

Chairman: Mr Sukhjinder Singh Khera
Chief Executive: Mr Paul Jennings

Jubilee House
Bloxwich Lane
Walsall
WS2 7JL

Telephone 01922 618337
Facsimile 01922 618360

Our Ref: CB/JAH/PPI/Misc

31 August 2005

Dear Colleague

The enclosed paper sets out two different frameworks for Patient and Public Involvement within Walsall tPCT. It also describes the reasons behind the decision to identify a framework and states the criteria used in the formation of the two options shown here.

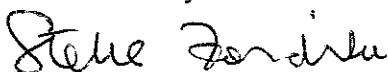
We now need your comments and suggestions about these possible options to aid us in the decision making process. We are aware that as well as suggestions about specific parts of the frameworks shown, you might wish to suggest another framework option altogether. We would be happy to hear all of your ideas and thoughts but please ensure that your suggestions have due regard to the criteria laid down within the document.

All comments should be sent to Martin Turner, Head of Communications, at the address above or via email on martin.turner@walsall.nhs.uk by the 1st November 2005, when the consultation period ends. If you wish to make your comments in another format please contact Louise Mabley, PALS Co-ordinator on 01922 618358, who will make the appropriate arrangements. The documents can also be downloaded from our website, www.walsall.nhs.uk for further circulation.

After this date, all comments will be collated and a paper written for the tPCT Board who have a meeting arranged for 24 November. A decision will be made at that meeting about the option to be adopted. General feedback will then be made available to everyone involved in the process concerning the results of the consultation and Board decision.

I look forward to receiving your comments and suggestions.

Yours sincerely



Stella Forsdike
Director of Commissioning and Performance

Enc



A Framework for Patient & Public Involvement (PPI) Within Walsall tPCT

Background

Walsall tPCT is committed to involving partners, patients and the public in the planning of service provision, development of proposals for change and decisions about how services operate. How the tPCT intends to operationalise this commitment is laid down within our Patient and Public Involvement (PPI) Strategy which:

- Provides a shared understanding across the tPCT of how patient and public involvement will evolve and develop.
- Identifies action to be taken and when by
- Clarifies who will be responsible for undertaking the work and monitoring its outcome.

We do not, however, currently have an overall framework to show how the different PPI groups fit together.

A prompt to rectify this omission was provided by the development of Practice Based Commissioning and the need to ensure that there is effective patient and public engagement and involvement within that process. There was also the knowledge that the Health Action Zone (HAZ) funding stream would cease at the end of March 2006. Within the Health Action Zone Programme four HAZ Steering Groups have been formed in the North, South, East and West of the Borough to act as the main operational decision making forums for the HAZ. They also provide a clear geographical focus for patient and public involvement within the tPCT. It is important that as the HAZ Steering Groups cease to function, we consider how that geographical perspective will continue. To do that, we must identify what we intend our future framework for PPI to look like.

Introduction

Within the PPI strategy it is clearly stated that:

- Walsall teaching PCT is committed to involving people of all ages, and their families and carers in decisions that affect them, ensuring that those people who are marginalised and isolated are given an opportunity to be involved and have their voice heard.
- Walsall teaching PCT believes that PPI should not be an add-on but something that shapes service provision. Involving patients in their own care leads to improved health outcomes and better use of services. This is a core priority for all staff, at all levels of the organisation.
- Patient and Public Involvement will be most effective through working in partnership with others and addressing the cross-organisational issues that influence health. There is real potential for sharing expertise, information, networks of contacts and good practice in a mutually supportive way across a whole community.

The gains to the tPCT of involving patients and the public are many and varied and the impact can be felt at a number of levels:

1. Impact on service delivery

- Improvements in service delivery that everyone owns
- Development of new services that people want
- Improved relationships between health professionals and services users as communication channels open and voice are heard
- Promotion of effective self care management

2. Impact on policy and strategy

- Better information for organisations from the communities they serve
- Changes in policy or strategy that can be measured and tracked
- Boundaries widened in the health debate
- Proposals generated in partnership with the community

3. Impact on relationships between stakeholders

- Improved communications and understanding between key stakeholder groups.
- Partnership working valued more and greater emphasis on joint consultation and integrated actions.

