

# ○ Patient and public involvement in PCT commissioning

A SURVEY OF PRIMARY CARE TRUSTS

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# Picker Institute Europe

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## Executive summary

A survey of Primary Care Trusts (PCTs) was carried out to determine their readiness to engage patients and the public in healthcare commissioning. One third (51 out of 152 PCTs) responded. By virtue of their interest in the survey, these are likely to be among the better end of the patient and public involvement spectrum.

While some PCTs have embarked on ambitious programmes to engage patients and the public in commissioning, many are not ready for the new challenges that confront them. They face numerous difficulties, including the following:

- deficiencies in financial and human resources and organisational capacity
- tight timescales
- the “mindset” of clinical staff and managers who often do not value or prioritise patient and public involvement
- lack of relevant data
- difficulties in supporting, training and motivating the public to engage with commissioning issues
- accessing seldom heard groups
- insufficient incentives at a strategic level to prioritise patient and public involvement.

Patient and public involvement is a well-established practice in most of the PCTs that responded, and there is substantial experience of a limited range of techniques. However, in general there is a widespread deficit in skills, experience and confidence in carrying out this work. Respondents wanted better data on the needs and preferences of the local population, training or guidance in techniques of patient and public involvement, and more funds.

It is crucial that PCTs effectively involve patients and the public in their commissioning processes. A commissioning strategy without the input of the community is not worth the paper it is written on. But if they are to prioritise this as they must, PCT staff need help: they need budgets, leadership, techniques and technology.

# 1 Introduction

## 1.1 A stronger local voice in commissioning?

The Department of Health's (DH's) exhortations to Primary Care Trusts (PCTs) to engage patients and the public in commissioning processes are ubiquitous. The 2006 White Paper *Our Health Our Care, Our Say* (DH, 2006) stated that "The challenge to commissioners is how to make greater local voice, choice and control a reality"; that "Systematically and rigorously finding out what people want and need from their services is a fundamental duty of commissioners"; and that "organisations commissioning NHS funded care must ensure local people play a full part in the planning, design and delivery of their services. How well they succeed will form part of their overall annual performance rating."

Subsequently the Department of Health's *Commissioning framework for health and well-being* (DH, 2007) and its response to *A stronger local voice* (DH, 2006a), both underline the strengthened role patients and the public are to play in influencing the health and social care services in their area. They call for the development of mechanisms for patients, service users and the public to be involved in shaping commissioning priorities and services and argue that this can contribute to greater fairness in service use.

A responsibility to engage patients and the public is by no means new to the NHS. Public meetings, focus groups and surveys are amongst the methods that have been used for at least ten years to facilitate the involvement of the community in decisions about how health care services should be provided.

Three additional new mechanisms for use by PCTs were identified in the 2006 commissioning framework and are due to be established. PCTs should now be actively planning for these:

**Local Involvement Networks**, known as **LINKs**, will supercede the existing Patient Forums as a key liaison point between PCTs and their local populations. LINKs are specifically intended to fit the shared local patch of health and social care, rather than being attached to NHS institutions. PCTs should be planning with their local authority counterparts the arrangements to host and organise a LINK.

**Patient-initiated petitions** are to be available for the public to raise concerns or issues about local services. Both the Overview and Scrutiny Committee (OSC) of the local authority and the PCT Board have a role in ensuring that there are clear and transparent mechanisms for people to progress these petitions, and to have them considered seriously by the authorities. PCTs should be jointly planning their petition-management strategies with OSCs now.

**A patient prospectus** must be published each year. The prospectus must include open publication of relevant local data (on needs, uptake of services, patient experiences and so on), but also clear and justified proposals for future investment and commissioning

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priorities. It is expected to be used as a major tool for public accountability and a focus for debate with the public on all these matters, not just a publicity or communications tool. Some PCTs may have published what they call a 'patient prospectus' in previous years, but the new prospectus is a more defined and universal instrument. The Department of Health expects PCTs to publish the first of these during 2007-08.

Patients and the public may be involved at various stages of commissioning: in assessing needs, designing services, reviewing provision of services, deciding commissioning priorities, managing providers' performance and in service evaluation.

Methods for involving them range from traditional, "safe" ones to more innovative approaches, and include formal consultation, public meetings, surveys, focus groups, specific research studies involving patients, rapid appraisal, patient panels, and citizens' juries.

PPI may also be effected through structured liaison with Patient Forums (and soon, LINKs), overview and scrutiny committees (OSCs), local Members of Parliament, voluntary and community sector groups, and patient and carer representative groups.

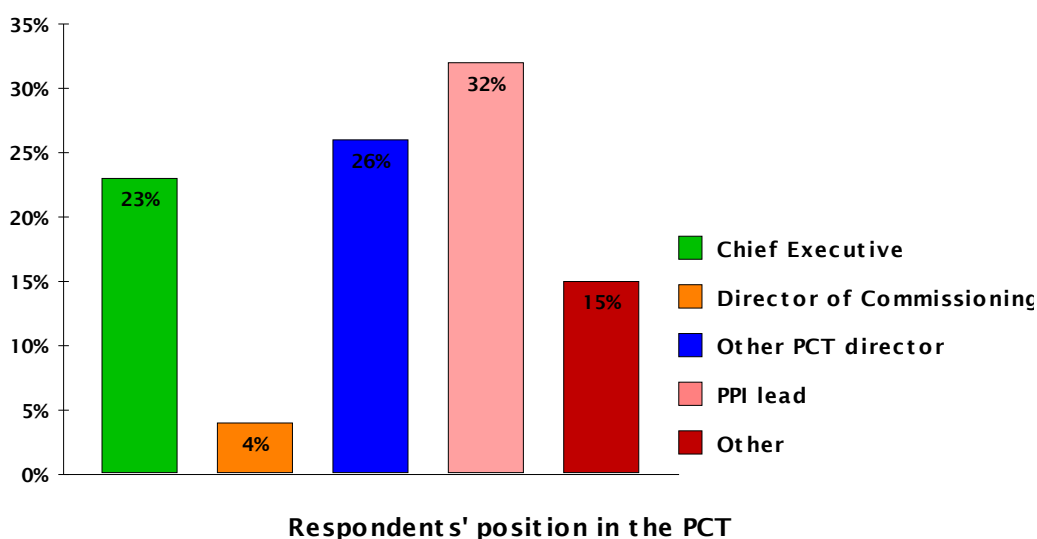
## 1.2 This survey

The Picker Institute surveyed all 152 PCTs in England in May 2007 to

- obtain a snapshot of current levels of patient and public involvement in commissioning
- identify examples of good practice
- pinpoint where difficulties lie.

