From Rhetoric to reality. A review of New Labour's Proposals for Greater Public Participation in Local Health Service Planning. How successful has the implement of government Policy within this area been ten years on?

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Presentation Content.

- Historical overview of the development of public participation in local health care planning.
- Theoretical approaches and impact of political ideology.
- New Labours approach to public participation in health care planning .
- Historical development and analysis of policy.
- Current development and analysis of public participation policy.
- Recommendations for improving public participation in local health service planning and delivery.

Historical overview of the theoretical and ideological development of public participation in local health care planning.

- Historically two theoretical approaches have been applied by the NHS for including public participation in health policy decision making.

1 Democratic model

2 Consumerist model

Democratic approach to public participation.

Popular political old labour approach 1960 -1970 .

Built on the principle of social equity and citizen empowerment.

- Views citizens and tax payers as having rights not only to access NHS services but also to participate collectively in managing such services.
- This approach is incorporated into past strategies that fostered the establishment of Community Health Councils For example.

Consumerist approach to public participation.

- Preferred model of New Right conservative government 1979 - 1997.
- The consumerist approach is evident in the implementation of the 1990 quasi-market NHS reforms that introduced a purchaser provider split into the NHS and the introduction of the Patents Charter 1992 and 1995.
- This approach models itself on the consumer /supplier relationship found in the private commercial market.
- The Patients Charter was the archetypal example of a consumerist driven health policy, Setting out a number of ‘rights’ and ‘standards' that mimic the expectations of consumer / supplier relationship in a commercial market. (Grinson1998)
- For example, service uses were given individual ‘rights’ to shop around, choose their own GP; expect information regarding standard of services and ‘rights' to complaints procedures.

Criticism of the democratic approach to public participation in health care planning and delivery.

Strategies such as Community Health Councils and Citizens' Juries that incorporate this model have been highly criticised for their lack of a broader inclusion of underrepresented sections of society in the decision making process. As Klein points out,

"*Why should such a small number of people be trusted to represent and influence the decisions that will effect the many thousands of citizens who make up a given community? Moreover the process of randomly selecting jury members may lead to the under representation of minority group interest".* (Klien1998:18)

Criticism of the consumerist approach to public participation in Health care planning and delivery.

- Amongst others Grinson 1998;Harrison and Pollitt 1994 and Klein 1995 have criticised the consumerist approach.

- For example, the aim of Patient choice lies at the heart of New Right health policy legislation, Working for Patients1989,The NHS and Community Care Act1990.
- The above both state that patients should have a right to chose a GP and have choice in where they receive secondary services and treatment.
- The reality: citizens were not informed they had a choice and GPs remained gate keepers to secondary services acting as proxy consumers on behalf of their patient often staying loyal to local providers.

New Labours approach to public participation in NHS planning and service delivery.

- New Labour rejects competition in health and social care that was created by the previous New Right Government.
- New labour have a preference for collaboration of health and welfare services with an emphasis on public participation in the decision making process.(DOH1997)
- A preference for collaboration is built on third way ideology built on social democracy which incorporates notions of citizens rights and responsibilities. (Giddens1998)
- New Labour ideology fosters a notion of ‘social inclusion' and a society in which all members have a stake.

What Works is what counts: A joined up approach to public participation.

- In keeping with its third way agenda New Labour have utilized elements of both the democratic and consumerist approaches.
- This has cast service users in the role of democratic citizens with ‘social rights’ and also individual consumers of local health care services. (Grinson1998)
- A review of new labour health policy documentation makes this explicit. The New NHS Modern and Dependable 1997, The NHS Plan 2000, The Health and Social Care Bill 2000 and more recent legislation such as The Local Government and Public involvement in Health Act (1997) show a combination of both approaches being applied.

Problems of implementing public participation policies into practice. An historical evaluation.

1 Historically in the UK there has been a weak tradition of public and patient participation inclusion in decision making in primary and secondary care.

2 The central form of public contact has remained the doctor - patient interaction. ‘Doctor Knows best’ mentality. (Lupton 1998)

3 The government offer no clear definition of participation in policy document.

4 A number of early empirical studies to date concerned with public and patient participation in the decision making process in primary care appear to highlight a continuing trend.

Early Problems in implementation of policy into practice.

- The new NHS Modern and Dependable 1997 and The NHS Plan 2000 Clearly states that “Primary Care Trusts must have clear arrangements for public involvement…”(DOH 1997 P11. DOH Chpt 10 2000)
- Five out of six empirical studies undertaken in this area between 1999 – 2001conclude with the view that the majority of PCG,S and PCT.S studied had made minimal progress in developing mechanisms for greater public participation.

