

Strengthening public influence in health

1. The Aim of the Programme: the Bristol Enquiry recommended that “*the involvement of patients and the public must be embedded in the structures of the NHS and permeate all aspects of healthcare in the NHS.*” The Patients as Partners programme is designed to train patients to participate in patient representation within the NHS, in a way that makes this recommendation a reality.

2. A Partnership between Education and Health to develop Patients as Partners: this training programme was developed by London Health Link (predecessor to Health Link) working with London Community Health Councils, assisted by Department of Health funding.

- It was based on the Certificate of Community Volunteering (CCV) (accredited by the Qualifications and Curriculum Authority) and adapted with ASDAN (the Award Scheme Development and Accreditation Network) to include patient representation. The CCV has also been used to train lay members of Youth Justice Panels and in regeneration.
- ASDAN, a National Awarding Body approved by the Learning and Skills Council, devised course content with London Health Link and provided quality assurance. The trainers were employed by City of Bristol College and had qualifications in training those with Basic Skills needs.
- Additional funds were secured from Department of Health for an independent evaluation by Aston Business School.

3. The Five training Modules: Each module has 3 components, two assessed internally and one assessed externally:

- Preparing to volunteer (e.g. negotiate support needed)
- Skills for self management (e.g. managing time and avoiding stress)
- Dealing with meetings (e.g. preparing for/participating in meetings)
- Working to good practice standards (e.g. equal opportunities)
- Understanding needs/ issues on patient representation in London's NHS

The pilot included assignments on defining the community's profile, finding out about health inequalities, understanding Codes of Conduct and making monitoring visits effective. Witness testimony (example of a Witness Testimony on Equal Opportunities attached) and video evidence were accepted as evidence of skills.

6. Progress of the Course: The five month course ran from November 2002.

- Recruitment took place at 5 Information Events (one per NHS sector) in October 2002 attended by over 100 CHC members. 66 enrolled and 63 completed it (95.5% completion rate). 25% of participants were from ethnic minority groups.
- Local workshops and one-to-one sessions across London were supplemented with three conferences at City Hall, hosted by the GLA.

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- Speakers attended from the London Health Observatory, the Department of Health and the National Pensioners Convention, and also included a mental health service user and someone with a learning disability and their advocate.
- ASDAN uses individuals' own experience as a resource for learning - rather than being 'trained', participants were involved in tasks which helped them work in groups towards a particular skill level
- The GLA hosted a party at City Hall when the Mayor's health policy advisor presented the Certificates.

7. The independent evaluation of the course by Aston University Business School, funded by the Department of Health, reported in June 2004. The criteria for evaluation were

- Relevance to patient representation
- Accessibility
- Cost effectiveness
- Quality

7.1 Methodology: The multi method research design combined qualitative and quantitative methods, including:

- A stakeholder day
- Six focus groups with 53 volunteers who attended the training course
- Telephone interviews with 13 respondents who had participated in the training course, but could not attend the focus groups
- Telephone interviews with 11 respondents who had attended the focus groups, to further investigate whether they were able to give examples of how and when they had used the training in practice.
- Telephone interviews with Public and Patient Involvement (PPI) leads from Strategic Health Authorities
- Telephone interviews with the ASDAN trainers
- A survey of 463 CHC volunteers who did not participate in the training course.

7.2 Key findings

Relevance to patient representation:

- Increased confidence
- Improved time management
- Enhanced Organisational Skills in Meetings
- Appreciation of the value of pooling knowledge and networking

Accessibility

- 25% of participants were from BME groups;
- 95.5% of participants completed the course
- *'intellectually accessible for all the volunteers'*
- Support given by the trainers important.

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- *".. I couldn't get any qualifications, I had to run after money to keep my kids. And, I mean, I've got no qualifications at all. Nothing. Nothing on paper except two or three things where I've gone for a day's course somewhere or other. The thing is that what it meant to me was, once I'd been pushed into doing it ... that it was a qualification for me. It was self satisfaction that I knew what I was talking about, and that I could put it in writing what I was talking about.*

Cost effectiveness

- Use of City Hall for three of the workshops without charge.
- Use of local CHC offices were available for local workshops free of charge.

Quality

- Need for modular approach to cover diverse skill levels
- Trainers needed more knowledge of the NHS.
- *'a positive and rewarding experience'*
- *'The programme helped to build my confidence. I look at things more systematically, clarify things and learnt how to approach things in a more constructive manner.'*

7.3 Recommendations to address shortcomings

- Modular approach to meet diverse needs
- Advance briefing for trainers so better informed about the NHS
- Check out course material with a group of prospective participants.
- Check out course material with NHS
- Specifically address Basic Skills in advance
- Arrange placements for participants in NHS organisations during the course

8. Conclusion: Health Link is keen to take forward the Patients as Partners Programme, piloted by its predecessor, London Health Link and independently evaluated. It is a strong model because it draws together the skills of professional trainers from the education sector and the quality assurance framework of the Learning and Skills Council, with the knowledge and expertise of Health Link in patient representation. It is a proven, inclusive model which can be adapted to different health service contexts, by varying the training material within the modules. As it involves learning 'on the job' as a patient representative, it makes best use of the scarce resource of patient representatives' time as volunteers. By arranging placements with NHS organisations for participants during the six month course, it will be possible to add value by involving the NHS in the training programme, enhancing the understanding of NHS staff of patient and public involvement and its potential to improve services within the NHS – so that patient involvement will *'permeate all aspects of healthcare in the NHS.'*

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SAMPLE WITNESS TESTIMONY

EQUAL OPPORTUNITIES

Witness Testimony

Name of Witness:

Position:

I have observed: -----

Incorporating equal opportunity into his/her role as a Voluntary Member working in various settings. The example given reflects this practice.

Signature of witness: -----

Date: -----