An email was sent to the Chief Executive of each PCT in England, inviting him/her, or someone nominated by them, to complete an online survey. The questions were largely fixed response, but with opportunities to add free text as well.

Fifty-one PCTs responded to the survey, a response rate of 34%. The chart below shows the composition of the respondents.



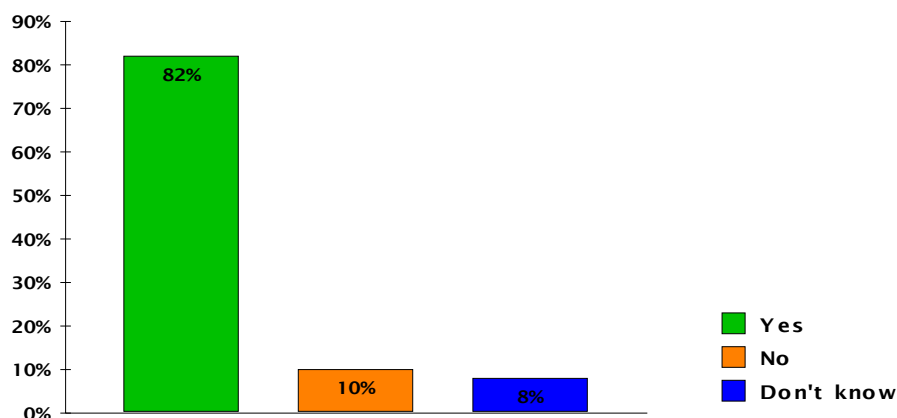
## 2 Findings

### 2.1 Responsibility and financial resources for patient and public involvement in commissioning

All respondents said their PCT has a board member with overall responsibility for patient and public involvement. In 70% of PCTs this individual is an executive director, and in 30% they are a non-executive director.

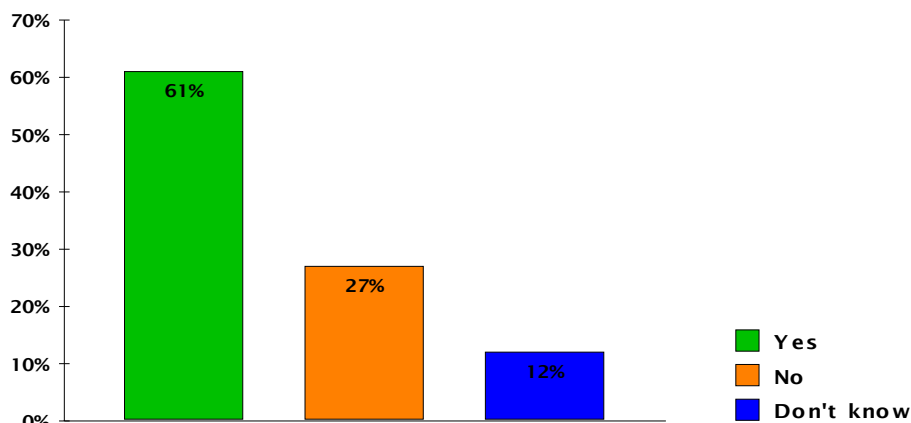
On a day-to-day basis, 69% of respondents said responsibility for patient and public involvement in commissioning rests with the Patient and Public Involvement lead, and 31% said it rests with a PCT Director. In other cases the Head of Corporate Affairs, Director of Communication and Public Involvement, or Head of Partnership Development takes day-to-day responsibility.

Not all the respondents reported that their PCT had a budget for patient and public involvement: 10% said they did not have a budget for PPI and 8% of respondents did not know whether they did.



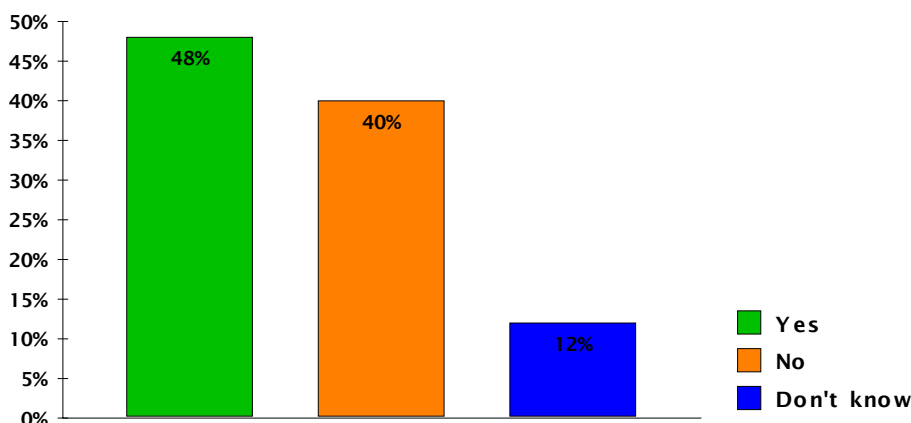
**Do you have a budget for Patient and Public Involvement for 07-08?**

Of the 82% who did report having a PPI budget, three fifths said that it would increase in real terms from 06-07 to 07-08, which is encouraging.



Will it be greater than the budget for 06-07?

However, of the same 82%, slightly less than half reported that their PCT designated a proportion of this budget, or another, to engaging patients and the public in commissioning.



