

483: USER INVOLVEMENT IN THE BRITISH NHS: LAY VOICES IN CLINICAL GOVERNANCE IN PRIMARY CARE

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Objective:

To investigate the involvement of lay people/ patients in health care decision-making in the British NHS, focusing on user involvement in clinical governance in primary care as a case study.

Methods:

The paper first sets the context for this study by looking at the different concepts of accountability that have been employed before 1997 and contrasting them with the accountability contained within New Labour's policy of the "third way".

Drawing on policy and guidance published since 1997, it sets out a framework for how users are involved in this agenda and evaluates practice against this standard.

For its case study, the paper draws on qualitative data comprising semi-structured interviews carried out by the researchers in 12 Primary Care Groups or Trusts (PCT/Ts) in England selected to provide variation in size, rurality and group or trust status during 2000-1. Participants included Lay Board members (n =12), Chief Executives (CEs) n = 12, Clinical Governance Leads (CG leads) n = 14, Mental Health Leads (MH leads) n = 9, Board Chairs (n=2) and 1 Executive Committee Lead.

In addition, the paper draws on reviews of documentary evidence and relevant literature in this area.

Results:

Despite an acknowledgement of an organisational commitment to lay involvement, in practice very little has occurred. The role of lay Board members in setting priorities and implementing and monitoring clinical governance remains low. Beyond Board level, involvement of users, patients of GP practices and the general public is patchy and superficial. PCG/Ts continue to rely heavily on Community Health Councils as a conduit or substitute for user involvement, although their abolition is planned, their role to be fulfilled by new organizations called Voices, which in addition to replacing CHCs will have an expanded remit.

Conclusions:

The paper suggests ways in which current practice may be improved leading to a deeper and more meaningful lay involvement at a national, corporate and primary care practice level. In particular, it suggests ways in which users can participate equally with professionals in making decisions around quality. Finally, the paper concludes by questioning the limited nature of accountability found within the "third way" and suggests a modification of the concept together with a modification of the concept of "professionalism" if users involvement is to become a reality.