



Patron:- Professor Sir Denis Pereira Gray OBE
Registered Charity No. 292157

Response to Liberating the NHS: Commissioning for Patients Consultation Paper

on behalf of:

**National Association for Patient Participation
(N.A.P.P)
and local Patient Participation Groups (PPGs).**

Response compiled and collated by:

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Introduction:

The National Association for Patient Participation (N.A.P.P) is uniquely placed as the umbrella organisation for patient-led groups within general practices. It has over 30 years' experience and expertise in promoting, supporting and developing PPGs. It speaks for patients in general without being limited to any specific disease or condition. N.A.P.P. is a registered charity and, as such, is independent. It's primary aim is to improve the quality of care provided by the practice.

NAPP's aims are:

- to see a Patient Participation Group (PPG) in every GP practice and that each group is based on the mutual interests of, and trust between, the primary care team and patients of the practice.
- to promote the role of Patient Participation Groups as participants in decision making within the NHS
- to maximise the benefit of sharing common interests while recognising the individual nature of groups and the differing structures in the devolved countries of the United Kingdom

The first Patient Participation Group was set up by a GP in 1972 and 41% of general practices in England now have a PPG. Generally made up of a group of volunteer patients, the practice manager and one or more of the GPs from the practice, they meet on a regular basis to discuss the services on offer, and how improvements can be made for the benefit of patients and the practice.

PPGs play a pivotal role in helping to give patients a say in improving the quality of primary care services, the way services can best be delivered to meet their needs, and the needs of the local community. PPGs ensure that patients' needs, wishes and aspirations are at the heart of primary care services.

The strength of PPGs is that they operate within a community building extremely close relationships and ongoing contact with patients from within the Practice. This unique level of engagement with patients is achieved by the PPG built on the foundation of mutual trust and respect that exists between the GP's, Practice staff and PPG members.

PPGs assist GPs to develop an equal partnership with their patients. They help GPs to communicate accurately and honestly with individual patients, and with the wider community about key health matters and reflect patient need within a community.

In practice, PPGs can play a number of roles, including:

- Advising the practice on the patient perspective
- Influencing the practice or the wider NHS to improve commissioning
- Ensuring high quality care for all patients
- Communicating with the patient population

- Encouraging patients to take greater responsibility for their own and their family's health
- Carrying out research into the views of those who use the practice and their carers
- Organising health promotion events and improving health literacy
- Running volunteer services and support groups to meet local needs

Responses to the White Paper contained within this document represent the views of N.A.P.P Board members and staff also responses collated from PPGs across the country

Response from N.A.P.P: (Responses correspond to numbered sections of the Commissioning for Patients Consultation Paper)

Section 3: Responsibilities

Relationship between consortia and individual GP practices (3.14 – 3.22)

Question: How can GP consortia most effectively take responsibility for improving the quality of the primary care provided by their constituent practices?

GP consortia need to ensure that feedback from patients, particularly on the accessibility and responsiveness of GP services, informs commissioning decision making. Patient Participation Groups (PPGs) are at the heart of GP Practices and already collect feedback on patients' experiences. PPG's also often analyse and evaluate the results of annual GP Patient Surveys to feedback to the Practice ensuring that services are responsive to patients needs and wishes.

PPG's also act as intermediaries with patients working closely with GP's and Practice staff to promote good health, self management of care, preventive medicine and facilitating higher levels of health literacy.

PPG's have close working relationships with GP practices and are already involved in Practice Based Commissioning processes in many parts of the country. **PPG's are naturally positioned as the closest lay body to the proposed GP commissioning architecture** facilitating the development of early and effective relationships between GP consortia and PPG's where they exist. In many parts of the country networks of PPG's are already forming around PBC consortia which will facilitate transition to the new arrangements.

Section 3: The role of the NHS Commissioning Board (3.23 – 3.33)

Question: How can the NHS Commissioning Board develop effective relationships with GP consortia, so that the national framework of quality standards, model contracts, tariffs, and commissioning networks best supports local commissioning?

Within the NHS Commissioning Board framework to support GP consortia in commissioning services **there should be a legal requirement for consortia to involve patients, carers and the public and a requirement for them to demonstrate that their views have been taken into account in commissioning decisions.** The NHS Commissioning Board needs to have the power to hold GP consortia to account in meeting this requirement and not just 'champion' involvement.

