

## **Public and Patient Involvement in a Changing NHS**

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NHS Walsall is committed to being a listening organisation.

A crucial part of that is offering local people the opportunity to have their say on how their local health services are planned, developed and delivered, as well as encouraging and empowering them to actively choose more healthy lifestyles.

We actively engage with a wide range of stakeholders through a variety of forums and communications channels.

In a dynamic and rapidly changing political environment, and against a backdrop of significant financial challenge, effective public engagement is more important than ever.

This paper focuses on two of the principal means by which NHS Walsall is seeking to further improve the quality of our public engagement programme – the MyNHS Walsall membership scheme and Patient Participation Groups (PPGs)

It also sets out some of the major changes coming for the NHS over the next couple of years, and explores what those changes might mean for public and patient involvement in important decisions about their health service.

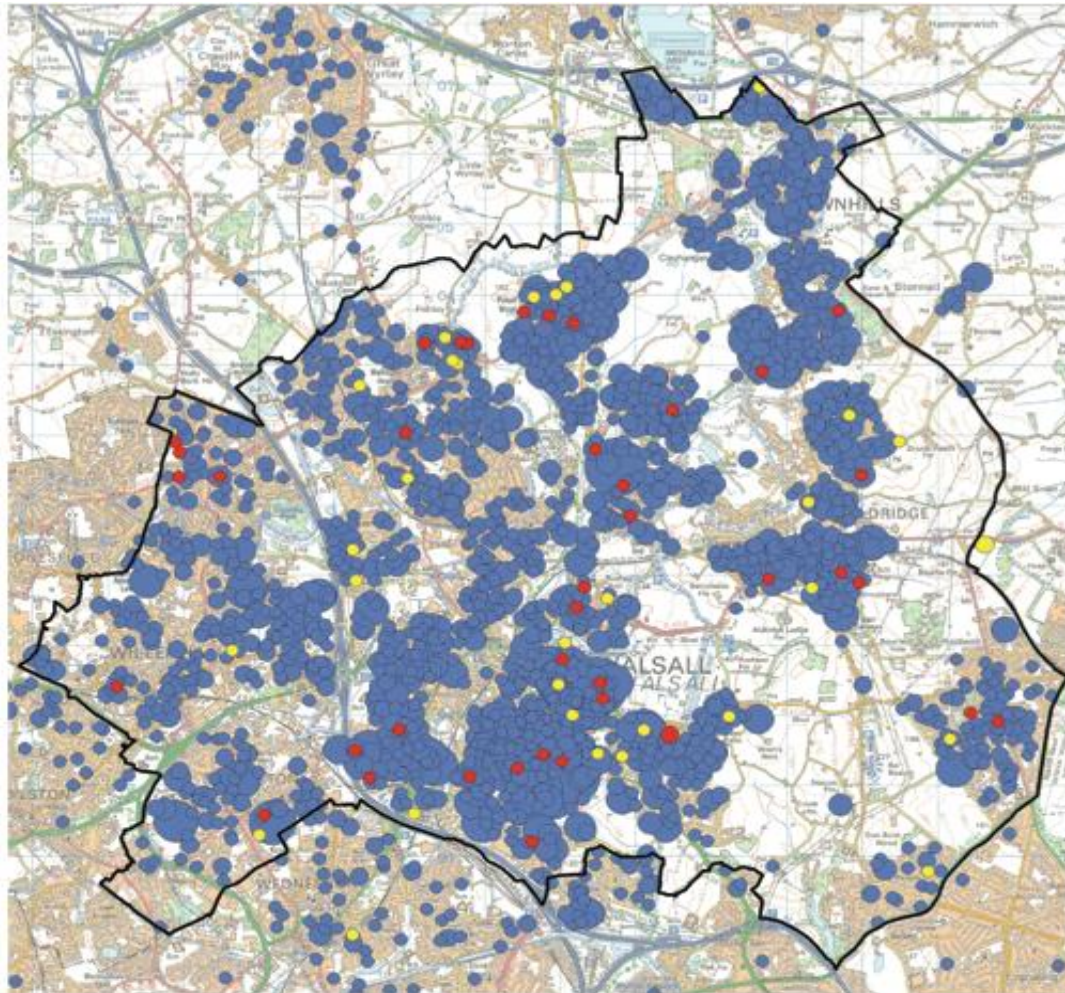
### **MyNHS Walsall**

MyNHS Walsall is the pioneering public membership scheme which offers people with an interest in health in Walsall to have a real say in the way their services are planned, developed and delivered.

