



➔ PCT Competency Framework 7. Community Patient and Public Involvement



March 2005



➔ PCT Competency Framework



Introduction

Engaging Communities Learning Network

During 2003/2004 year the ECLN funded competence development for engaging communities (in cooperation with CHI and the DH) which then went on to be road tested by five PCTs.

With thanks to Centre for Health Information Quality (CHIQ) for their final collation, interrelation and integration of extensive feedback from ECLN members, these competencies have now been developed.

Index

- 7.1 Strengthening accountability
- 7.2 The local compact
- 7.3 Patient experience
- 7.4 Staff involvement with the public
- 7.5 Policy implementation
- 7.6 Scrutiny and Review

How to use this document

This document is best navigated using the 'Document Map' which is found in Word by clicking 'view' within the menu bar and scrolling down to 'Document Map', it will then appear on the left-hand side of the screen.

To jump to any particular section click the relevant heading in the Document Map.

To follow the blue hyperlinks hold down the 'Ctrl' key and click the link using the mouse.

Roadtests

To view feedback from three road tests of the previous version of the competences, please click on the following links:

1. [Wycombe PCT](#)
7.3.1 The PCT uses a range of methods to assess and respond to patients' experiences, including the Patient Survey as a focus for patient involvement
2. [Mid Sussex PCT](#)
7.4 Staff Involvement with the Public
3. [Southwark PCT](#)
7.3 The Board ensures that community views are sought routinely as part of its planning and decision making process.

7.1.6 The local delivery planning process involves local people and their organisations.

RED
AMBER
GREEN

7.1 Strengthening Accountability

The organisation works with local people, including Patient and Public Involvement Forums, to strengthen accountability in order to:

- improve the quality of decision making
- promote openness, transparency, inclusiveness
- provide evidence for participatory decision making in PCTs

Strengthening accountability means the local PCT demonstrating to the communities it serves how resources have been spent and how performance has improved. The “community” refers to service users, patients and carers as well as the wider general public.

See Strengthening accountability - involving patients and the public:

<http://www.dh.gov.uk/assetRoot/04/07/42/92/04074292.pdf>

Overall Section Mark

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.1.1 The PCT board ensures that the public is engaged in and informed of all of its activities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.1.1.1 PCT board meetings to be held in public are well publicised, accessible and welcoming.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.1.1.2 Some board meetings are held in public venues, such as community centres and at varied times to facilitate public attendance

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.1.1.3 The Chair of the board gives members of the public the opportunity to contribute at board meetings

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.1.1.4 Suitable methods are used to communicate all trust activities and decisions to the public, e.g. leaflets and posters in public places; Board papers published on the Internet

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.1.1.5 There are mechanisms in place to facilitate and encourage the community to introduce its ideas and needs to the PCT. For instance, Board papers should acknowledge contributions from the public

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.1.1.6 The function and membership of the PCT Board is explained to the public

Overall Section Mark

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.1.2 The PCT board publicises widely the rights of the public to representation and participation in board matters (NB All PCT non-executive members of the Board are representative of the community they serve. Non-executive appointments are made through the independent Appointments Commission)