Similarly, the involvement of patients should be integral to the majority of the NHS Commissioning Board functions as listed so that in addition to setting commissioning guidelines, patient involvement needs to be integral to the following:

- designing model contracts for commissioners

- setting standards for the quality of NHS commissioning and procurement
- making available accessible information on commissioner performance
- All functions listed under promoting and extending public and patient involvement and choice
- Holding consortia to account for delivering outcomes (particularly in relation to patient and public involvement)

This will ensure that the Board develops a national framework of quality standards, model contracts, tariffs, and commissioning networks that requires GP consortia in integrating the views of patients into all aspects of local commissioning and ensures service quality improvement that is responsive to patients.

N.A.P.P has valuable knowledge and expertise to support the NHS Commissioning Board in developing commissioning guidelines for good practice. N.A.P.P's input into this process will ensure that GP commissioning is responsive to patients' needs, wishes and aspirations and will assist consortia in appropriately and effectively meeting their duty of public and patient involvement.

N.A.P.P's strategic role is:

- to ensure the unique contribution of PPGs as grass roots organisations embedded in primary care GP practices is appropriately represented, recognised and effectively integrated into the national architecture, policy and strategic decision making processes of the NHS landscape
- to strengthen the patients voice locally and nationally by ensuring that the role, remit, value and benefits of PPGs are understood by all key stakeholders as distinct from that of other mechanisms and that PPGs have influence within the system
- to support and build capacity of PPGs as an effective strategic mechanism for listening to patients and improving the quality of primary care general practice.
- to support effective relationship building and local joint working between PPGs, GP's, Practice Staff, GP consortia and other patient and public involvement mechanisms/groups to ensure services are responsive to patients.
- to support and build capacity of GP's and all other clinical/non-clinical Practice staff in assisting the development and effective operation of PPGs in GP practices nationwide
- to support and build capacity of GP practices to integrate, action and learn from PPG activities demonstrating positive outcomes for patients
- to support and encourage the growth and development of a PPG in every UK General Practice

N.A.P.P has extensive experience in developing, supporting and working with PPG's, GP's and Practices that will be invaluable to assisting the NHS Commissioning Board to become established and in maintaining an ongoing effective relationship at the PPG/GP consortia interface.

N. A.P.P works with the RCGP and BMA jointly producing support materials for PPGs and presenting at RCGP annual conferences. N.A.P.P has experience of working with the Council of the RCGP as their Patient and Carer group as well as with the BMA.

N.A.P.P. has published articles in academic journals and is a partner in for research projects on quality and safety in health QSN (Quality and Safety in the NHS) with Aston University. and with Leicester University on a NIHR SDO project which will examine the measurable attributes of responsiveness in primary care.

During 2008-2010 N.A.P.P worked closely with the Department for Health's Access and Responsiveness team, led by Dr Mike Warburton. Initially this involved workshops to provide patient feedback on the major issues concerning patients. From this, the Growing Patient Participation Campaign developed, in which N.A.P.P. was the major contributor, with co-sponsors, the Royal College of General Practitioners (RCGP), the British Medical Association (BMA) and the NHS Alliance. The campaign has promoted the benefits of PPGs and developed a website and resources to assist practices and patients in the formation and maintenance of effective PPGs. N.A.P.P. now maintains the legacy of the campaign through a conflated

N.A.P.P is a key statutory partner and should be allocated a place on the NHS Commissioning Board.

Feedback from PPG's needs also to be integral to the commissioning processes undertaken by the NHS Commissioning Board in relation to GP, dentistry, community pharmacy and primary ophthalmic services. There is a growing number of PPG's emerging in dental practices which will gather views from patients about dental provision. A process for integrating feedback from PPG's into commissioning needs to be developed by the Board.

4. Establishment of GP consortia

Organisational Form (4.1- 4.2)

Question: What features should be considered essential for the governance of GP consortia?

Consortia should be required to have a policy, essential to their governance, for the involvement of patients and the public detailing how a consortium will relate to and involve PPG's and Local HealthWatch and how the needs, wishes and perspectives of patients and the public are to be integrated into all aspects of commissioning.