Since it was set up in January 2008, the scheme has expanded to more than 14,000 individual members, making it the biggest patient involvement organisation in the borough, and we continue to actively recruit new members.

The contribution made by MyNHS Walsall to real involvement was recognised recently when the scheme was among the winners at the second annual Walsall Corporate Social Responsibility (CSR) Awards.

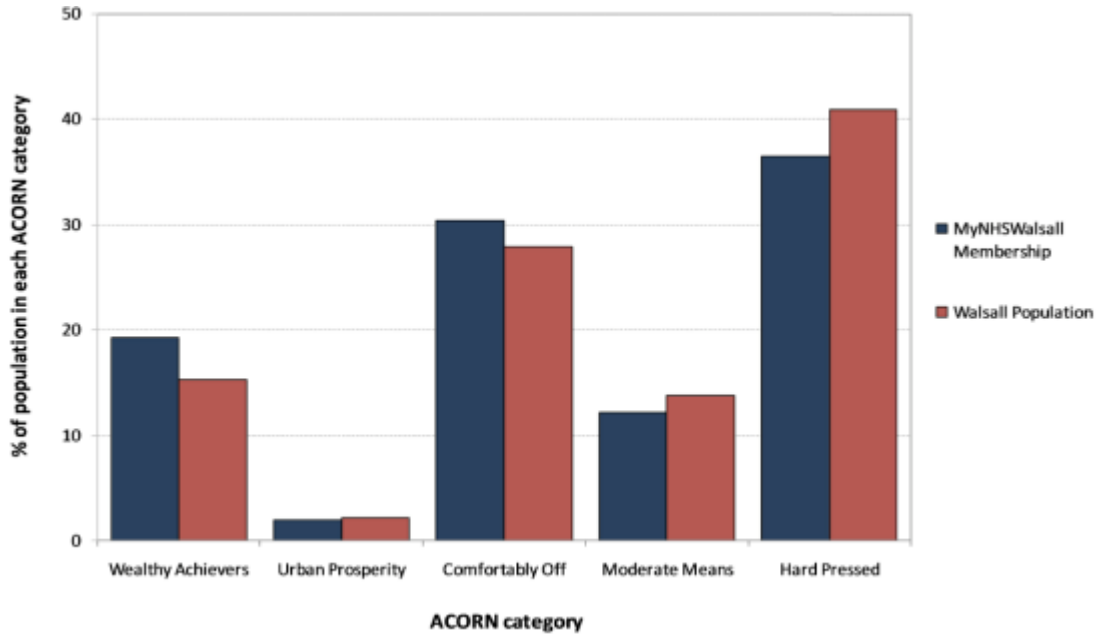
Through our membership database, we have a very clear picture of who our members are and where they live.



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We can also gauge how representative of the population as a whole they are – and the slide below shows how closely our membership reflects the socio-economic profile of the Walsall population.

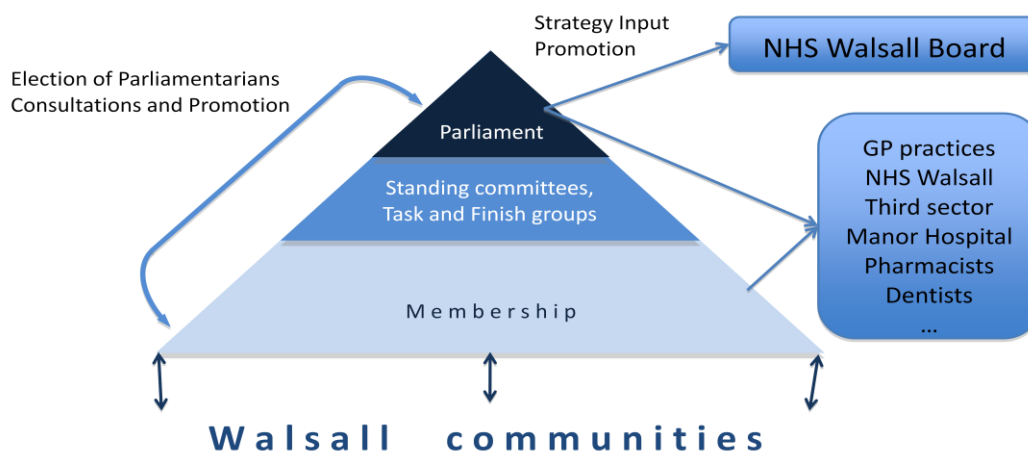


Recent important developments include the merger of MyNHS Walsall with the Manor Hospital’s FT membership scheme which saw their Members’ Forum incorporated into our MyNHS Walsall Parliament.