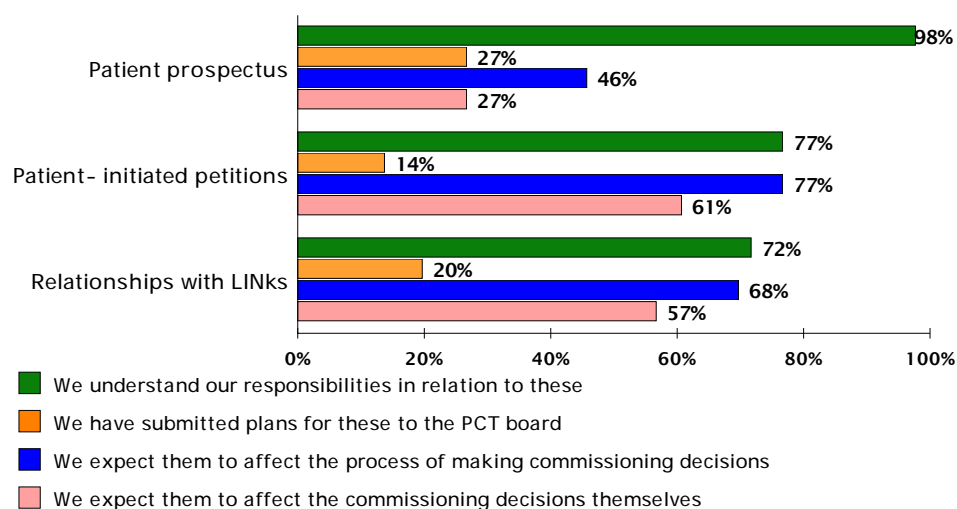
Is a proportion of this budget (or another) designated for engaging patients and the public in the commissioning process?

## 2.2 New mechanisms for patient and public involvement in commissioning

LINKs, patient-initiated petitions and patient prospectuses are the three newly (or soon-to-be) introduced mechanisms for patient and public involvement in commissioning. The majority of participants said they understood their responsibilities in relation to all three mechanisms (98% for the patient prospectus; 77% for patient-initiated petitions; 72% for LINKs).

However, very few said plans for them had been submitted to the PCT board (27%, 14% and 20% respectively). Respondents were more likely to say these mechanisms would affect the *process* of making commissioning decisions than that they would affect the *substance* of these decisions. Expectations that the process or outcome of commissioning

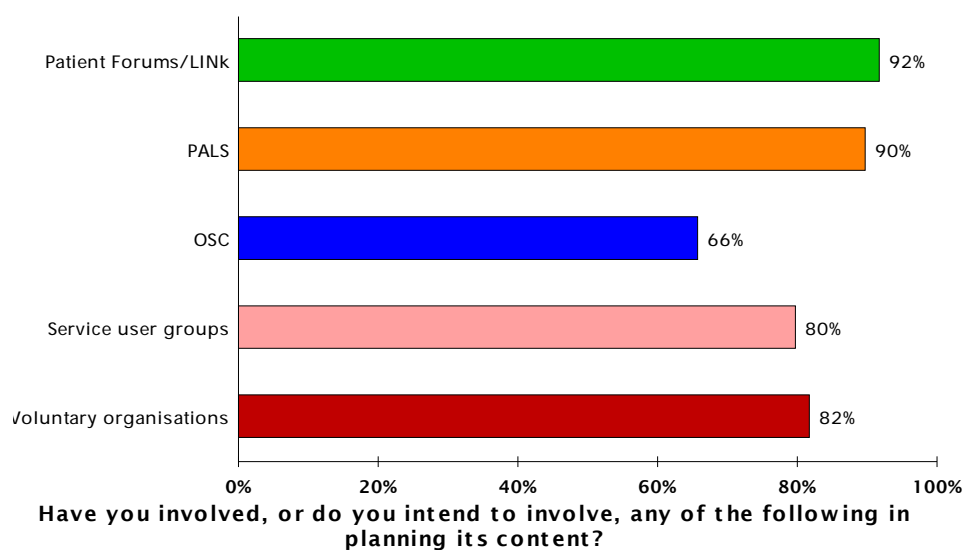
decisions were likely to be influenced by the patient prospectus were considerably lower than that they would be influenced by LINKs or petitions.



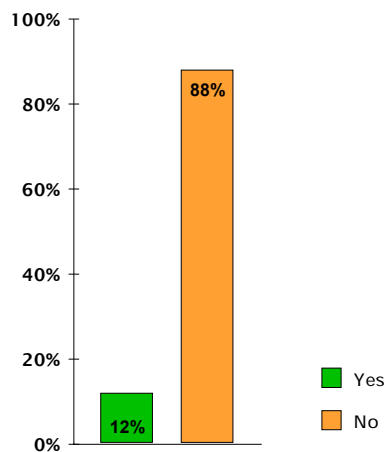
**Anticipated effects of new initiatives on commissioning**

Only slightly over half the respondents (52%) said the production of a patient prospectus had been commissioned within the last twelve months. This suggests that many PCTs are lagging behind the expected timescale for the prospectus. This may be related to the organisational turbulence PCTs have experienced during recent reconfigurations.

Most respondents reported that patient and public groups are likely to be involved in planning the content of patient prospectuses. Patient Forums/LINKs and PALS are most likely to be, with local voluntary organisations and service user groups close behind. The least likely group to be involved in this capacity is the Overview and Scrutiny Committee (OSC).



PCTs have also been slow to involve their OSCs in discussions about the management of patient petitions, with only 12% of respondents saying they had discussed these formally with OSCs.