Some co-terminosity with Local Authority boundaries would facilitate effective targeting of resources.

In particular, there needs to be a process for ensuring that information about commissioning decisions, particularly where these are contentious, is

explained to patients in practices or using services affected by these decisions. PPG's can support/facilitate GP consortia in feeding back information to patients therefore improving consortia public accountability.

Consortia should also be required to publish a report and be publicly accountable in demonstrating how feedback from patients and the public has been integrated and the outcomes arising from this.

Section 5: Freedoms, controls and accountabilities (5.1- 5.5)

Questions:

- **How can GP consortia best be supported in developing their own capacity and capability in commissioning?**
- **What support will GP consortia need to access and evaluate external providers of commissioning support?**

A key principle of responsive commissioning, for example in the redesign of patient pathways, should be co-production with patients emphasising the importance of patient feedback informing GP consortia commissioning decisions. By using services patients are able to challenge clinical assumptions about the effectiveness, safety and responsiveness of pathways, identifying where gaps exist, where improvements and innovations could be made thereby helping to target resources more effectively. Patients are also specialists in their own care and should be involved in discussions about pathway design from the outset. There is much evidence and research available that demonstrates the effectiveness of co-production.

N.A.P.P has invaluable experience to offer to support GP consortia and clinicians in building their capacity to involve and build relationships with individual PPG's and PPG networks across communities. This support to consortia could include:

- Understanding of the role and remit of PPG's
- Understanding the important distinction between the role of Health/Watch and PPGs.
- Understanding how PPG's operate at the patient/GP/practice interface
- Understanding how PPG's gather and use patient feedback
- How to build effective relationships with individual PPG's and PPG networks and build on local protocols for joint working between PPG's & Local HealthWatch
- How to develop a strategic consortia framework/policy for the involvement of PPG's, patients and the public with outcome measures and standards for good practice
- Understanding of good practice approaches to involving PPG's and practical support required for meaningful involvement

Clinicians will also need support and training to assist them in achieving effective and meaningful engagement with PPGs and Local HealthWatch.

N.A.P.P can support clinicians to build their capacity and knowledge around PPGs and can provide bespoke training to clinicians and consortia about PPGs to ensure effective and mutually beneficial engagement.

Accountability to patients and the public (5.14 – 5.17)

Question: What are the key elements that you would expect to see reflected in a commissioning outcomes framework?

The commissioning outcomes framework should include **measures to demonstrate the extent of patient and public involvement undertaken by consortia through engagement with PPG's and Local HealthWatch. The framework should also include measures that demonstrate outcomes that have been achieved as a direct result of this engagement.**

There should be specific measures that demonstrate commissioning has taken account of the views of those people who are from seldom heard or 'hard to reach' groups which could be facilitated through PPG's and/or Local HealthWatch organisations.

Section 6: Partnership

Patients and the Public (6.1 – 6.5)

Question: How can GP consortia and the NHS Commissioning Board best involve patients in making commissioning decisions that are built on patient insight?

Question: How can GP consortia best work alongside community partners(including seldom heard groups) to ensure that commissioning decisions are equitable, and reflect public voice and local priorities?

PPG's are key to supporting GP consortia locally in driving up the quality of general practice by ensuring that the views of patients and carers are fed into and become an integral part of local commissioning. For the new arrangements to function effectively it would be imperative that a PPG existed in every GP practice in the country. **N.A.P.P recommends that it is made a statutory requirement for all GP Practices to have a Patient Participation Group in the new arrangements** This concept is supported by feedback from GP consortia and individual GP's already working with PPG's.

N.A.P.P is working towards this goal and has valuable strategic knowledge, contacts, and expertise to contribute in supporting the effective implementation of the government's proposals through assisting GP practices to develop PPG's where none exist and to facilitate the networking of and interface between PPG's and consortia in localities.

Because of its intimate involvement with the community it serves, PPGs are able to take special account of the 'hard to reach' and other minority groups. PPGs are also a thriving part of the 'big society', run by volunteers, they are ready to give their time for the benefit of communities and to increase the impact individuals have on their own lives.