### The MyNHS Walsall Parliament



## Structure



The Parliament is now some 80 strong. It meets quarterly and between those meetings members are actively involved in a wide range of working groups, virtual forums, sitting on procurement panels and so on.

It is our 'jewel in the crown' of our PPI programme, and we are working hard to help the Parliament play an even more active role in the local health and social care economy.

Parliament members have recently taken up seats on a number of the committees which report directly to the NHS Walsall Board and we have also created a dedicated Parliament 'webpace' to improve communications and co-operative working between members.

However, we are aware of the risks of relying solely on it and we are currently looking at ways of also mobilising our wider membership.

Our focus for the next few months will be on helping the Parliament to develop more robust structures and governance arrangements to make it a more effective, efficient and self-managing organisation and to use the Parliament members to support our efforts to engage with and expand the membership.

## **Patient Participation Groups (PPGs)**

Patient Participation Groups work with their practices to provide practical support, to help patients to take more responsibility for their own health and to provide strategic input and advice.

They are based on cooperation between the practice staff and patients. Activities vary according to local need but can include improving communication, helping to organise health promotion events, providing strategic advice to the practice or supporting the practice in its dealings with other organisations or bodies.

We are keen to encourage every GP practice to have a PPG and the NHS Walsall involvement team is currently providing practical advice and support to a number of practices which have expressed an interest.

At the time of writing, there were 29 established PPGs in Walsall with expressions of interest received from a further 13, which would give us a total of 42.

It is likely that a number of small or single-handed practices which have not yet expressed an interest may join together to share a single PPG. An estimate of the total number required for the whole of Walsall is around 52, so we could very soon have PPGs for 80% of the total number of GPs in Walsall.

By communicating directly with PPG members and by bringing them together in geographical or common interest groups, we aim to build an active, thriving network.

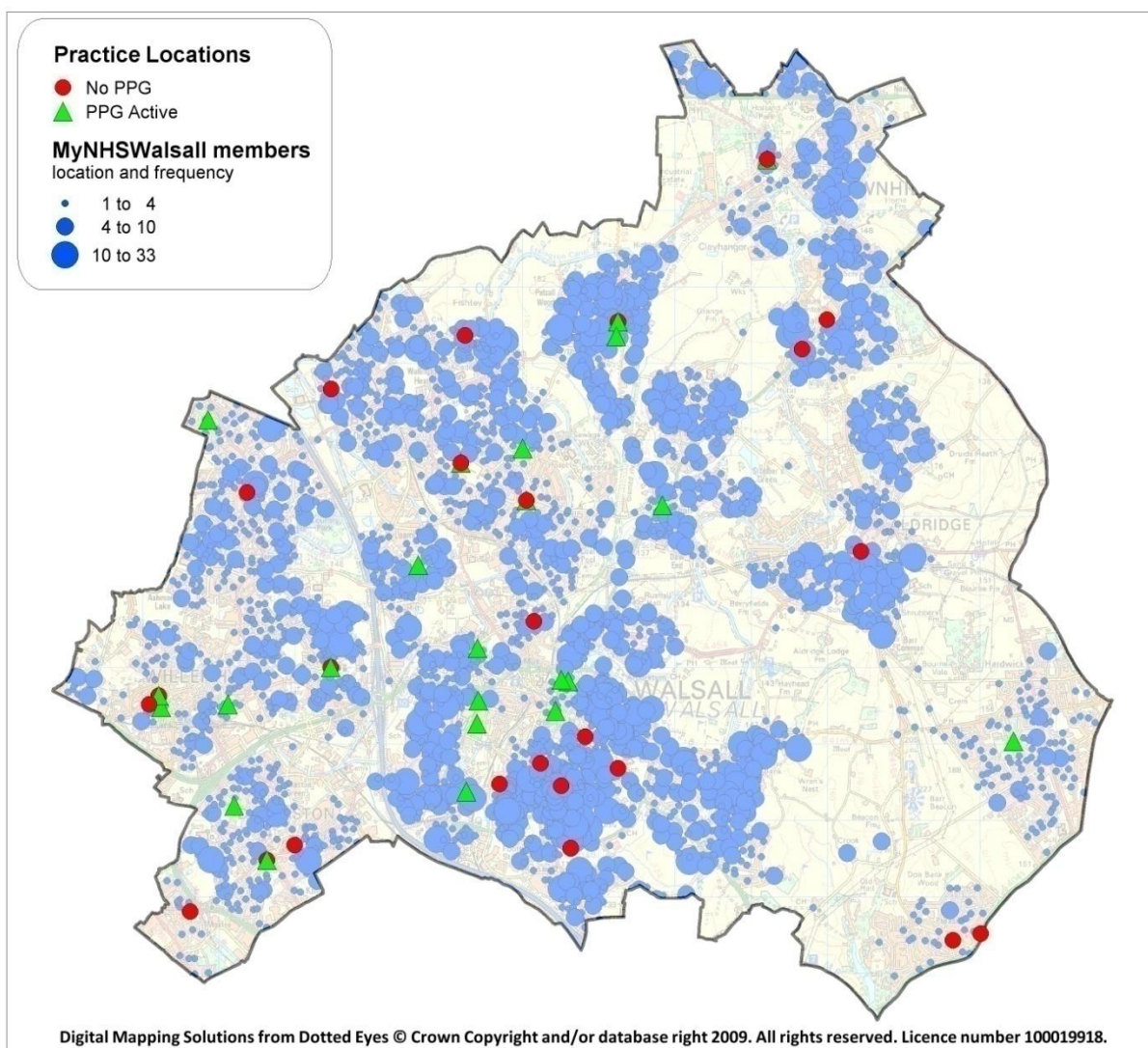
## Helping MyNHS Walsall and PPGs to work together

