

REPRESENTATION

The Representation Model outlined at the Focus Group is a most disappointing proposal. Aptly named the 'Voice' it is clearly intended to be a 'talking shop' with no direct impact on the decision making activities of the CCG. With the decision making powers being vested in the Governing Body (which meets monthly), the question needs to be asked as to how a group of patient/public representatives will have any influence by gathering together four times a year. It would appear that the Voice would have no regular and consistent contact with the Chair of the Governing Body and the CCG Chief Officer. Similarly the Voice would be remote from the Finance and IT functions which would be essential contributors to effective PPI. It has been canvassed to the CCG on a number of occasions that there is an essential requirement for patient representatives to sit on the Governing Body. Without such a commitment the CCG cannot possibly argue that it is conforming with statutory requirements and the pledges contained in the IEP Strategy. As one of the largest CCGs in the country it should be expected that Birmingham Cross City will set an example on PPI. However it is clear that Birmingham Cross City is lagging behind many of its smaller counterparts. Other CCG Boards and Governing Bodies are showing a much more enlightened approach to PPI. At the time of writing there is not a single patient on any of the Birmingham Cross City committees (including the IEP Committee).

True PPI will not be served by Birmingham Cross City sidelining patients. The result of the CCG's deliberations on PPI has resulted in a formula not for the benefit of patients but rather for the convenience of the CCG.

The CCG clearly recognizes that it exists to serve the health of its patient population and therefore a strong and effective patient contribution to its activities should be welcomed. Such an approach is endorsed in the Francis Report.

Rather than the Voice, a Patient Representation Group (PRG) should be formed which would meet initially at monthly intervals and consist of twelve patients who are recognized as good communicators and capable of representing a wide spectrum of patient interests. All patient participation matters would be channeled through the PRG. It should be chaired by a patient and should have the attendance of the Chair of the Governing Body or the Chief Officer at each of its meetings together with senior managers of the CCG from the PPI function and from Finance and IT. Financial provision will be required to support its role. Links to LCNs, other CCG Committees and to commissioning activities would be created to ensure that patients have a seat at the core decision making tables. Patient participants should not normally have any current or previous direct affiliation to the NHS. The PRG would have equal status with other core CCG Committees.

In view of the size of the patient population and the dimensions of the communication and public relations task, it would make sense if in these early stages of PPI that the patient participation element is taken out of the IEP Committee. Once effective and lasting initiatives have been installed and established the structure could revert to combine and encompass the third sector and 'members.' The CCG would, by taking such action, be seen to be serious about patient participation and create a patient dynamic that would be recognized as something more than a 'voice.'

APPENDIX 3

BASIC PATIENT EXPECTATIONS

To receive effective, safe and timely medical treatment and qualified nursing care through appropriate and capable channels

To be treated with dignity

To be given support in remaining independent and living a good life as long as possible

To possess an understanding of NHS structures and facilities

To be conversant with available choices for treatment, and receive assistance in making informed choices

To understand how to complain

To be able to offer feedback on treatment experience

To be clear on how to seek further medical opinion

To be knowledgeable of Health Watch and other bodies that can offer assistance

To be able to access personal medical records

To be competent to deal with personal emergencies and to understand what emergency services are available