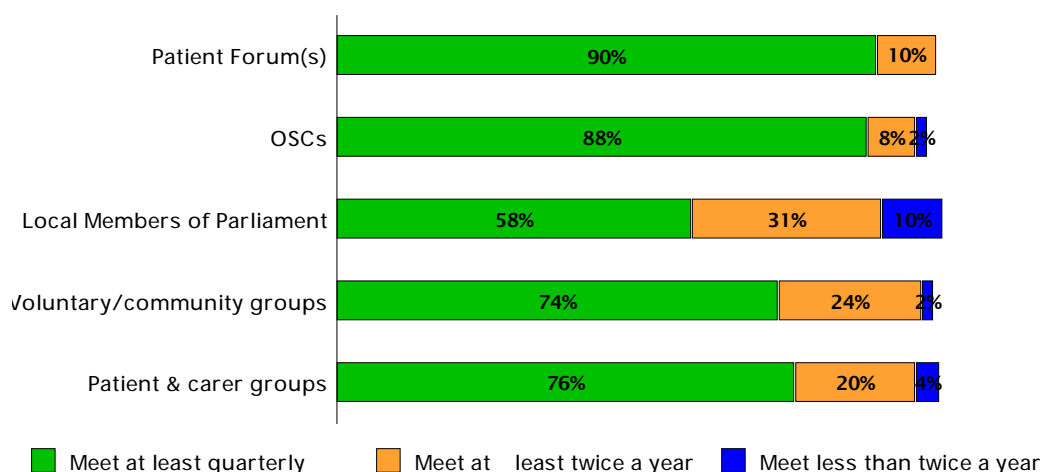
**Have you formally discussed the management of patient petitions with the Overview and Scrutiny Committee?**

## 2.3 Stakeholder influence in commissioning decisions

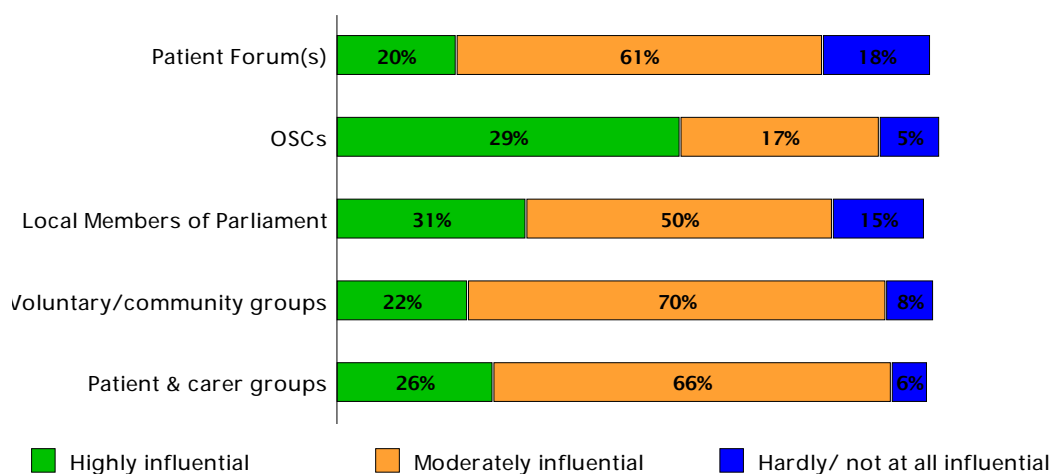
Respondents were asked how often the PCT meets with a range of stakeholders, and how influential the PCT considered each stakeholder to be in its commissioning decisions. The findings suggest that frequency of meeting is not directly related to how influential a stakeholder is in commissioning.

PCT staff meet more frequently with Patient Forums than with any of the other stakeholders listed, but these are the groups considered least likely to be 'highly influential' in commissioning decisions, coming behind not only OSCs but also local MPs, patient and carer representative groups and voluntary and community sector groups.

This might be seen as giving due recognition to those who bear the legitimacy of being elected by local constituents. However, it does raise questions about the effectiveness of patient forums.



### How often does your PCT meet with these stakeholders?



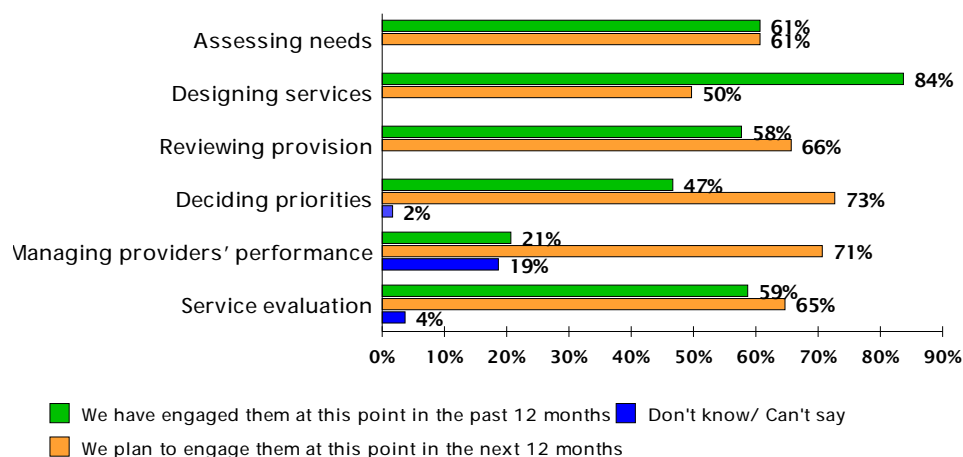
### How influential are these stakeholders in your commissioning decisions?

## 2.4 Points of engagement within the commissioning process

The findings suggest that a considerable shift in the focus of patient and public involvement is anticipated.

Respondents were asked at which points in the commissioning process they had involved patients and the public over the past twelve months, and at which they planned to involve them in the next twelve months. Engagement occurred most frequently in designing services (84%), then in assessing needs (61%) and evaluating services (59%).

Differences in the picture anticipated when looking forward to the following year are evident most notably in the sphere of managing providers' performance (up from 21% in the previous year to 71% in the next year), but also in deciding priorities (from 47% to 73%) and reviewing provision (from 58% to 66%), while engagement in service design was predicted to fall to 50%.