PPGs are ideally placed and play a pivotal role in the engagement of patients with GP Practices. **PPGs should be formally recognised in the new arrangements as a statutory mechanism to involve patients**

complementary to the role of Local HealthWatch as the mechanism to engage communities

Patient insight and involvement in commissioning decisions can best be facilitated in respect of GP consortia by:

- Requiring that all GP practices in consortia constituencies have a Patient Participation Group (PPG).
- Requiring that a minimum of two places on each GP Consortia Board are set aside for representation from constituency PPG's or the locality PPG network
- Requiring consortia to develop clear structures, framework, principles and processes to ensure effective and meaningful engagement and input of PPG's at Board level.

Question: How can we build on and strengthen existing systems of engagement such as Local HealthWatch and GP practices' Patient Participation Groups?

PPGs are ideally placed and play a pivotal role in the engagement of patients with GP Practices. It is vital that **PPGs are formally recognised in their own right as an essential component of the new involvement and engagement architecture alongside LocalHealthWatch and HealthWatch England as a statutory mechanism to involve patients** complementary to the role of Local HealthWatch as the mechanism to engage communities

PPG's have close working relationships with GP practices built on mutual trust and respect and are already involved in PBC commissioning processes in many parts of the country. **PPG's are naturally positioned, at the heart of GP Practices, as the closest lay body to the proposed GP commissioning architecture** facilitating the development of early and effective relationships between GP consortia and PPG's where they exist. In many parts of the country networks of PPG's are already forming around PBC consortia which will facilitate transition to the new arrangements.

For the new arrangements to function effectively it would be imperative that a PPG existed in every GP practice in the country. **N.A.P.P recommends that it is made a statutory requirement for all GP Practices to have a Patient Participation Group in the new arrangements.** This concept is supported by feedback from GP consortia already working with PPG's and many individual GP's.

In the context of commissioning, **PPGs are uniquely placed to represent a collective unbiased view of patients' needs and priorities.** PPGs are key therefore in supporting GP consortia to make informed commissioning decisions that drive up the quality of general practice, ensure services are responsive and target resources more effectively. Feedback from PPGs may include intelligence that may assist commissioners to:

- Identify current & future health and wellbeing needs
- Identify where needs are not being met
- Obtain intelligence on purchased services
- Inform the design of new approaches and pathways also issues to be prioritised

- Identify priorities for action
- Define problems with existing pathways of care and develop solutions
- Monitor changes in services
- Decide how savings should be spent
- determine service specifications and improvements
- determine the scope and level of quality indicators in contracts and agreements
- Develop Business Cases & Commissioning Plans
- Challenge assumptions about priorities

There should be **a minimum of two places on each GP Consortia Board set aside for representation from PPG's or the locality PPG network** to ensure that feedback from patients can be fed directly into commissioning decisions. **The number of places for PPGs should be proportionate to the population size of the area covered by each consortium.** A clear structure, principles and process should be developed by consortia to ensure effective and meaningful engagement and input of PPG's at Board level.

The capacity of PPG representatives and GP consortia members respectively needs to be developed to ensure both parties have an appropriate understanding of engagement and making it work at Board level. PPG representatives need appropriate support and information in Plain English to assist their understanding of commissioning and the issues being considered. Representatives should also have appropriate practical support and reimbursement of out of pocket expenses to facilitate their engagement.

Information about commissioning decisions, particularly where these are contentious, needs to be explained to patients in practices or using services affected by these decisions. PPG's can support/facilitate GP consortia in feeding back information to patients therefore improving consortia public accountability.

N.A.P.P recommends that:

- **it is made a statutory requirement for all GP Practices to have a Patient Participation Group in the new arrangements to ensure patients' voices from every Practice in the country can supplement the feedback gathered by Local HealthWatch and be effectively represented in GP commissioning.**
- **Core funding for PPGs and N.A.P.P be formally considered to maximise the potential of PPGs in the new arrangements** as they currently operate on a voluntary basis

PPG's, PPG networks and N.A.P.P should, locally and nationally, be fully integrated into all future policy planning, development and implementation as key statutory strategic partners to assist in developing appropriate relationships, protocols and effective joint working between PPG's, Local HealthWatch and HealthWatch England.