Clearly there are many areas of mutual interest and concern for members of MyNHS Walsall and PPGs.

We will maintain effective communications links with both, but also encourage them to talk to each other and work together.

For example, we may encourage MyNHS Walsall members to either join their local PPG or, if they do not have one, to get involved in setting one up.

The map below illustrates the opportunities which we know already exist. A number of our Parliamentarians are already helping our efforts to establish new PPGs.



## **Future Changes**

Like all other Primary Care Trusts (PCTs), NHS Walsall is due to be abolished at the end of March 2013 under plans set out in the coalition government's health white paper 'Liberating the NHS' and the Health Bill currently making its way through Parliament.

The PCT's role of commissioning (planning and buying) health services for local people will be taken on by local GPs through a commissioning consortium (or consortia).

The PCT's public health role will be taken on by Walsall Council and responsibility for managing GPs performance will pass to the new National Commissioning Board.

By the same date, under current Department of Health rules, all organisations providing health care – including Walsall Hospitals NHS Trust – are expected to have gained Foundation Trust status.

However, before these changes finally take effect, there are a number of other significant developments and changes expected.

## **Transforming Community Services**

By the end of March 2011, the management of community health services currently provided by Walsall Community Health (part of the PCT) will have transferred to other organisations.

Most of these services will transfer to a new integrated care organisation – to be known as Walsall Healthcare NHS Trust - which will bring them together with the services already provided by Walsall Hospitals NHS Trust.

Services for people with learning disabilities will transfer to Sandwell Mental Health and Social Care NHS Foundation Trust (this transfer has been delayed slightly but is scheduled to be complete by the end of June 2011).

Community dental services will be managed on a Birmingham and Black Country-wide basis by the Birmingham NHS Community Foundation Trust.

## **Management Cost Savings**

NHS Walsall faces a major challenge in delivering significant management cost savings in 2011/12 to meet the requirements of the NHS national operating framework.

2011/12 will be the most difficult so far in an ongoing five-year process which will see our management costs in 2013/14 reduced to less than half of what they were in 2008/09.

These particular reductions focus on commissioning management costs and therefore do not include: Walsall Community Health, health economy-wide IMT services or Public Health, although these areas will be subject to separate savings reviews.

For the rest of the organisation, the management cost savings for next year amount to £1.6 million. Even allowing for staff who have already left under the MAR (Mutually Agreed Resignation) Scheme, and the full year impact of savings made during 2010/11, there is still an outstanding target of around £850,000.

Across the organisation, it is clear that a reduction on this scale can't be achieved without some compulsory redundancies. Most relevant to MyNHS Walsall is that the communications and involvement team, who provide the most direct support to the membership and Parliament, are among the departments included in these cuts.

Following a staff consultation, the new structures are now being put in place, and support packages offered to affected staff.

There will have to be a further cost saving package delivered in 2012/13 which is likely to mean another round of job losses.