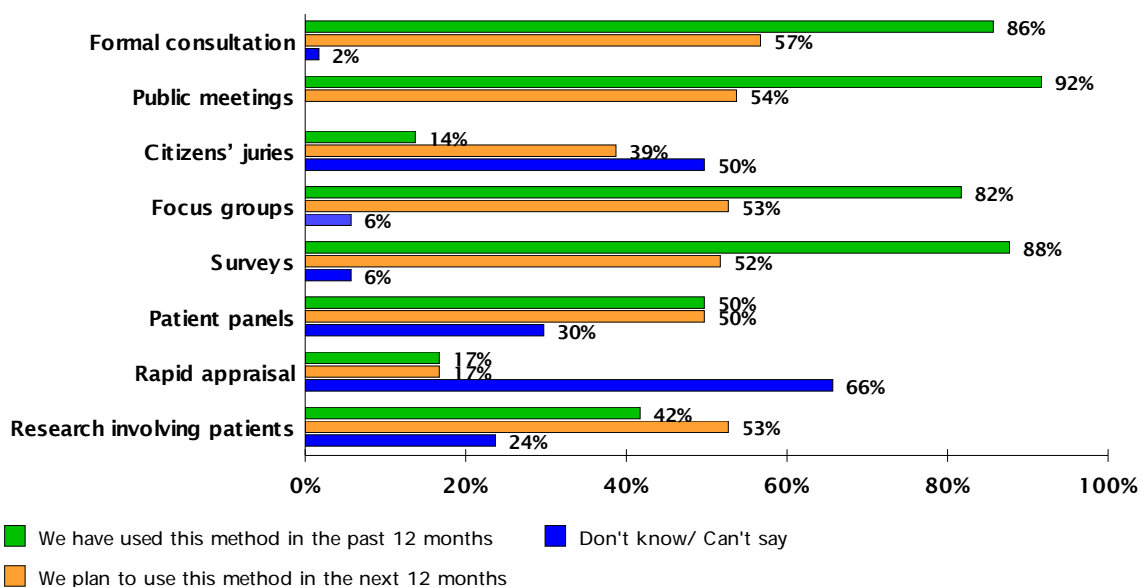


**At which points in the commissioning process have you involved, or are you planning to involve, patients and the public?**

## 2.5 Methods for engaging patients and the public in commissioning

Some changes are also anticipated between the past twelve months and the next in the methods used to engage patients and the public in commissioning. The majority of respondents reported recent examples of patient and public involvement in service redesign, using traditional formal consultation methods. Methods most commonly used were public meetings, formal consultation, surveys and focus groups. Reports of the use of other methods were considerably less prevalent.

In the year ahead, the same four methods are expected to be used most commonly, but with focus groups topping the list along with formal consultation, followed by public meetings and surveys. Methods which require more in-depth, considered input over time from participants – for example patient panels, specific research studies involving patients, and citizens' juries – are expected to be used more often. <sup>i</sup>



### Which methods of engagement have you used, or are you planning to use?

Respondents were invited to give 'good practice' examples of what they had done to engage patients and members of the public in their commissioning plans. A selection of their responses is summarised below, using their own words.

PCT 21 described innovative approaches to service design, involving patients and the public in the redesign of accident and emergency services. They held formal public consultation events, public meetings, surveys, simulation events with patients and the public, regular feedback newsletters, and created a website for the public specifically for this work.

A small number of respondents described patient and public involvement at other stages of the commissioning process. For example, PCT 41 involved patients specifically in commissioning GP services, in shortlisting and on a selection panel. They recruited patients to join the panel, briefed them about the process and their role, encouraged them to ask questions and give their opinion on who should be appointed.

PCT 5 gave an account of an involvement exercise with a much broader scope. They organised fourteen community events to 'hear' what the public 'felt and experienced' about local services, using a combination of public meetings, role play, drama and individual vignettes.

In PCT 36, infrastructure is being set up to support ongoing patient and public engagement in all commissioning workstreams. In particular this respondent described a range of discussion documents, stakeholder events, a deliberative event and "co-design events" for "Fit for the Future" to explore public attitudes, "tipping points" and trade offs. They reported a good response and significant sign-up to ongoing involvement in a "virtual panel" method of future engagement.

At a more strategic level, PCT 38 has begun a review in conjunction with its County Council to develop strategic commissioning priorities for the next five years. A stakeholder and public engagement process will inform the development of priorities, the process being overseen by a stakeholder reference panel. The methodology includes listening events open to the public, stakeholder workshops, surveys and citizens' juries.

A variety of other methods of engagement was cited, including the use of discovery interviews, health forums, mystery customers and lay assessors.

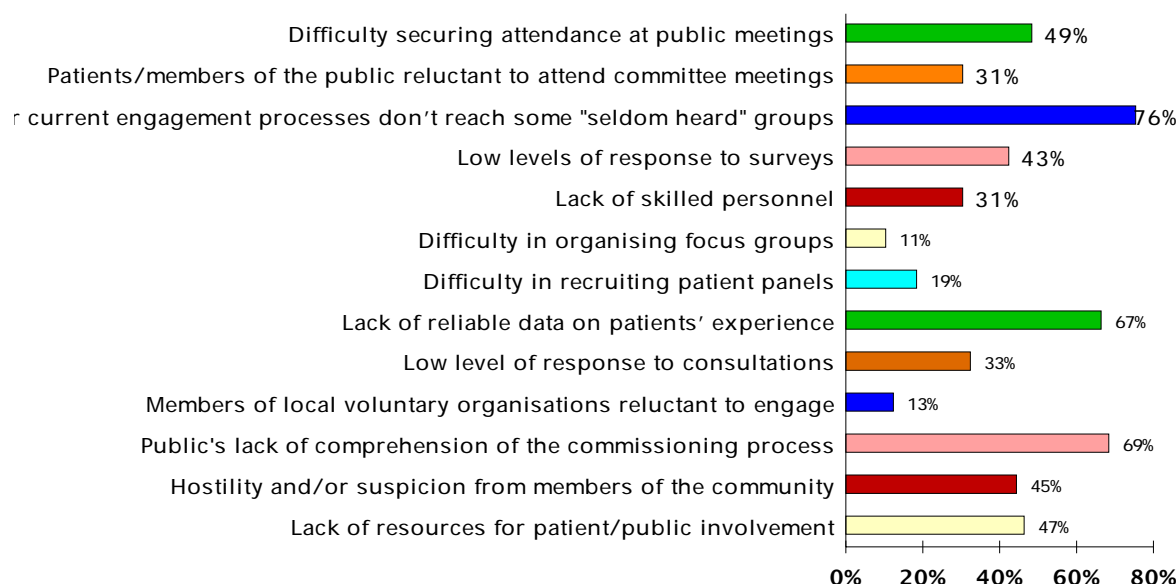
*“We have established an ‘assembly’ of 200 patients, carers, voluntary sector and stakeholders who meet with the PCT on a quarterly basis to work on commissioning issues”*