N.A.P.P is participating as a strategic partner in the Department of Health GP consortia early adopter programme testing and demonstrating how the different contributions made by PPGs and LINKs/LocalHealthWatch can be fed into commissioning consortia and identifying how effective working relationships between PPGs and LINKs/HealthWatch can be built.

The essential distinctions between PPG's and Local HealthWatch (LINKs currently) relevant to the new patient and public voice proposals are:

- PPG's focus on individual patients and GP Practices working from within the Practice whereas LINKs focus on outreach and engagement with the wider community with a specific remit to hear the voices of those 'hard to reach'
- PPG's have direct access to and gather feedback from individual patients about GP, primary care services and the Practice whereas LINKs gather feedback from the whole community within the local authority boundaries with a focus on health and social care services.
- PPG's focus on improving the quality of general practice and primary care based on patients' feedback localised to their practice, networking PPG's across areas for a collective voice. LINKs work on issues identified from trends in the feedback from groups and individuals across the whole geographic and population spectrum including communities of interest and faith communities.
- PPGs already have the trust and respect of the Practices in which they work.

For HealthWatch England and Local HealthWatch to work effectively with PPG's there will need to be a clear set of principles underpinning the relationships between these three respective bodies at a national and local level also a protocol developed and agreed locally between Local HealthWatch and PPG's for working together in localities and across GP consortia boundaries. Training about PPG's is required & should be undertaken by Local HealthWatch and HealthWatch England. This training can be provided by N.A.P.P. Similarly, PPG's will need some training to understand & work effectively with Local HealthWatch and Health Watch England.

Principles and protocols will, as a minimum, need to clarify and identify:

- the respective roles, remit, aims and responsibilities of PPG's and Local HealthWatch
- the target population and professional groups for PPG's and Local HealthWatch
- the types and sources of feedback PPG's and Local HealthWatch will gather, collate and analyse
- the distinct benefits and outcomes of PPG's and Local HealthWatch
- the common principles that underpin working relationships e.g transparency, equality, independence, diversity, accountability etc
- methods, frequency, named contacts etc in relation to communication and engagement between each body and with GP consortia
- the distinct contribution/input /data PPG's and Local HealthWatch will each make to strategic commissioning and decision making processes in the locality and to relevant GP consortia

- the processes by which PPG's and Local HealthWatch will input into strategic commissioning and decision making processes in the locality including agreement around Board level representation of both PPG's and Local HealthWatch on relevant GP consortia
- the respective contributions/input and representation of PPGs and Local HealthWatch on Local Authority Health and Wellbeing Boards
- the processes for sharing and dissemination of information between PPG's, Local HealthWatch and GP consortia and the types of information to be shared including agreement around confidentiality and data protection
- areas for potential collaboration and mutual support/synergy to maximise the patient and public voice and ensure the delivery of responsive services
- processes for feeding back outcomes to respective target population groups

PPG's will also provide a valuable source of intelligence for HealthWatch England about the quality of primary care services and whether GP's and the Practice are meeting the required registration standards

Core funding is needed for N.A.P.P and PPGs to ensure maximum effectiveness of the new arrangements and optimal relationships between PPGs, Local HealthWatch and GP Consortia.

There should be **a minimum of two places set aside for representation from PPG's or the locality PPG network** on the Core Group or Membership/Executive Board of the Local HealthWatch organisation.

N.A.P.P's strategic role is:

- to ensure the unique contribution of PPGs as grass roots organisations embedded in primary care GP practices is appropriately represented, recognised and effectively integrated into the national architecture, policy and strategic decision making processes of the NHS landscape
- to strengthen the patients voice locally and nationally by ensuring that the role, remit, value and benefits of PPGs are understood by all key stakeholders as distinct from that of other mechanisms and that PPGs have influence within the system
- to support and build capacity of PPGs as an effective strategic mechanism for listening to patients and improving the quality of primary care general practice.
- to support effective relationship building and local joint working between PPGs, GP's, Practice Staff, GP consortia and other patient and public involvement mechanisms/groups to ensure services are responsive to patients.
- to support and build capacity of GP's and all other clinical/non-clinical Practice staff in assisting the development and effective operation of PPGs in GP practices nationwide
- to support and build capacity of GP practices to integrate, action and learn from PPG activities demonstrating positive outcomes for patients

- to support and encourage the growth and development of a PPG in every UK General Practice

PPG's will also provide a valuable source of intelligence for national HealthWatch about the quality of primary care services and whether GP's are meeting the required registration standards.

