

Faiths for our City

The 2013 NHS Reforms – are there Opportunities for People of Faith in Governance, Public Participation & Advocacy?

Dr. Peter Rookes PhD. MPH. DHSA. FETC. RCNT. RGN. RNMH
Mrs Jean Rookes MA. BEd. BSc.

Contents

3	Introduction
4-5.	NHS Reforms (Simplified)
6-7	Francis Report (Mid-Staffs Hospital)
7.	Previous Reviews of CHSs
8	Faith groups as Providers
9-10	Public Involvement
11-14	Governance roles
15-20	Participation roles
21	Advocacy
22	Qualities people of faith can bring

3. Introduction

The Health Service Reforms resulting from the Health & Social Care Act came into being on 1st April 2013.

Essential principles:-

1. Be clinically led
2. Have greater patient and public involvement in decision making
3. Quality of care should be at the centre of all we do

This provides an opportunity for people of faith to have greater involvement in the governance, participation and advocacy in the NHS

4. NHS Reforms (simplified)

- PCTs (Primary Care Trusts) abolished.
- NHS England established
- Local CCGs (GP Clinical Commissioning Groups) commission services from NHS Trusts & in some cases from the 3rd & Private Sectors.
- Provider Trusts (Hospital & Community Services) work towards NHS Foundation Trust status
- Public Health transferred to Local Authorities

5. NHS Reforms Simplified

- Local Health and Wellbeing Boards agree health and social care strategy, and facilitate joint working between NHS and Local Authorities
- Healthwatch England and Local Healthwatches replace LINKs
- Monitor has quality responsibility in addition to finance, efficiency, effectiveness, etc
- CQC (Care Quality Commission) responsible for care standards
- LA Overview & Scrutiny Committees continue

6. Francis Report (Mid-Staffs Enquiry)

What went wrong:-

- Poor standards of care
- Lack of compassion, humanity & leadership
- Failure to detect poor care & take action
- Complaints not acted upon
- Weak Board & managers didn't listen to patients or staff
- Finance & targets put before patient care

7. Francis Report (Mid-Staffs Enquiry)

290 Recommendations include:-

- Real involvement of patients & public in all parts of healthcare system
- Enhanced quality standards
- Proper scrutiny of Providers
- Collaboration between Commissioners
- Statutory duty of candour
- Strengthened CQC and Monitor
- Disqualification of failing Directors

Berwick Report on patient safety

8. Faith Groups as Providers

NHS operates with Commissioners and Providers of Services

Commissioners previously PCTs now CCGs

Providers may be NHS (Foundation)Trusts, Private Organisations or 3rd Sector Organisations, including Faith Groups

Faith Groups tend to provide services for vulnerable people, eg palliative care, learning disability, mental health, home from hospital

Some FGs self-funded, others commissioned by PCTs/CCGs or Local Authorities

9. Public Involvement

Opportunities for public involvement in the operation of the NHS not new:-

1974 - Community Health Councils (25 years)

2003 – LA Overview & Scrutiny Committees

2006 - Duty placed on PCTs, SHAs & Trusts to involve public in service planning

2007 – Public engagement built into the Vision of World Class Commissioning

2009 – NHS Constitution reaffirms public involvement

2010 - NHS 'Duty to Report on Consultation' requires commissioners to explain action on patient feedback

2007 – LAs established LINKs (Local Involvement Networks)

10. Current Opportunities for Public Involvement

Governance – Foundation Trusts, CCGS, Health and Wellbeing Boards

Public and Patient Participation – Hospital Patient Groups, Healthwatch and GP PPGs

Advocacy - Dignity Champions, Specialist Groups, 3rd Sector Assemblies, Volunteering

All of these provide opportunities for people of faith to bring their ethos to the NHS

11. Governance – FT Trusts

NHS Foundation Trusts

Legal entities under NHS Act 2006 and Health & Social care Act 2012 with new governance regime

Boards of Directors have more autonomy to make financial and strategic decisions than in Trusts

Local accountability through:-

a) Board of Directors – 50% independent non-exec

Statutory responsibility for management of the Trust

b) Members

c) Council of Governors

- Hold Board of Directors to account

12. Governance – FT Trusts

Public governors elected by constituencies to represent the interests of the members

Staff governors elected by staff of the FT

Appointed governors from organisations such as university, voluntary services

Possibly patient and carers' governors to represent interests of particular patient group

Terms of office, etc set out in the constitution

13. Governors Roles

1. Appoint Non-Exec Directors

2. Hold Board of Directors to account & approve:-

- Annual report
- Accounts
- Annual plan
- Significant changes

14. Lay Advisors - CCGs

- CCGs comprise groups of GPs who bring their close contact & experience with patients to commissioning process
- Governing Body comprises GP representatives, Accountable Officer , Treasurer, Hospital Consultant, Chief Nurse/Nurse Advisor & Lay Advisors
- GB members collectively responsible for ensuring CCG exercises its functions in accordance with constitution
- Bham CrossCity CCG has 3 Lay Advisors –
 - Finance & Audit
 - Quality & Safeguarding
 - Public Engagement & Partnerships (mandatory)

15. Public & Patient Participation

5 Main ways:-

1. Healthwatch

2. Trust Membership

3. Trust Patient Group

4. GP Patient Forum

5. CCG Patient Participation Group

16. Healthwatch

Healthwatch England established

LAs given responsibility to establish local Healthwatch as autonomous organisations

Board & Volunteers

Consumer Champion for Health & Social Care – GPs, CCGs, hospitals, community health, social care

Seat on Health & Wellbeing Board

Enter & View

17. Trust Members & Patient Groups

- Trusts may have groups representing particular patient interests, eg Dialysis, Diabetes, Cancer, Cardiac
- Foundation Trusts recruit members of the public as Members to take a particular interest in the operation of the Trust.
- Members elect the Council of Governors and stand for election themselves

18. GP Patient Forums

GP practices have patient forums as a means of:-

1. Communication between practice staff, GPs and their patients.
2. Improving the service provided by the practice, eg appointment times, repeat prescriptions.
3. Raising issues of concern.
4. Feeding in to the PPG system of consultation over CCG commissioning intentions and changes proposed by the CCG.

If a Patient Forum doesn't exist, patients can set one up in consultation with practice staff.

19. Patient Participation Groups

- CCGs (Clinical Commissioning Groups) should establish PPGs (Patient Participation Groups)
- Comprise patient representatives from GP practices in the CCG
- Can form a CCG-wide Patient/Public Participation 'Council'
- Should be consulted about:-
 - a) Commissioning intentions of the CCG and any major changes proposed
 - b) Public engagement strategy and implementation plan

20. Birmingham CrossCity CCG

Public & Patient participation achieved by:-

- On-line Voice
- Establishing Patient Council
- GP Practice based PPGs
- Establishing Local Patient Networks
- Topic Focus Groups
- Outreach

Coordinated by Public Involvement & Partnerships Committee – reports to Governing Body

21. Patient Advocacy Roles

- Dignity Champions
- Volunteer roles
- Patient visitors & befriending
- Home from Hospital services
- 3rd Sector Organisations – mental health, learning disabilities, maternal health, etc
- Chaplaincy

Can be 'eyes & ears of the Trust & voice of the patient'

22. What qualities can members of faith organisations contribute?

Moral compass

Integrity

Compassion

Community understanding

Community Links

Voice for the poor and marginalised

Independence?