However it must be acknowledged that these impacts can either be positive or negative dependent upon how the activity is experienced by everyone concerned. PPI activity must be done well and how we intend to ensure that is set out below.

What do we hope to achieve?

It is clear that PPI activity must be linked to other systems and processes within the tPCT. It needs to be fully integrated in the way the organisation functions and is managed as well as the way that services and care are provided. PPI needs to be consistent across all parts of the tPCT and at all levels – from the Trust Board to the ‘front line’ as well as across all service areas and activities. In order to make the links and get consistency we must have:

- A comprehensive and robust structure for involvement.
- Clear pathways for the information we gather to be fed through to the appropriate decision making/responsible groups and then information fed back to the people we have involved.
- Identified links to involvement structures within partner agencies to ensure that we have a co-ordinated approach where we share information which is applicable to them and seek to avoid duplication and ‘over-consultation’ wherever possible.

We must also recognise who we want to involve through our PPI activity. Individuals and groups have different roles to play and we must create involvement opportunities for both. In broad terms, we need to consider 3 ‘sets’ of people:

- Those who have direct experience of services (patients and carers)
- Members of the wider public
- Those who represent communities (community being defined by the common factor that brought people together eg shared geography, shared characteristic – age, gender, ethnic group or shared issue).

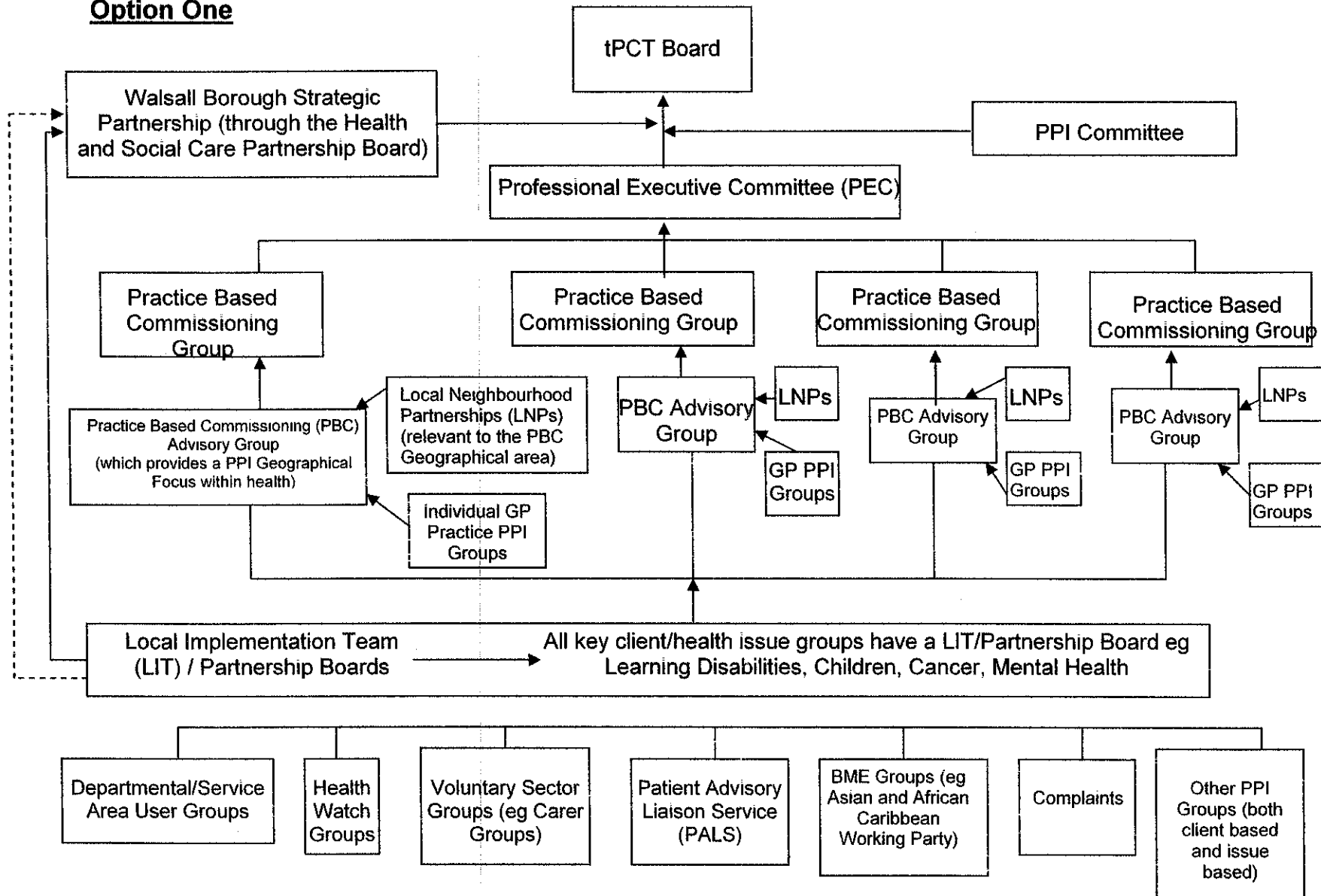
There have been a number of ongoing discussions in the tPCT during the last few months concerning our overall PPI structure. A number of criteria were identified:

Any structure must:-

- Reflect new planning processes within the tPCT
- Be flexible enough to respond to organisational, structural and service changes within the medium-term future.
- Demonstrate clear accountabilities.
- Be easily understandable by those who need to operate them.
- Link with key partners and their structures.
- Be simple enough for all sections of the community to identify the links and see the overall picture but comprehensive enough that all people wishing to engage in PPI activity do so can.
- Recognise the resource constraints on the tPCT.

Using these criteria, two different frameworks for PPI activity have been identified. Both options are shown on the following pages as flow diagrams which picture the flow of PPI activity/information within the structure. The diagrams do **not** represent any intended formal planning mechanism. Both structures acknowledge that future planning and commissioning responsibilities will lie with Practice Based Commissioning Groups which will be a fundamental focus for information gathered through PPI activity and PPI itself.

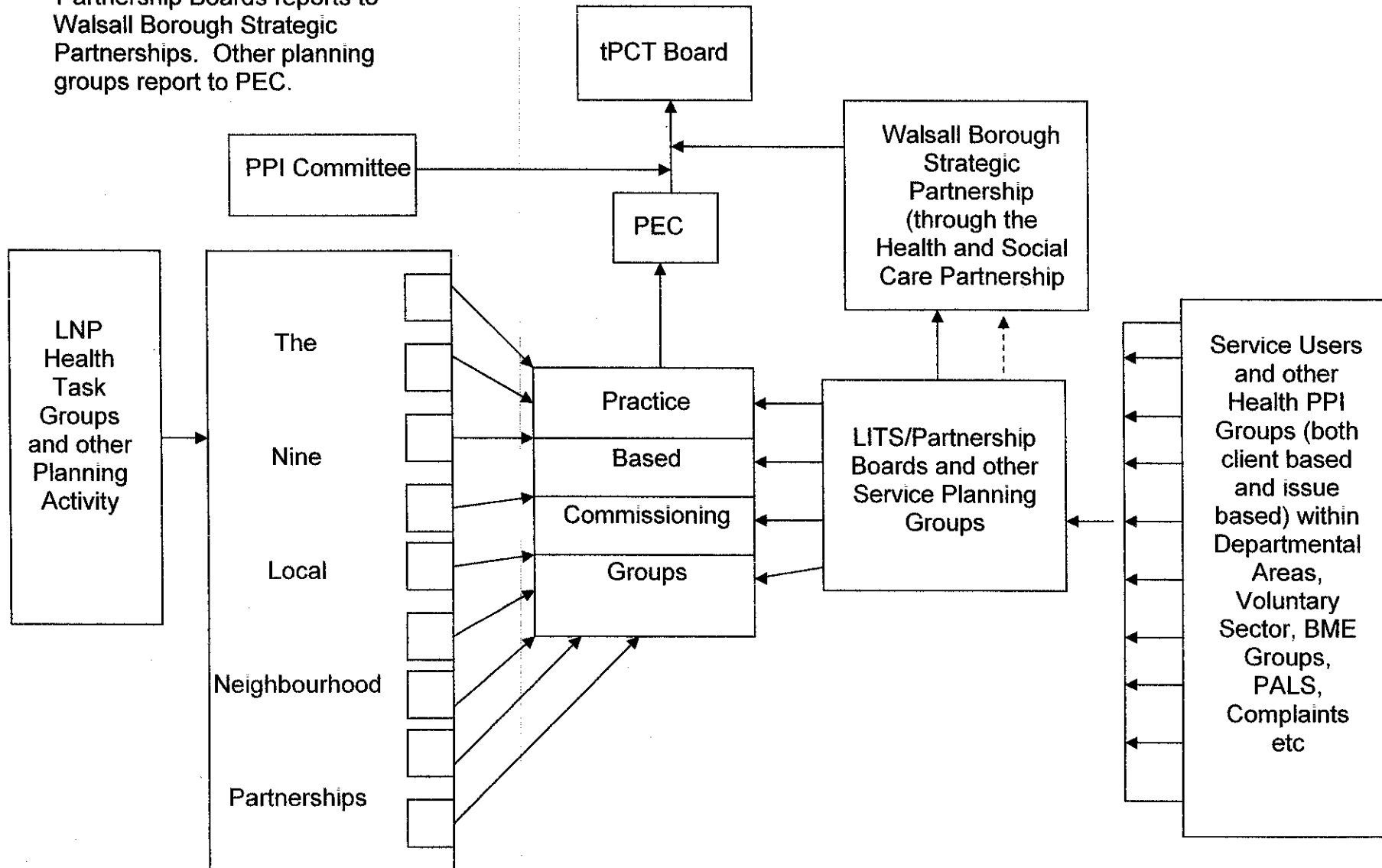
Option One



* Partnership Boards report to Walsall Borough Strategic Partnership. Other planning groups report to PEC.

Option Two

* Partnership Boards reports to Walsall Borough Strategic Partnerships. Other planning groups report to PEC.



Option One

Option one describes a process through which the majority of PPI activity feeds directly into the tPCT LIT and Partnership Boards. All key client/health issue groups have a LIT/Partnership Board attached to the National Service Frameworks.

The LIT and Partnership Boards then feed into Practice Based Commissioning (PBC) Advisory Groups, new PPI groups set up to inform and influence the Practice Based Commissioning Groups which will plan and commission health services at a local, geographical level. The make-up of those groups has not yet been decided but it is intended that the main tPCT geographical focus will be through those advisory groups. Other geographically based PPI partner groups, such as the LNPs, will also be invited to feed into the advisory groups.

Moving up the diagram, the PBC Groups feed into the Professional Executive Committee and then on to the tPCT Board. The tPCT Board will also receive information from the Partnership Boards via the Health and Social Care Partnership Board.

