will this ensure a strong voice for patients and the public in the planning, delivery and review of clinical services?***

- evidence that using evidence from patients, carers and the public will lead to service changes (reconfigurations, redesign, decommissioning, new developments and alterations etc) that are beneficial to patients. Example: ***Can you point to specific instances that demonstrate how patient led intelligence will be or has been used to create or change services?***

- the consortium's ability to influence their providers to be responsive to user views and to emphasise improving the patient experience as part of their contractual obligations. Example: ***What specific policies and practices in providers demonstrate that and can you point to specific instances of it happening?***

- the consortium's capacity as a commissioning body to handle and resolve complaints and concerns through local resolution. Example: ***What is the record on complaints handling (performance against targets etc) and examples of local resolution and learning from complaints?***

Decision options for the panel

Following the scrutiny, the reference panel would then form a view on the adequacy of the consortium's readiness for authorisation and give advice on that basis to the NCB. The panel would be able to choose between these options for its decision:

- the consortium is ready for authorisation without qualification;

- the consortium is provisionally ready for authorisation, subject to further evidence being received by the panel on identifiable areas [named] in a set time frame. If this option is chosen, the panel process would be repeated to consider the additional evidence when it was submitted.

- the consortium is not ready for authorisation until more evidence is supplied about specific areas [named]. If this option is chosen, the panel process would be repeated to consider the additional evidence when it was submitted.

- the consortium cannot be authorised because it does not meet one or more of the criteria for authorisation [detail to be given] and an action plan is required for improvement for submission to the Council by [date]. If this option is chosen, the consortium's action plan would be monitored by the Council and regular reports on progress towards authorisation would be received by the Overview and Scrutiny Committee meeting in public until it was deemed to be ready for authorisation by the NCB.

Handling complaints and concerns about the consortium after authorisation

Once authorised, a consortium's performance will be monitored by the NCB [details of how this would be done to be determined]. Post authorisation, local people may have reason to raise issues of concern with the NCB about the consortium's performance. This should be possible through the Council's overview and scrutiny process in the form of a public petition detailing the concerns [criteria to be agreed].

Once formally lodged with the Council, this petition alleging poor consortium performance would have to be heard in a meeting of the OSC which was publicised and open to the public and at which the petitioners had the right to present their case and ask questions of the consortium representatives. The OSC councillors would then decide whether a case had been made on which to base a formal complaint to the NCB about the consortium's performance. This process would be entirely separate from any rights pertaining to LINks or, in time, Local Health Watch.

What happens next?

We have submitted these views to members of the NHS Future Forum – their report should appear in early June – and will blog about them on the Forum's website. They have also gone to those at the Department of Health charged with working out the authorisation process for the NCB. They are now in the public domain. If readers would like to pick them up and incorporate them into similar submissions, you are welcome to do so.

May 2011