*“Joint needs assessment with Borough Council, and Joint Strategy for health and wellbeing with Borough Council using neighbourhood forum and citizen panels etc”*

## 2.6 Challenges and barriers

Clearly, some innovative and ambitious efforts are being made to involve patients and the public in commissioning. However, the survey also found evidence of considerable and widespread barriers to achieving this.

The three most often cited problems were reaching “seldom heard” groups, the perception that the public lack comprehension of the commissioning process, and the perception of a lack of reliable data on patients’ experience.



### What problems or barriers have you faced?

Other barriers mentioned were: a) the failure of senior levels to support and take seriously patient and public involvement,

*“Still aiming to ensure that NHS staff at executive level really understand PPI and most importantly support PPI and not just using words to make them sound as though PPI is important to them. Old cliché, but words are cheap.”*

*“Challenges in promoting ownership of the patient and public involvement agenda within commissioning fora.*

*“The biggest challenge is likely to be convincing Commissioners of the value of engaging patients and the public in the long term.” (PCT 8)*

b) deficiencies in financial and human resources and in organisational and collaborative capacity,

*"Cynicism and political issues with PPI Forums due to changes to LINKs." (PCT2)*

*"Lack of human and financial resources to do PPI." (PCT 6)*

*"Capability and capacity to do it well" (PCT 13)*

*"Getting the balance right in making a change or a decision in the context of national targets, clinical engagement and other stakeholders priorities." (PCT 26)*

*Aligning our process with the local authority and other public service orgs to ensure we do things once and together for the public." (PCT 5)*

c) tight timescales and the pace of organisational change

*The size of the task, moving further, faster means that we need to be constantly developing new ways of engaging people really effectively. Complex messages can be hard to explain to some groups of people, effective engagement in commissioning requires people to have some background knowledge, so the challenge is how to involve people in a meaningful way - but quickly!" (PCT 2)*

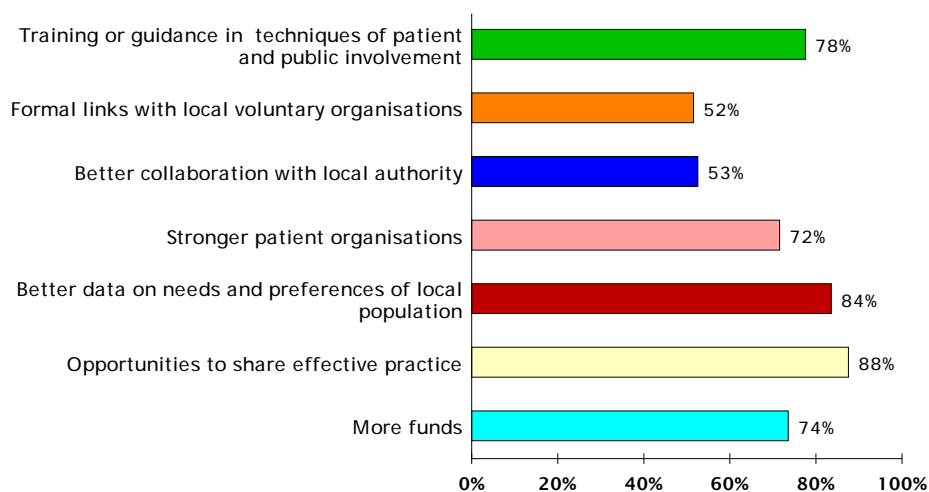
and d) difficulties in supporting, training and motivating the public to engage with commissioning issues.

*"Motivating patients and the public to get involved and developing the understanding of patients and the public. (PCT 8)*

*"Having community advocates and leaders engaged." (PCT 5)*

## 2.7 Help and support

The majority of respondents identified four or five things which would help their PCT better engage patients and the public in commissioning. Over 75% said they would benefit from opportunities to share effective practice, better data on the needs and preferences of the local population, training or guidance in techniques of patient and public involvement and more funds.



**What would help your PCT to engage more effectively with patients and the public in commissioning?**

The other most frequently cited aspect of support which respondents feel is lacking is strategic level prioritisation, monitoring and incentivisation of engagement.

*“The real thing that will make a difference is the priority and funding put in – how much is doing PPI right a real measure of success or failure? The whole of the NHS has miles to go! And engagement in commissioning is a lot harder than many other aspects of healthcare provision and delivery.”*

*“Robust mechanisms for monitoring of the commissioning process and the engagement with patients and the public.”*

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## 3 Discussion

Commissioning holds a crucial key to the future success of the NHS. This is where the levers of reform will increasingly be located. Vesting in commissioners the power to use money to buy services on behalf of patients, with the money following the patient, is intended to drive up quality standards and improve efficiency in health services.

It will only succeed in this goal if it is based on a thorough understanding of patients' experiences and the needs and preferences of local people. Those services that do not provide high quality outcomes, are not responsive to patients' needs, or provide a poor patient experience, will have to improve or see 'customers' go elsewhere.

Commissioning is also a central part of the increasing focus on ensuring appropriate and effective use of healthcare resources by people with long term chronic conditions. There is a huge incentive for the NHS to provide better support for such patients to manage their conditions in their own homes and communities, rather than be admitted to hospitals. Commissioners can create and buy in the services needed to support these groups; and can play a major role in ensuring that care is provided in community settings, reducing dependence on expensive hospital care.