Option Two

Option two differs from option one in that the 9 Local Neighbourhood Partnership Groups become the primary focus for geographically based PPI activity and main conduit for geographically focused patient/public information in the practice based commissioning process through their links to the Practice Based Commissioning (PBC) Groups. There would be no separate PBC Advisory Group set up for each of the PBC Groups

The LIT and Partnership Boards provide another link to the Practice Based Commissioning Groups and act as a conduit for PPI activity/information within tPCT directorates where service users and other client based/issue based groups meet. Information from the LIT and Partnership Boards is also fed to the tPCT Board through the Health and Social Care Partnership Board.

After the PBC groups, the flow of PPI activity/information is the same as in option one. The PBC groups feed directly into the Professional Executive Committee and then on to the tPCT Board.

What happens now?

The process and timetable for decision making with regard to our future PPI framework was drawn up at the end of June. It is as follows:

1 st September – 1 st November	Consultation Period
1 st November – 10 th November	Consultation comments collated and paper written for tPCT Board.
24 th November	tPCT Board meeting where decisions will be made concerning the option to be adopted.
24 th November – beginning December	General feedback concerning the results of the consultation and Board Decision.

We now need your input to aid us in the decision making process. All comments and suggestions concerning this paper and the PPI frameworks described within should be sent to Martin Turner, Head of Communications at the postal or email address given below. If you wish to make your comments in another format please contact Louise Mabley, PALS Co-ordinator, on 01922 618358 who will make the appropriate arrangements. Please ensure, however, that any suggestions have due regard to the criteria laid down within this document. The documents may also be downloaded from our website, www.walsall.nhs.uk for further circulation.

Martin Turner
Head of Communications
Walsall Teaching Primary Care Trust
Jubilee House
Bloxwich Lane
Walsall
WS2 7JL
Email: martin.turner@walsall.nhs.uk