7.1 Strengthening accountability

March 2005

PCT Competency Framework - Community Patient and Public Involvement

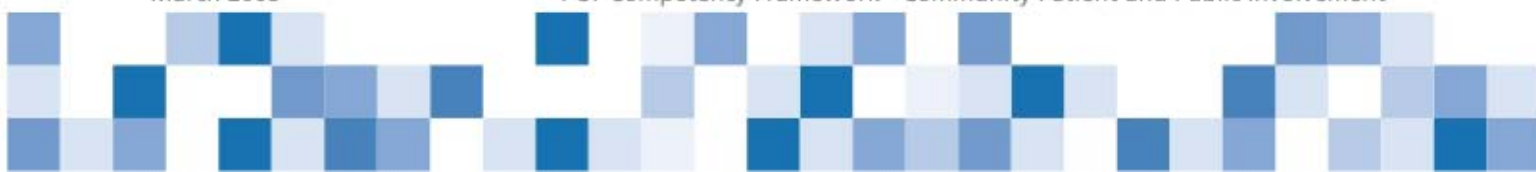


	RED	AMBER	GREEN	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1.2.1 Opportunities for appointments to the board and its committees are publicised in a variety of formats to all sections of the community.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1.2.2 Opportunities to participate in or observe board activities are disseminated in a variety of formats to all sections of the community.
Overall Section Mark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1.3 The PCT board understands and implements its obligations to Overview and Scrutiny Committees (OSCs) and Patient and Public Involvement Forums (PPI Forums) when developing proposals that may constitute a substantial variation or development to a health service (See Strengthening accountability - involving patients and the public: Practice Guidance, Section 12)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1.3.1 The PCT works in partnership with the local OSCs and PPI Forums
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1.3.2 There is good communication, from an early stage, at all levels and all staff are aware of the duties and responsibilities of the OSC and PPI Forums
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1.3.3 There is development of a shared strategic agenda working with Local Strategic Partnership (LSP) and through the local compact and other local partners, such as the voluntary sector
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1.3.4 Patient and public involvement is a regular item at board meetings and all board papers give evidence of the extend of public involvement in their production
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1.3.5 PCT and OSC have jointly agreed criteria for deciding what constitutes a substantial variation or development to a health service
Overall Section Mark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1.4 The PCT board ensures that community views are sought routinely as part of its planning and decision making processes See See Strengthening accountability - involving patients and the public: practice guidance 1, 2, 3, and Sections 7 and 11of the Health and Social Care Act, 2001 – Overview and Scrutiny guidance is due shortly
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1.4.1 The PCT has undertaken a comprehensive baseline assessment.

7.1 Strengthening accountability

March 2005

PCT Competency Framework - Community Patient and Public Involvement



RED AMBER GREEN

Overall Section Mark

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.1.4.2 The PCT can demonstrate improvement in performance against the initial baseline

7.1.4.3 The PCT has developed a Patient and Public Involvement (PPI) strategy that is linked to the commissioning, planning and updating mechanism for the Local Delivery Plans (LDP)

7.1.4.4 The PCT involves local people, eg the PPI Forums, in monitoring and evaluating strategy and LDP processes.

7.1.5 Corporate governance requirements are met in line with NHS controls assurance and Nolan standards. The Committee on Standards in Public Life (formerly the Nolan Committee) was set up in 1995 as an independent body to investigate standards of conduct in public life.

<http://www.parliament.uk/works/standards.cfm>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.1.5.1 A clear, accessible and comprehensive annual report is produced by the PCT and made available to the public.

7.1.5.2 In the report variances from financial and other targets are explained.

7.1.5.3 The trust AGM is well publicised public meeting, which takes account of local diversity

7.1.5.4 The PCT's progress in achieving its PPI strategy is evaluated annually both internally and through the LSP and local networks.

Overall Section Mark

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.1.6 The local delivery planning process involves local people and their organisations from the outset

7.1.6.1 New priorities are introduced through the LSP

7.1.6.2 A range of innovative means has been used to engage local people and groups in the PPI and LDP process.

7.1.6.3 The LDP has been validated through the LSP and through the local compact.

Overall Section Mark

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.1.7 The PCT has a strategy in place that supports PPI and monitors quality through feedback from local partner organisations, such as local hospital and healthcare trusts, local authorities, local MPs and the voluntary sector.

7.1 Strengthening accountability

March 2005

PCT Competency Framework - Community Patient and Public Involvement



RED
AMBER
GREEN

7.1.7.1 Board development includes induction into and application of Sections 7 and 11 of the Health and Social Care Act 2001
<http://www.legislation.hmsso.gov.uk/acts/acts2001/20010015.htm>

7.1.7.2 Leadership development includes work with patient carers, local groups and other partner organisations (e.g. jointly developed through the LSP)

7.1.7.3 Continuing Professional Development (CPD) providers are encouraged to involve local people in the design and delivery of staff training (e.g. through the expert patient programme and PPI Forums)

7.1.7.4 Training in PPI work is included in management and personal development planning.

7.1.7.5 The PCT designates PPI responsibilities to a specific executive lead

Overall Section Mark

7.1.8 The PCT board ensures that the recommendations of the 'Expert Patient' programme are implemented to comply with the section 11 of the Health and Social Care Act 2001 guidelines and in partnership with local voluntary sector. See <http://www.expertpatients.nhs.uk/quality.shtml>