Summary of key points:

- there should be a **legal requirement for consortia to involve patients, carers and the public and a requirement for them to demonstrate that patients, carers and public views have been taken into account in commissioning decisions.**
- The commissioning outcomes framework should include **measures to demonstrate the extent of patient and public involvement undertaken by consortia through engagement with PPG's and Local HealthWatch.** The framework should also include **measures that demonstrate outcomes that have been achieved as a direct result of this engagement.**
- PPGs are ideally placed and play a pivotal role in the engagement of patients with GP Practices. It is extremely important that **PPGs are formally recognised in their own right as an essential component of the new involvement and engagement architecture alongside LocalHealthWatch and HealthWatch England as a statutory mechanism to involve patients** complementary to the role of Local HealthWatch as the mechanism to engage communities
- It is vital that **PPG's are formally recognised in their own right as an important component of the involvement and engagement architecture alongside LocalHealthWatch and HealthWatch England.** The unique role and contribution of PPG's needs to be understood as distinct from and complementary to that of LINKs and Local HealthWatch.
- **N.A.P.P recommends that it is made a statutory requirement for all GP Practices to have a Patient Participation Group in the new arrangements** to ensure patients' voices from every Practice in the country can supplement the feedback gathered by Local HealthWatch and be effectively represented in GP commissioning.
- **PPG's are naturally positioned as the closest lay body to the proposed GP commissioning architecture**
- **Core funding for PPGs and N.A.P.P needs to be formally considered to maximise the potential of PPGs in the new arrangements** as they currently operate on a voluntary basis

- **Core funding is needed for N.A.P.P and PPGs** to ensure maximum effectiveness of the new arrangements and optimal relationships between PPGs, Local HealthWatch and GP Consortia.
- There should be **a minimum of two places set aside for representation from PPG's or the locality PPG network** on the Core Group or Membership/Executive Board of the Local HealthWatch organisation.
- There should be **a minimum of two places on each GP Consortia Board set aside for representation from PPG's or the locality PPG networks** to ensure that feedback from patients can be fed directly into commissioning decisions. **The number of places for PPGs should be proportionate to the population size of the area covered by each consortium.** A clear structure, principles and process should be developed by consortia to ensure effective and meaningful engagement and input of PPG's at Board level.
- **N.A.P.P can support clinicians to build their capacity and knowledge around PPGs and can provide bespoke training to clinicians and consortia about PPGs** to ensure effective and mutually beneficial engagement.
- **N.A.P.P is participating as a strategic partner in the Department of Health GP consortia early adopter programme** testing and demonstrating how PPGs and LINKs/LocalHealthWatch can effectively work together to ensure the views of patients and the public can be fed into commissioning consortia and identifying how effective working relationships between PPGs and LINKs/HealthWatch can be built.
- **N.A.P.P is a key statutory partner and should be allocated a place on the NHS Commissioning Board.** See strategic role of NAPP point 2.25

Individual Responses from Patient Participation Groups:

N.A.P.P circulated the White Paper and Consultation Papers to all PPGs on their mailing list and encouraged them to make individual submissions to the White Paper team. There were common themes that emerged from all PPG responses which are summarised below:

