



Patient and public participation can liberate the NHS

The White Paper *Liberating the NHS* (July 2010) points the way and the Health Bill likely in early 2011 will crystallise the Government's new vision for English primary care. The liberation process goes hand in hand with NHS accountability to its users and the public: *"...the first accountability of everyone working in the NHS is to the patients and public that use NHS services. These reforms are about placing the power and responsibility to change health services in the hands of NHS professionals who see and talk to patients every day and know most about their patient's health needs. (Liberating the NHS FAQ).¹*

Engagement and accountability is a thread joining local practices with commissioning consortia and the National Commissioning Board which will hold primary care to account through a new GP contract. *"Each consortium will develop its own arrangements to hold its constituent practices to account [working] closely with the patients and local communities they serve, including through Local Involvement Networks (which will become local HealthWatch bodies) and patient participation groups, and with community partners."* **(Liberating NHS)²**

Culture change at the grass roots

Change in primary care where most people access most of their services most often is paramount in this vision. Patients are closest to the action, take the most interest in service development and can potentially have the most influence if they act in partnership with clinicians in primary care. Small meaningful changes in power sharing and participation in individual practices - magnified thousands of times - can transform the NHS into a customer responsive service.

¹

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_119655.pdf (Accessed 12/10)

² www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353 (Accessed 12/10)

No one pretends this will be easy. Addressing inequalities and insensitivities *“will require an understanding of, and genuine dialogue with, patients so that their needs are properly understood and addressed.”* (***Liberating the NHS: analytical strategy for the white paper and associated documents***)³

Sharing decision-making with patients as the White Paper describes will depend on primary care staff actually feeling confident in their own powers of decision making. The more they feel in charge the easier it will be to share. Empowerment through engagement is for everyone’s benefit. That is a key lesson from patient participation which is not widely enough understood.

Build on what already exists

Each practice must join a commissioning consortium and be collectively held to account for engaging patients and the public: *“Consortia will need to engage patients and the public on an ongoing basis as they undertake their commissioning responsibilities, and will have a duty of public and patient involvement.”* (***Liberating NHS***). “Duty” means a legal requirement enshrined in the Health Bill.

To discharge their PPI duty, consortia will readily see the attraction of building on the engagement and active participation foundation in their local area, ie on what their constituent practices are already doing to engage patients. *“It is expected that Consortia will also want to engage with Patient Participation Groups, Local Authorities and local voluntary organisations and groups. We would want to ensure that the focus is on developing behaviours and cultures that will encourage and facilitate public participation and patient voice.”* (***Liberating the NHS FAQ***)

Patient participation groups (PPGs) in individual GP practices are only one sign of a range of investments which practices can make in themselves as customer-facing businesses. Having a PPG also aligns the practice with the grain of government health policy which strongly favours user engagement within practices. As the four previous articles in this series have discussed, there are many other things that “count” for patient engagement and can generate useful intelligence, build reputation and user loyalty.

3

Participation creates a new practice asset – “commissionability”

The emphasis in the primary care reforms on engagement and participation means that providers such as the new Healthcare Federations - grouping together a number of primary care practices - have a big opportunity if they can demonstrate “commissionability”.

What is true for a practice in a commissioning consortium, is also be true for a practice in a provider organisation: PPI is PPI regardless of the perspective from which one approaches it. That means successful patient and public engagement is a strong outward indicator of “commissionability” which will be attractive to both GP consortia and local authorities. Councils will have the social care as well as public health and wellbeing lead role in the new arrangements.

Responsibilities and challenges in the new system

Like interlocking blocks of lego, the White Paper envisages a chain of accountability for patient engagement which works both top down and bottom up. Engagement and participation will connect each constituent GP practice to its local commissioning consortium and in turn link all consortia into the NHS Commissioning Board for discharging the duty of patient and public involvement.

No practice will be able to ignore this. But it is unlikely that any practice will want to ignore it, since a principal aim of strengthened GP commissioning is *“to make decisions more sensitive and responsive to the needs and wishes of patients and the public.”*

The General Practitioners Committee of the BMA has added its weight to this argument. It stressed that accountability to patients and the public is essential in discharging the responsibilities of the new system. *“Public and patient involvement should be integral to the work of consortia. Challenging decisions concerning treatment priorities may need to be taken based on a mutual understanding of the constraints of limited resources, and the obligation to use such finite resources wisely. The consortium must be accountable to patients and the public who will need to participate in such decisions.”* [**Principles of GP Commissioning: GPC guidance on consortia commissioning responsibilities**]⁴

⁴ www.bma.org.uk/images/whitepaperGPCguidance1aug2010_tcm41-199488.pdf

Commissioners need good “listening ears” locally

Having good “listening ears” locally - especially through its constituent practices - will be essential if commissioning consortia are to hear and respond to the stronger voice that patients, carers and the public will want to have about what happens to their services. The White Paper’s key rubric “*No decision about me without me*” is also true for groups of patients: “*No decision about us without us*”.

Government is not starting with a blank page. The new commissioners are told to “*establish and nurture new relationships*” with, amongst others, patient participation groups “*that GP practices are increasingly using to help make their own services more responsive to patient wishes*” (***Liberating NHS***).⁵ This is a strong prompt to initiate participation in provider practices if it does not exist already.

A PPI vision for GP commissioners and practices

The new consortia don’t want a burden of ill-informed, grumbling, deferential and “done to” patients and a disengaged community. Practices making up each consortium can help create a valued new asset to make sure that doesn’t happen. That asset is patients as active citizens working in partnership with clinicians and managers, sharing decisions about their individual care and collectively helping think about how to make commissioning successful at meeting needs, addressing inequalities and promoting health.

Doing that will make each practice a successful primary care business. Collectively it will ensure that the consortium is an attractive partner to its local authority and its community.

Liberating the NHS will happen if we “*involve all patients in the development of services that meet their needs and take account of their lifestyles, backgrounds and characteristics.*” (***Liberating the NHS: analytical strategy for the white paper and associated documents***).⁶

⁵ www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

⁶

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117351.pdf

It is a stiff challenge, but in a very real sense liberation is an offer the NHS cannot refuse. And patient and public participation is the key to achieving it.

Dr Andrew Craig

Partner

© Moore Adamson Craig Partnership LLP

The Moore Adamson Craig Partnership supports user and public participation, trains lay representatives and develops responsive health, care and education organisations.

An edited version of this paper appeared in *Primary Health Care*, December 2010