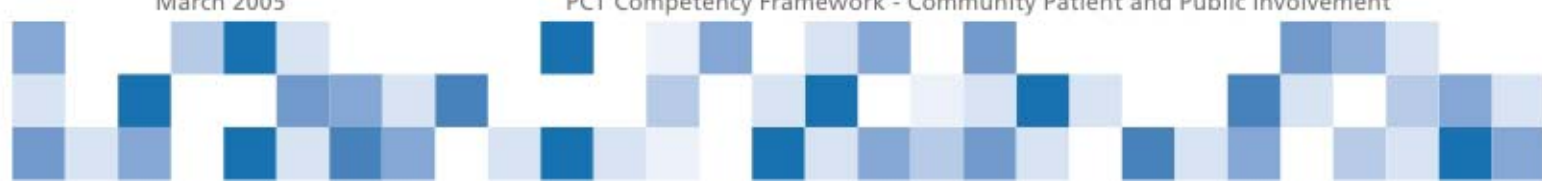
7.1.8.1 The PCT supports user-led self management programmes for key chronic conditions

7.1.8.2 Individuals and groups who have experienced difficulties accessing services are targeted and involved

7.1.8.3 Courses will be in place to enable Expert Patients to self manage chronic conditions

7.1.8.4 PCT staff work with 'Expert Patients' to further improve services across statutory and voluntary sectors.

7.1 Strengthening accountability



RED
AMBER
GREEN

7.2 The local compact*

The PCT works with the local community to develop a local compact. PCTs work with compact members to address health inequalities within disadvantaged and marginalised groups. (www.lga.gov.uk)

Overall Section Mark

7.2.1 The PCT works together with the local statutory, voluntary and community sectors to develop and implement the local compact. See the Natpact website for practical examples of working with the local public:

http://www.natpact.nhs.uk/engaging_communities/communicating_within_communities/

7.2.1.1 There is evidence of a robust consultation process in the development of the compact.

7.2.1.2 The PCT lobbies for the compact and its meaning to be well publicised in local media.

7.2.1.3 All PCT staff are aware of the principles and benefits of working with the local community and voluntary sectors

7.2.1.4 An inclusive approach is developed with attention to groups the NHS has traditionally found hard to reach. For instance, minority

7.2.1.5 PCT participates fully in the Local Strategic Partnership (LSP) to ensure local compact priorities are shared across the whole local system.

7.2.1.6 There is evidence to show that the PCT adheres to the agreement of the compact.

7.2.1.7 The public is aware of the benefits of the compact

*A local compact is a written agreement that sets out a framework to guide and improve working relationships between the local statutory, voluntary and community sector. It is not a legally binding document but it derives its authority from endorsement by all the sectors through a consultation process. Local communities may have more than one compact.

7.2 The local compact

March 2005

PCT Competency Framework - Community Patient and Public Involvement



RED
AMBER
GREEN

7.3 Patient experience

All PCTs must have in place mechanisms for gathering, receiving and using data concerning the patient experience from a variety of sources. These data should capture the views of patients, carers, parents, disadvantaged and disabled groups as well as the general public. Sources may include:

- Personal Medical Services (PMS) programme,
- Local Improvement Finance Trust (LIFT)
- National Service Framework (NSF)
- Patient Advice and Liaison Services (PALS)
- Independent Complaints Advocacy Service (ICAS)
- General Practice Patient Participation Groups
- Critical incidences
- Patient diaries
- Expert Patient Programme (EPP)
- Patient and Public Forums (PPI)
- Website feedback

Overall Section Mark

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.3.1 The PCT uses a range of methods to assess and respond to patients' experiences, including the Patient Survey, as a focus for patient involvement

See:

- Department of Health "Strengthening accountability - involving patients"
- Department of Health 'Supporting the Implementation of Patient Advice and Liaison Services' 2002
- Healthcare Commissions National Patient Survey Programme

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.3.1.1 Discretionary part of annual patients' survey includes questions originating from the local community (e.g. with the Local Strategic Partnerships and local compact).

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.3.1.2 Feedback from the survey, including local action planning, is shared with the LSP and other trusts and involves those most likely to be affected; patients, carers and frontline staff.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.3.1.3 There is an appropriate range of approaches for involving local people

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.3.1.4 The survey is used to influence performance standards for the PCT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.3.1.5 Annual survey findings influence trust plans for further patient and public involvement work.

7.3 Patient experience



RED
AMBER
GREEN

Overall Section Mark

7.3.1.6 The Board can demonstrate how patient and public involvement has had an impact on service development and improvement, both through systematic evidence of improvement and through illustrative examples of how patients' expectations are being met.

7.3.1.7 A database is set up to record patient and public feedback so that overall trends and areas of strength and weakness can be identified.