- Patient participation groups in GP practices are the bedrock for achieving strong and effective user and carer voices across health and social care. If they existed in all practices, it would give the biggest outreach possible into the community
- The important role of PPG's cannot be over stressed in ensuring the patient voice is heard at a practice level or even higher up the system. N.A.P.P should be taking a leading role in implementing these changes.
- it must be a legal requirement for Patients to have an input into any of the processes that concern their healthcare. Patient's interests must be represented by their local, independent Patient Participation Group.
- Members agreed that the Government, Healthwatch and the GP Consortia are should recognise N.A.P.P and the PPG's as an effective, relevant and vital part of the new structure.
- There must be clear lines of communication, responsibility and accountability between PPGs, Local HealthWatch and Health Watch England. Adequate appropriate training needs to be given to ensure each of these bodies develop effective relationships and understands the others distinct role and contribution in the new arrangements.
- It is essential that a direct line of communication exists from PPGs to their Local HealthWatch and that this is clearly defined however as previously outlined. This however must not be the only means for PP's to communicate their wishes and aspirations to the GP consortia or the National Commissioning Board.
- it is essential that there direct lines of communication be established between the PPG's to all or any of the following GP's Consortia, Local HealthWatch and the National Commissioning Board. Thus PPG's thoughts and aspirations can be directed to the body most likely to influence their decisions.
- Clear areas of responsibility and roles should be established between Healthwatch and the PPG's to avoid duplication of efforts.
- Members felt it was vital to build long lasting and open relationships based on respect and openness between the PPGs, Local HealthWatch and HealthWatch England
- PPG's in many ways if effectively run do not need the Local Health Watch as they can communicate directly with GP consortia or the National

Commissioning body as they do now with PCT's and Strategic Health Authority. The Local HealthWatch only comes into play if there is an item of interest or concern to the wider medical community and not just individual practices.

- Members felt that PPG's do an excellent job at grass roots level and in essence would like the role of the PPG to remain as it is, i.e supporting their local practice and its patients.
- PPG 'hubs'/networks need to be formed from Practices within each GP consortium locality to ensure patients voices are fed into commissioning
- Each 'hub' of PPGs needs to build up strong relationships with their GP Consortium to enable a two way communication between commissioner and patient.
- Members thought that there should be greater communication between PPG's on a local level, particularly between PPG's within the same GP Consortia
- PPGs are close to their individual Practice's and Patient's needs, and therefore are vital as the initial gatherers of the first level of information about patients needs.
- the individual voice of each PPG should not be absorbed into one over arching body who will not express the needs of individual practices.
- there should be clear structure for PPGs to communicate the feelings and aspirations of their own group to either the GP consortium and/or direct to the NHS commissioning Board.
- N.A.P.P should have a much higher profile in establishing links between the different parts of the new system and coordinating the role and formation of Patient Participation Groups.
- N.A.P.P to be at the forefront in promoting the formation of new PPGs and also to act as the strategic coordinating body for all PPGs
- Members felt that the PPG could provide an effective voice into the GP Consortia and Local Healthwatch. There should be at least one patient representative from the PPG on the Board of each GP Consortia and Local Healthwatch in order to have an input into decisions and policy making.
- Members also thought it very important to have a PPG representative(s) on the GP Commissioning Consortia Board to give a patient led perspective.
- It is important to retain the identity and role of PPGs
- Although the functions of a PPG may certainly include championing the rights of patients as consumers, equally important is the promotion of

health by encouraging patients to take an active involvement in their own healthcare. The white paper is concerned almost exclusively with the former.

- PPGs would expect GP practices to discuss relevant issues with their PPGs, and keep them informed of the work of the GP consortium. The other main avenue of influence on commissioning would seem to be via local HealthWatch. Both GP consortia and the NHS Commissioning Board will presumably have an obligation to respond to comments from both individual patients and representative bodies.
- There should continue to be a financial incentive for GP practices to have PPGs.
- Involvement and whatever else is needed to improve the quality of health services through engagement of patients and carers should be contractual and enforceable.
- Lay people who are members of decision making bodies – commissioning consortia, health and wellbeing boards etc – must be paid an appropriate attendance allowance in recognition of their time and the shared accountability they are taking on.
- Consortia must have boards with lay people (lay members) recruited and paid to be on them. There should also be lots of opportunities for patient representatives to influence what the consortia do. This should be in the consortia's contract with the National Commissioning Board
- Consortia should focus on achieving outcomes that improve the patient experience and reduce inequalities as well as making better use of less resources
- Local Authorities should have strong scrutiny powers to see that consortia are involving patients and carers and making themselves accountable to the community.
- Patient groups in practices should be able to and encouraged to join Local Healthwatch but not required to join it. They should be part of the wider reference and intelligence networks of the Health and Wellbeing Boards and commissioning consortia. There should be a duty to involve patients and the public including patient groups.

Stephanie Varah MBA
Director for National Development
N.A.P.P

On behalf of the N.A.P.P Board and Patient Participation Groups