Practice-based commissioning, where GP practices individually or in collaboration can create and buy services, is one part of this commissioning picture; as is social care commissioning by local authorities. But the biggest health budgets, and the biggest decisions about new priorities, sit at the level of the PCT.

### Established mechanisms versus effective influence

This survey showed that, at least within this sample of PCTs, there are well-established management responsibilities, mechanisms and techniques for public and patient involvement in general. But it suggests there is a 'disconnect' between these activities and the relatively low expectation that patient, public and community groups will have significant influence on commissioning decisions.

It is worth noting that the National Audit Office identified a similar disconnect in its recent review of clinical governance in primary care. Two of the nine aspects of clinical governance included in its model were 'involving patients and the public in the design and delivery of PCT services' and 'ensuring the quality of the patient experience'. It concluded:

**"PCTs have structures and processes for patient and public involvement in place, but patient and public involvement is one of the least well developed components of clinical governance.** The Department's NHS Reform agenda has confirmed public involvement as one of the most important components of clinical governance yet, as we found in 2003, this is one of the least well developed. Whilst 98 per cent of PCTs have structures and processes in place to involve patients and the public in the design of services, we found that lack of involvement of service users in service development is one of the higher risks to progress in

implementing clinical governance. In giving a commitment to allow patient choice and to give patients a real voice in the design of services under the NHS Reform agenda, patients' expectations have been raised and as yet PCTs are unable to meet these expectations." (National Audit Office, 2007, emphasis in the original)

## The barriers – how real are they?

PCTs are clearly identifying certain barriers which they feel may hamper their attempts to involve patients and the public in commissioning. The first is reaching 'seldom heard' groups. Government guidance places considerable emphasis on the need to do this in order both to ensure that public feedback is representative of the whole community, and that there is fairness in the subsequent allocation of resources.

The challenge of reaching marginalised, isolated or deprived social groups is a recurring theme in health policy and practice. Various attempts have been made to provide guidance and toolkits, and to share best practice, but with 76% of this survey's respondents saying that their current engagement processes don't reach 'seldom heard' groups, it appears these have so far largely failed. It is an area where urgent, expert help is needed.

The second main barrier identified is the public's lack of comprehension of the commissioning process (69% of respondents). It is probably true that the public does not know what 'commissioning' means – just as they probably don't know what or who their 'primary care trust' is. The challenge here is for PCTs to stop communicating 'from within' the NHS and to drive towards high standards of plain English and common sense phraseology. People may not know what commissioning means, but may well want to take up the opportunity 'to decide what the priorities are for our local health services'. The experience of other patient information providers, and best practice guidelines, suggest that the more that public and patient groups are involved early in the design of projects, and especially the associated information and communication outputs, the better the quality of these outputs.

In the 'free text' comments to this survey, those PCTs that are trying out innovative approaches to engaging people in deliberations that go beyond the redesign of specific services to look at needs and priorities, have reported strong response and recruitment rates. These are a small number, but it does suggest that the strangeness or newness to the public of the concept of 'commissioning' need not be as big a barrier as is currently perceived.

The third barrier, cited by 67% of respondents, is 'lack of reliable data on patients' experience'. This is both surprising and predictable. It is surprising because the NHS in England has probably the best developed national programme for capturing patients' experiences of any healthcare system in the world. Regular national surveys are conducted under the auspices of the Healthcare Commission, and the results are publicly available.

Moreover, in the case of hospital-based surveys, it is the individual NHS units which are required to carry out surveys of their patients which are then aggregated nationally. This means that in any local area there is high quality, reliable data available on patients' experiences of the local hospitals, across a wide range of questions. It can easily be

benchmarked against national averages, similar provider groups in other areas, and the hospitals' own previous performance.

However, it is predictable because the national survey data is often woefully under-used. Central DH and NHS guidance could play an important role here by drawing commissioners' attention repeatedly to this data, and by creating an expectation that they should be aware of it, understand it, and make use of it (for example, by reporting it in the patient prospectus). Similar guidance should go to the new LINKs, as the House of Commons select committee on health has recommended, to ensure that they do not start reinventing the wheel of patient surveys.

But there may be another issue behind the respondents' identification of this problem. There may be a significant need for bespoke surveys on the experiences of disease-specific, condition-specific or other group-based sections of the local population; and for specific feedback on their experience of local health and social care services that are not part of the hospital system. Again, there needs to be expert help available to PCTs on the principles and practice of designing, commissioning and using patient experience research techniques.

## Weakness of centrally driven imperatives

The other most frequently cited aspect of the support PCTs feel they need is strategic level prioritisation, monitoring and incentivisation of patient and public involvement. This survey shows, in a number of important areas, a significant gap between central government rhetoric and expectations, and local realities. For example, the government says public and patient involvement will be integrated into commissioning from beginning to end. There is therefore a logical case for assigning it to the director with lead commissioning responsibilities.

However, **69%** of trusts said their 'PPI lead' would have lead responsibility for public and patient involvement in commissioning. The other 31% said a PCT director would lead – but these included a variety of director positions that are unlikely to be commissioning heads, including 'Head of Corporate Affairs', 'Director of Communication and Public Involvement', and 'Head of Partnership Development'.

In 'free text' boxes that enabled survey respondents to add their own comments, a significant number answering a question about the biggest challenges they faced referred to the lack of high level support for PPI work:

*"The biggest challenge is likely to be convincing Commissioners of the value of engaging patients and the public in the long term."*

*"Still aiming to ensure that NHS staff at executive level really understand PPI and most importantly support PPI and not just using words ... words are cheap."*

It is notable that 33% of those responding to the survey were PPI leads. It seems that some of these individuals may still feel their work is underpowered and undervalued within the organisation. Likewise the gap between the carrying out of involvement responsibilities, and the expectation that PCTs will act upon the results in the course of making commissioning decisions, is alarming.

When gaps like these appear – between central demands and expectations, and local practice – rational policy responses would include either waving a stick (threatening action), or a carrot (establishing rewards for closing the gap), or both. With patient and public involvement it is often difficult to identify where these sticks and carrots are located.