7.3.2 There is an established Patient Advice and Liaison Service (PALS) in the PCT. See

- Strengthening accountability - involving patients and the public: practice guidance 3;
- Department of Health 'Supporting the Implementation of Patient Advice and Liaison Services' 2002 ;
- PALS National Core Standards, <http://www.dh.gov.uk/assetRoot/04/07/64/42/04076442.doc>
- PALS Standards developed by Bec Hanley via PALS National Development Group (not yet published).

7.3.2.1 . A manager with sufficient authority to initiate and steer service development changes is appointed to run PALS

7.3.2.2 PALS is resourced with suitably trained staff, office accommodation, equipment and information materials.

7.3.2.3 PALS manager has access to the chief executive and chair of the board

7.3.2.4 PALS is integrated into the Local Delivery Plan process

7.3.3 PALS is visible, accessible and responsive to the public.

7.3.3.1 PALS is accessible to the diverse local communities.

7.3.3.2 The community is informed of PALS availability.

7.3.3.3 PALS have clear protocols for interacting with patients, which cover areas such as accessing patient specific information, referral and addressing specific issues.

7.3.3.4 Where PALS has a web presence, this is linked to community internet sites (e.g. other local networks).

Overall Section Mark

7.3 Patient experience

March 2005

PCT Competency Framework - Community Patient and Public Involvement



Overall Section Mark

RED	AMBER	GREEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.3.3.5 Local people receive regular feedback on specific and more general issues pursued by PALS, including feedback to the public on how their contributions have initiated changes.

7.3.4 PALS activities and contacts are recorded, evaluated and the information used by the trust and its staff at all levels to inform service improvement and development.

7.3.4.1 All staff know of PALS role and are aware of their own role in customer care and referring patients to PALS.

7.3.4.2 Relevant staff are aware of actions arising from PALS activities.

7.3.4.3 PALS role in continuous quality improvement is integral to service development.

7.3.4.4 PALS reports are regular agenda items at trust board meetings so that major issues and trends can be discussed.

7.3.4.5 PALS reports are included on the agenda of the professional Executive Committee (PEC) and other committees of the PCT as appropriate.

7.3 Patient experience

March 2005

PCT Competency Framework - Community Patient and Public Involvement



7.4 Staff involvement with the public

The PCT develops a culture of involvement and encourages initiative and innovation around involvement activities. Section 11 of the Health and Social Care Act 2001 places a duty on NHS trusts, Primary Care Trusts and Strategic Health Authorities to make arrangements to involve and consult patients and the public in service planning and operation, and in the development of proposals for changes.

Overall Section Mark

RED	AMBER	GREEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.4.1 The PCT actively promotes staff to work in partnership with local people and communities both within service delivery (day-to-day) and in planning service improvements to ensure a constantly improving patient experience.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.4.1.1 The PCT's systems for working with the public ensure staff are encouraged to participate in the public involvement programme

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.4.1.2 PCT management ensure recognition is given to staff for significant contributions.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.4.1.3 There are staff-led initiatives to improve services that involve patients and the public.

Overall Section Mark

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.4.2 Staff have the knowledge, skills and support necessary to engage with the public in service development and planning. Staff are aware of how the public involvement work links to the Local Delivery Plan (LDP), the trust's PPI strategy and collaborative local developments through the Local Strategic Partnerships (LSP)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.4.2.1 The PCTs PPI strategy is integrated into all job descriptions as well as staff appraisals, staff communications and staff development(i.e. through induction programmes, Improving Working Lives (IWL*), Continuing Professional Development, (CPD*) and internal briefings.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.4.2.2 Information about public involvement activities is available to all staff (e.g. the patient panels, patient forums, involvement in service re-design, etc.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

7.4.2.3 The PCTs ensure that staff undertake training to enable them to support the PPI agenda

7.4 Staff involvement with the public



7.5 Policy implementation

The PCT uses the best practice baseline measures as a self-assessment tool to guide its involvement and consultation processes. See “Strengthening Accountability. Involving Patients and the Public. Practice Guidance, Section 11 of the Health and Social Care Act 2001, Introduction to the practice guidance” <http://www.dh.gov.uk/assetRoot/04/07/42/92/04074292.pdf>

Overall Section Mark

RED	AMBER	GREEN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.5.1 A culture of involvement is developed at every level, drawing on lessons learnt from past and present work.

