



## Meetings/events feedback form

**Date of meeting:** 17<sup>th</sup> May 2011

**Title of meeting:** Authorisation of GP Consortia – NHS W Midlands Consultation

**Audience:** Representatives of NHS and Local Government organisations across the W Midlands, voluntary sector organisations, DOH and Staffordshire LINK.

**LINK representative(s) attending:**

Dave Bassett

**LINK representative completing feedback form:**

Dave Bassett

**Rationale** (*Why are we attending the meeting event*). Note – *if you are delivering a message/presenting re: what the LINK is about this needs to complement the standard presentation. If not provide details of message given.*

The DOH is developing criteria for the authorisation of GP consortia by 2013 with NHS W Midlands asked to lead on Patient and Public Involvement. I was able to contribute to the discussion and submit ideas for consideration from a LINKs/Healthwatch perspective.

**What were the main issues to come out of the meeting/event from the LINK perspective?** (*List between 1 and 6 bullet points would be helpful*).

- ❖ To be authorised it is expected that consortia will be required to demonstrate competence across the following six domains:
  1. Clinical focus and added value.
  2. Engagement with Patients and Communities.
  3. A clear and credible plan to deliver quality improvement within the allotted financial resource.
  4. Capacity and capability to deliver all their responsibilities, including financial control.
  5. Collaborative arrangements for commissioning with other consortia, Local Authorities and the NHS Commissioning Board.
  6. Leadership capacity and capability.
- ❖ We looked specifically at number 2 – Consortia need to be able to show how they will ensure inclusion of patients, the public, communities of interest and geography, Health and Wellbeing Boards and Local Authorities in everything they do including their commissioning decisions. We split into two groups on focussing on Health and Wellbeing Boards and the group that I was in looking at patient and public involvement. It was clear that there is not a one size fits all solution as consortia will vary in size and Demography and we proposed a set of principles that consortia should work within. These ranged from the individual patient approach of “No decision without me” to how they engaged with patient and voluntary groups as well as the formal scrutiny process. We thought they needed to demonstrate how they would seek and use information about public opinion, including using for example the services of their local LINK, the Joint Service Needs Assessment.
- ❖ A set of recommendations will be forwarded to the DOH and will shape the future debate in this area of authorisation.