



## **Meeting the Commissioning Consortia Duty to Engage with Patients and the Public**

The most important changes the Government wants to see happen with the establishment of GP-led consortia commissioning are at the grass roots of the NHS. Primary care is where most people access most of their services most often. This is where 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. It's where they and primary care clinicians should share the power and the decision making.

The "liberated" vision Government has for the NHS in England goes hand in hand with accountability to its users: *Of course, 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** Gateway number: 14833, 22 September 2010)

This paper is a guide for the new NHS commissioners through the chain of accountability for engagement which will link them with their local providers and with the NHS Commissioning Board (NCB) at national level. The NCB will oversee consortia and hold them to account for discharging their PPI duties. It will control the primary care purse-strings and provide leadership on commissioning for quality as well as promoting and extending public and patient involvement and choice.

### **National strategy underpinned by engagement at every level**

The analytical strategy underpinning the White Paper stresses that it is "*rooted in the Government's intention to put patients first.*"

It defines a patient-led NHS as "*one that involves all patients in the development of services that meet their needs and takes account of their lifestyles, backgrounds and characteristics.*"

It is frank that addressing inequalities and insensitivities "*will require an understanding of, and genuine dialogue with, patients so that their needs are properly understood and addressed.*" [7-2010 *Liberating the NHS: analytical strategy for the white paper and associated documents, passim*]

### **The duty of patient and public involvement (PPI) links everything together**

The White Paper *Equity and Excellence: Liberating the NHS* makes clear that commissioning consortia will be 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** para 2.6] “Duty” means a requirement in law and this will be enshrined in the Health Bill to be introduced later in 2010.

What happens below the consortia in the constituent practices is crucial to this. The White Paper says, *“In turn, each consortium will develop its own arrangements to hold its constituent practices to account [by 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** paras 2.15, 2.19]

Consortia will naturally want to do this from a commissioning perspective, but they will readily see the attraction of building on the engagement and active participation foundation in their local area. *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** Gateway number: 14833, 22 September 2010)

### **PPI works through a chain of accountability**

Like interlocking lego blocks, there is a chain of accountability for patient engagement which works both top down and bottom up. It connects each constituent GP practice (and no practice will be allowed to remain outside of a commissioning consortium), to its local commissioning consortium and in turn links all consortia into the NHS Commissioning Board for discharging the duty of patient and public involvement.

In the White Paper, it is stressed that a principal aim of GP commissioning is *“to make decisions more sensitive and responsive to the needs and wishes of patients and the public. Good communication and engagement with the public will, therefore, be vital.”*

The General Practitioners Committee of the BMA has also said 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.”* [8-2010 GPC guidance on consortia commissioning responsibilities *Principles of GP Commissioning* ]

Mr Lansley reminded GPs on 24<sup>th</sup> September 2010 of the flexibility they had in deciding what might work best in structural terms at local level, but he encouraged the new commissioners to do this in consultation with a range of other stakeholders inside and outside the NHS, including patient groups. (**Dear Colleague Letter**, 24 September 2010).

## The legislative context

In his response in mid-December 2010 to the consultation on the White Paper in which he laid out the next steps and the legislative framework of the Health and Social Care Bill to be published in mid January 2011, the Secretary of State confirmed the national and local dimensions of a duty to involve patients and the public in commissioning.

First, the National Commissioning Board under will be under *“a duty, in exercising its functions, to have regard to the need to promote the involvement of patients and their carers in decisions about the provision of health services to them. The NHS Commissioning Board will also be under a duty to issue guidance on commissioning to GP consortia, which could include guidance about how to fulfil their duties in relation to public and patient involvement.”*

Second, and to make this more explicit, the Health and Social Care Bill will also *“place a duty on GP consortia and the NHS Commissioning Board to ensure that people who may receive a service are involved in its planning and development, and to promote and extend public and patient involvement and choice .” (Legislative Framework and Next Steps, 15 December 2010).*

Of course, this in effect brings existing “Section 242” obligations about engagement up to date and is to be welcomed.

### Consortia will need a good “listening ear”

Having a good “listening ear” at local level - especially through its constituent practices - will be necessary 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 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. Commissioners are told to *“establish and nurture new relationships”* with, amongst others, Patient Participation Groups (PPGs) *“that GP practices are increasingly using to help make their own services more responsive to patient wishes”*[*Liberating NHS* para 6.3] This is a strong prompt to initiate participation in provider practices if it does not exist already.

Having a PPG also aligns the practice with the grain of coalition government health policy which strongly favours user engagement within practices. PPGs are singled out as ways to achieve better informed patients who can share in decision making – a key government aim. But there are many other things that “count” for patient engagement and can generate useful intelligence, build reputation and user loyalty.

### MAC’s PPI vision for GP consortia commissioners

The chances of sharing decision-making with patients as the White Paper describes will depend on the extent that the primary care staff actually feel 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 the approach the Moore Adamson Craig Partnership engagement specialists take when working with commissioning consortia and provider organisations alike.

We want to help relieve consortia from the burden of deferential, grumbling, ill-informed and "done to" patients and a disengaged community by helping create a new asset: 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. And doing that in ways that make better use of scarce public resources and empowers individuals and groups to take more responsibility for their own health.

Such an approach will make a consortium a successful NHS body working in partnership with its local authority and its community.

Dr Andrew Craig

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