(See See “Strengthening Accountability. Involving Patients and the Public. Practice Guidance, Section 11 of the Health and Social Care Act 2001, practice guidance 1”)

7.5.1.1 An on-going strategic approach is developed which demonstrates the use of a range of methods across the whole local system in partnership with the Local Strategic Partnership (LSP) and other partners. Methods should include, for example, commissioning, performance management and networking

7.5.1.2 The public involvement strategy is drafted with public participation and has an impact on service development

7.5.1.3 . Corporate policy on public involvement is reflected in staff appraisal and development processes, thereby emphasising that involving the public is the responsibility of all staff

7.5.1.4 Transparent systems of communication exist within the PCT and between the PCTs and the communities they serve. These systems include mechanisms for gathering, evaluating and acting upon feedback on the effectiveness of public involvement strategies.

7.5.1.5 PCTs facilitate involvement at every level in the local care system: domiciliary, GP practices, dental surgeries, care settings, hospitals and through the LSP – using the range of methods illustrated through the practice guidance.

7.5 Policy implementation



RED
AMBER
GREEN

7.6 Scrutiny and review

The PCTs welcomes and facilitates regular public scrutiny through local the Commission for Patient and Public Involvement in Health (CPPIH) Patient and Public Involvement (PPI) forums and the Local Authority’s Overview and Scrutiny Committee (OSC) and implements their recommendations relevant to the needs of local people. (See Section 7 of the Health and Social Care Act, 2001.)

Overall Section Mark

7.6.1 The board creates an environment where public scrutiny of planning and decision making regarding health and health service improvement is customary.

See Department of Health “Strengthening accountability - involving patients and the public: practice guidance 12

7.6.1.1 The PCT reports on the results of review (internal and external) in a range of media accessible throughout local communities.

7.6.1.2 OSC and PPI forum comments are responded to as part of the PCT continuous improvement process .

7.6.1.3 PCTs can demonstrate how OSC and PPI forum review results have been used to contribute to strategic planning.

Overall Section Mark

7.6.2 The board makes sure that mechanisms are in place throughout the PCT to ensure improvement as a result of scrutiny, including development of local agreements with CPPIH PPI forums.

7.6.2.1 There are communications channels in place through which staff and other stakeholders can identify and suggest ways in which the processes and outcomes of the PCT may be improved in response to external scrutiny, e.g. suggestion boxes and team meetings

7.6.2.2 PCTs work with partners, such as the Local Strategic Partnership and voluntary and community sectors, to adopt a whole system approach to health scrutiny priorities, e.g. transport

7.6.2.3 The PCT develops a good working relationship with the PPI forum

7.6 Scrutiny and Review



GLOSSARY OF ACRONYMS

Continuing Professional Development (CPD) is a process of lifelong learning which enables professionals to expand and fulfil their potential and which also meets the needs of patients and delivers the health and health care priorities of the NHS

Expert Patients Programme (EPP) runs courses to help people living with a long-term health condition maintain their health and improve their quality of life.

The Improving Working Lives Standard (IWL) sets a model of good Human Resources practice against which NHS Employers and their staff can measure the organisation's HR management

Local Delivery Plans (LDPs) form the core of a planning system based on single, three-year local plans covering NHS and joint NHS/social care work priorities. Plans are led and developed by primary care trusts (PCTs) and replace the Health Improvement and Modernisation Programme.

Local Strategic Partnerships (LSPs) are non-statutory bodies, bringing together at a local level the different parts of the public sector as well as the private, business, community and voluntary sectors, so that different initiatives and services can support each other and work together. Most partnerships are based on local authority district boundaries. Their function is to develop a community strategy, and involve local people in shaping the future of their neighbourhood and in how services are provided.

Overview and Scrutiny Committees (OSCs)

Overview and Scrutiny Committees are set up by local authorities, with social services responsibilities, to oversee, monitor and scrutinise local policies, services and activities. Health OSCs scrutinise all aspects of local health, not only those provided by the NHS, in accordance with the Health and Social Care Act 2001 and related regulations.

Patient Advice and Liaison Services (PALS) are available in all trusts to provide information, advice and support to help patients, families and their carers.

Professional Executive Committee (PEC) are responsible for the day-to-day management of PCTs, including developing and initiating service policies, investment plans, priorities and projects.

Patient and Public Involvement Forums (PPI Forums) are made up of volunteers from the local public who independently monitor the quality of local health services. They work in every NHS trust and PCT area to get the views of local people about local health services and feed these into trusts.