What the research said

- The Health Service Management Centre at Birmingham University shows that the priority for closer collaborative working within NHS Trusts, local authorities and social services had improved little. Evidence of PCT,s facilitating greater public participation in the decision making process was not evident.
- *“Patients and the public do not appear to be particularly high up the agenda.”* (Smith,J.et al *2000:13)*

Research evidence continued.

- Both the Audit Commission 2000 and the Kings Fund 2000 reports draw similar conclusions.
- “Limited time and recourses have inhibited the integration of public involvement into work and decision making of PCG’s / PCT’S. (Anderson and Florin 2000:17)
- Other concerns included lack of professional knowledge on how to include the public. Regan & Smith 1999 :53)

Other concerns

Research by Harrison et el also brings attention to the matter of equitable inclusion.

The research highlights poor representation of marginalized groups within society, such as the homeless and older people. (Harrison:et el 2000:18)

Has public participation improved ten years on?

- **Generating Local Accountability ?**
- Lewis and Hinton (2008) reviewed a Foundation Trust to evaluate stakeholder involvement in health service decision making - an example of citizen participation?
- They particularly investigated the role of the Trust governors and the sharing of power - decision making
- They uncovered a lack of clarity in the governance function which restricted power sharing (this reflected previous research)
- Positive note - membership **“did at least broadly represent the socio- economic diversity of the communities** ….” (2008;23)
- Citizen /staff involvement evaluated as ‘consultation’ rather than true partnership - local accountability to replace centre??

Has public participation improved ten years on?

- **Staff Perspective/Attitude?**
- Brooks(2008) researched a UK based patient and public council in an acute hospital - a local initiative - and the relationship of nursing to public participation
- Identified involvement with patient/public participation as key to nursing professional development - centrality of user perspective to policy
- Ethnographic study found that the nursing response/involvement was limited by the context of the organisation
- Limited by agendas of managerialism and professional norms
- Patients often viewed ‘defensively’
- Greater involvement by nursing profession requires support and training for staff to manage a cultural shift

Has public participation improved ten years on?

- **Staff Perspective/Attitude?**
- Gagliardi et al (2006) also identified health professional attitudes as a significant barrier to patient involvement in planning etc.
- They identify negative attitudes by clinicians and managers
- They cite Wiseman (2003) and concerns re establishing a ‘dictatorship of the uniformed’
- Physicians and nurses more supportive of involvement of patients in own care but not in health planning issues
- Identified the need for a significant cultural shift to enable this to occur
- This has resource implications re training needs
- They cite the evidence that most activities in this arena are consultative rather than interactive partnerships

Has public participation improved ten years on?

- **User Perspective**
- Cowden & Singh (2007) review user involvement in health and social care, which they identify as a new mantra in Public Services
- They discuss the history of ‘User Involvement’ and note **“**the emergence of groupings of ‘professional users’ who participate in the formation of state policy as ‘expert consultants’.” (2007:5)
- They conclude that the emerging hegemony is a managerialist one in which progressive critiques are likely to be submerged
- User critiques of professional practice are “incorporated into an agenda dominated by p.m., audit and evaluation.” (2007:20)
- The ‘danger’ is that users become consultants, formerly activists?
- Cowden and Singh (2007) remind professionals of their responsibility to reclaim this agenda to enable the development of more emancipatory policy

Policy Development - The Future?

- Continuing Policy Development
- Involvement and consultation of communities in development and planning of health services
- From March 2006 s11 Health & Social Care Act 2001 became s242 NHS Act 2006
- Applied to:
- Strategic health authorities
- PCTs
- NHS Trusts
- NHS Foundation Trusts

Policy Development

- Duty in force from 1st April 2008
- s11 criticised by Expert Panel Report
- s242 more ‘precise’ about the nature of consultation
- Also s243 SHA & PCT must prepare reports re the consultation process and its **effects on decision making**
- DoH Briefing paper (2007p3) stresses the importance of ‘putting people at the centre, partnership, engaging vulnerable groups, increasing satisfaction’

Policy Development

- 2007 Local Government and Public Involvement in Health Act includes:
- setting up Local Involvement Networks (LINks) to replace Patients' Forums
- Commission for Patient and Public Involvement in Health
- strengthening of existing consultation duties for planning and provision of services
- NHS Centre for Involvement produces a LINks bulletin
- by 30/09/08 Local Authorities have to contract an organisation to support LINk activities

Issues for Discussion

- Policy making continues and will continue
- Continuing dominance of the managerial agenda
- Targets need to be met -etc., within this culture:
- How can front line staff be enabled to work in a partnership culture?
- How can the service user/patient perspective be represented within a partnership rather than within a managerialist culture and the more radical empowerment agenda reclaimed?
- Inclusion of marginalised groups a challenge?
- Responsibility of the professionals in health care delivery
- Do we now have a democratic, a consumerist or indeed a 3rd Way model approach to public participation?

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