### **'Clustering' PCTs**

'Clustering' PCTs is one of the steps being taken to ensure that commissioning organisations can continue to function effectively and resiliently during the transition to GP commissioning.

Walsall is one of four PCTs in the Black Country cluster, along with Dudley, Sandwell and Wolverhampton City PCTs.

To help with cluster working, the four PCTs are proposing to move to having a single executive management team, lead by a single Chief Executive rather than four separate ones as there are at the moment.

This single senior management team is expected to be in place by June this year, possibly sooner.

Although the PCTs will remain as separate organisations legally, in practical terms we can expect to see much more partnership working and development of shared corporate services across the cluster.

However, what this means for staff below executive level is not clear, and will probably not become clear until the single executive team is in place.

### **Development of the GP Commissioning Consortium.**

Although the GP Commissioning Consortium/Consortia will not formally take over from the PCT until April 2013, the phased handover of roles and responsibilities has already started.

In Walsall we have two consortia.

The **Walsall GP Commissioning Consortium (WGPCC)**, which includes the North, West and South-East localities. It is the larger of the two, with a recently elected clinical chair Dr Amrik Gill.

This consortium has already been successful in gaining Pathfinder status, which is an important step on the road to becoming a fully functioning and accountable commissioning consortium by April 2013.

The **Trans Walsall Independent Commissioning Consortium (TWICC)** based on the Trans Walsall locality. It too has an elected clinical chair, Dr Haris Syed, and is currently seeking Pathfinder status.

From the beginning of April 2011, the WGPCC will exercise delegated powers to manage key parts of the commissioning process, reporting to the Board of NHS Walsall (which will remain the legally accountable organisation until April 2013 when PCTs are due to be abolished.)

As well as its Clinical Chair, Dr Gill, the WGPCC will include, once fully constituted, GP and PCT management representatives, representatives from the Local Medical Committee, Public Health, Walsall council and a public representative. (There will also be a number of co-opted members, including the Clinical Chair of TWICC)

Our local GPs have been committed to genuine public and patient involvement from the beginning of discussions about developing their consortia.

That commitment is reflected by the invitation for a representative of the MyNHS Walsall Parliament to take the public representative seat on the WGPCC as a member with full voting rights.

We are currently seeking expressions of interest from members of the MyNHS Walsall Parliament in taking up this seat.

### **HealthWatch**

Among the other proposals to emerge from the health white paper is the creation of a network of local HealthWatch organisations, described as 'the local consumer champion across health and social care.'



The proposal is that local HealthWatch organisations will be funded by local authorities and will 'evolve' from current LINKs (Local Involvement Networks)

Details for how this transition will be managed in Walsall are still being developed and both NHS Walsall and MyNHS are represented on the HealthWatch Transition Group. Subject to legislation, Local HealthWatch will be expected to take on their new responsibilities from April 2012

## **What does this mean for the future of public and patient involvement in Walsall?**

The Health Secretary's pledge to patients of 'no decision about me, without me' reflects the government's stated aim of giving people a real say in how their health services are planned and provided.

In Walsall we already have well established public and patient involvement networks which are bringing a valuable perspective to service planning and encouraging a proactive approach to healthy lifestyles.

Public understanding and/or support will be increasingly important as we difficult decisions have to be made about their health services.

We also have to be mindful of our continuing legal obligations to involve users and consult with the Council's Overview and Scrutiny Committee as set out in the NHS Act 2006.

What will the legal duties on GP Commissioners be in terms of involvement/consultation/PPI?

We don't know, just as we don't know the final outcome of the proposals for Healthwatch groups to be hosted by the local authority.

Or what will happen to the Manor's FT bid and need for membership and governors.

But what is clear is the MyNHS Walsall and PPG members are well placed to make a useful and cost effective contribution to real public involvement – not just for health and social care services but also wider issues around public health and wellbeing and public services in general.

## **The 'Legacy' of NHS Walsall?**

We would like to leave behind a network of thriving public and patient involvement forums – including MyNHS and PPGs – and we will continue to provide them with support, advice and encouragement while we are still involved.

PPG and MyNHS members are also being encouraged to develop their own structures and network which will enable them to survive and thrive in a post-PCT NHS environment.

MyNHS Parliament members in particular are actively considering where their future might lie and investigating possible models and funding sources through a dedicated working group and the Parliament's Steering Committee.

If we can secure sufficient support from the organisations which will inherit the key parts of NHS Walsall's functions, we believe that whatever the NHS looks like in Walsall in the future, it will have at its heart real public and patient involvement.