

Good afternoon everyone,

Barack Obama calls it Citizen Participation

David Cameron calls it the Big Society

Brian Cowen would talk about Active Citizenship

Democratization is very much in vogue.

But we are seeing a shift from representative to participative democracy. People want to be involved.

I work for the Patient and Client Council. We were formed last year to provide a voice for people in Northern Ireland on health and social care issues and involving people is at the centre of all we do.

For anyone involved with health services North or South or on the border, Patient and Public Involvement or Personal and Public Involvement are very much part of the vocabulary and has been for a long time.

There is undoubtedly a wealth of policy development and a stated desire by planners and providers of health services to work in partnership with service users and communities. There are also many examples of good practice.

What is amazing though is that, in spite of this and an explosion in communication with the immediacy of the internet and a 24/7 news cycle, so many people still feel uninformed and disconnected from the fundamental decisions which affect their lives.

At this moment in time we face a set of circumstances which will dictate how we live for the next few years and indeed generations. The financial and demographic challenges facing our communities demand answers to difficult questions.

People are living longer.

People's expectations are higher than ever before

Even without the financial crisis we find ourselves in, the current health systems are unsustainable.

Our health commissioners and planners need to influence people they have no influence over. Life style choices on smoking, alcohol and obesity have to change. That can only happen through people committing themselves, by their participating.

Those affected most by these decisions and those we are seeking to influence have to be involved in the debate on which path we take going ahead.

Without that participation the risk of failure increases. In fact, how can a truly successful outcome be achieved?

People though will only participate if they are given the right information, given the opportunity to participate and if they can see how their views are taken account of. This doesn't mean that everyone can have everything they want. And people understand this. What is needed is trust in the process.

Delivering this requires challenging leadership and a commitment to resources. The resources question will not be easy to answer but there is a real opportunity for us to be innovative and to find better ways to involve people in decision making.

Necessity is the mother of invention. There is no greater necessity at the moment than involving people in deciding how they and their children will lead their lives. That should drive everyone in health care to find better ways to involve people in decisions which affect lives.

That involvement though needs to be at all stages of planning, implementing and delivering services. Experience has shown that real involvement of patients, carers and communities in these processes provides a depth of knowledge not found in any text book or isolated steering group.

However PPI, whether you call it Personal and Public Involvement or whether you call it Patient and Public Involvement, does lead you where you don't want to go. Tough questions will be asked and it is uncomfortable at times. So it is not easy and you need to be prepared.

It is surprising how limited the understanding of the concept of PPI can be amongst health service planners and providers. Most training on involvement and engagement is geared to the specialists in the field not frontline staff, not commissioners nor planners and certainly not service users, carers or communities. That must change if PPI is to be effective.

This work by the Centre for Cross Border Studies clearly illustrates many of the points I have mentioned. The proposals coming from the research are clear and give an opportunity to make a difference for individuals and communities in some very specific situations. Acting on the proposals though will demonstrate that more efficient services will result from genuine engagement.

We need to challenge how we view things and how we do things. For the health service that view will come from the patients, service users and communities surrounding it and using it.