Stage 2 of “Commissioning a Patient-led NHS” is the Department of Health’s Fitness for Purpose programme. Patient and public engagement features within it, but minimally. The criteria on which they are assessed are vague and the mechanisms for assessment are insubstantial. PCT boards are asked to report whether they monitor patient satisfaction, and are aware of what patients, the public and carers think of, and want from the PCT and its services. Ideally they should be able to identify at least two changes made by the PCT Board in response to feedback from patients, carers and the public. But the emphasis within the Fitness for Purpose programme rests much more heavily on evidence of processes for strategic planning, provider management, financial governance and quality assessment than on patient and public engagement.

## LINKs

A similar gap between rhetoric and reality is likely to develop in relation to the new Local Involvement Networks (LINKs). Already, PCTs are likely to see the Patient Forums as only moderately influential or not at all. Only half expect their successors, LINKs, to have an effect on commissioning decisions.

Many commentators including the House of Commons select committee on health have noted that LINKs are being urged to do more, with fewer resources, than the Patient Forums, and without a national body to support them. In its report on public and patient involvement the committee called for more specific guidance from the Department of Health on several key areas including PPI in commissioning:

“The Committee supports the Department’s aim of increasing patient and public involvement in commissioning decisions. However, if volunteers are given a free choice they are unlikely to make commissioning a priority as they prefer to concentrate on the quality of the services which NHS bodies provide. If the Department wishes LINKs to focus on commissioning it must indicate how it expects this to happen and what steps it proposes to take to make it happen.”  
(House of Commons Health Committee, 2007)

On this, and on other issues raised by this survey, there is a case to argue that, if the government wants to be able to claim that the public’s voice is becoming central to the running of NHS services, it is likely to have to find new, stronger drivers of that policy.

## 4 Conclusions

### The sample

All 152 primary care trusts received this online survey. One third (51) responded. In reading the conclusions below, the reader is asked to bear in mind that, by virtue of showing an active enough interest in this topic to complete the survey, this sample of trusts will be likely to over-represent the best practice end of the spectrum.

### PPI is well established

The results of this survey of primary care trust chief executives (or their nominated representatives) show that patient and public involvement is a well-established part of PCT operations.

The one third of trusts that responded to the survey report that they have growing budgets for PPI; that they are deploying a (limited) range of well-used techniques, and that most of this activity focuses on the design (or redesign) of services. They report having good links to the formally representative local mechanisms (Overview and Scrutiny Committees), to the formal health system bodies (Patients Forums) and to informal groups from the local population, such as voluntary sector, community and service user groups.

### But PCTs are not ready for the new challenges

Despite this encouraging response, it does not appear that majority of PCTs are ready to meet the new challenges of integrating patient and public involvement into all aspects of their commissioning strategies.

At the time of the survey in May 2007 few trusts had:

- finalised plans for the new elements of PPI they are expected to use (LINKs, patient-initiated petitions, patient prospectus)
- integrated PPI into commissioning at high management or budgetary levels
- built experience of deliberative processes with the public (as opposed to taking snapshots of opinion)
- used PPI in parts of commissioning other than service redesign -- such as assessing needs, determining priorities and evaluating services.

Only half the respondents said they had a dedicated budget for PPI *in commissioning*.

### Danger of inequalities

If commissioning does not take into account the needs and preferences of all groups in the local population, and enable them to have a voice, then – as the government itself repeatedly points out – there is a clear danger that the local market will create greater, not smaller health inequalities. In this respect it is worrying that the single highest response to the question of what problems are being experienced in PPI for

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commissioning was 'our current engagement processes do not reach "seldom heard" groups' – a statement agreed by three quarters of respondents (76%).

## **PPI lacks power**

The majority of PCTs have low expectations of the outcomes of PPI. They do not expect Patient Forums, voluntary organisations and patient groups to be 'highly influential' in commissioning decisions. They expect the new PPI mechanisms to affect the *process* of making commissioning decisions, more than the *substance* of those decisions.

People who are active in patient involvement may be especially concerned about the findings that only 20% of respondents thought Patient Forums were highly influential on commissioning decisions, and that a bare majority of trusts expected Local Involvement Networks (LINKs – the planned successors to Patients' Forums) would be able to affect commissioning decisions.

## **Changing approaches and emerging good practice**

Although the survey results as a whole indicate a lack of readiness for the new frameworks, there are indications that at least some PCTs are aware that their approaches need to change. There is evidence of efforts – sometimes innovative and ambitious – to involve patients and the public at a fuller range of points in the commissioning cycle and using deliberative techniques, over time:

- 11 trusts said they anticipate using citizens' juries in the next 12 months, which would be almost a three-fold increase
- 48% of trusts said they had designated part of their PPI budget for commissioning
- more trusts said they could anticipate using PPI in deciding commissioning priorities in the next 12 months than in the last 12 months (73% compared to 47%);
- slightly more trusts said they might use PPI in reviewing provision and managing providers' performance in the next 12 months than in the last 12 months

## **Lack of skills, experience and confidence**

However, this study demonstrates the extent of the difficulties and barriers experienced by many PCTs in their efforts to involve patients and the public extensively and meaningfully at all stages and levels of commissioning, including:

- deficiencies in financial and human resources and organisational capacity
- the timescales to which the outcomes of engagement had to be achieved
- the "mindset" of clinical staff and managers who often did not value or prioritise patient and public involvement
- lack of data
- difficulties in supporting, training and motivating the public to engage with commissioning issues
- accessing seldom heard groups

These survey findings indicate a widespread deficit in skills, experience and confidence in carrying out this work. Respondents wanted better data on the needs and preferences of the local population, training or guidance in techniques of patient and public involvement, and more funds.

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<sup>i</sup> Caution is required in interpreting the findings for this question, since the numbers expecting to use most of the methods next year are smaller than those reporting having used them in the last, possibly reflecting that it is more difficult to predict activity in the next year than to report what actually happened last year. Consequently, the methods are ranked for this question, rather than comparing percentages who have used or plan to use each method last year with next.

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