

**ACADEMY OF MEDICAL ROYAL COLLEGES PATIENT LAY GROUP  
COMMENTS ON ESTABLISHING HEALTHWATCH**

**1. INTRODUCTION**

The Academy Patient Lay Group (APLG) is a committee within the Academy of Medical Royal Colleges whose membership is made up of the Chairs of the Individual Royal Colleges and Faculty PLGs. The Chair of the Group is the lay member of the Academy. The College/Faculty PLGs work with the different clinicians in contributing a patient/lay/carer point of view on a range of issues which include standards within the specific medical profession, the training and education of doctors and on the provisions of services to patients throughout their treatment pathway.

**2. THE WHITE PAPER, EQUITY AND EXCELLENCE –  
LIBERATING THE NHS**

The APLG is supportive of the aim of giving patients a greater say in the provision of NHS services. However, the APLG is concerned that the organisational fragmentation of the NHS and the devolution of Health Service budgets to GP consortia brings uncertainty as to how all these changes will directly impact on the quality of services to patients. In the circumstances the APLG believes that it is crucial that effective mechanisms are put in place which provides a strong patient/lay/career voice that is allowed to speak freely, be listened to carefully and have their views acted upon. This will give true meaning to the statement *“that patients will be at the heart of everything we do.”*

Essential therefore in establishing local HealthWatch and HealthWatch England is providing it with the capability of being a strong patient’s voice not only on the proposals in the White Paper itself, but also those in the related documents e.g. *“Commissioning for Patients”* and *“Transparency in Outcomes, a Framework for the NHS.”*

**3. LOCAL HEALTHWATCH AND HEALTHWATCH ENGLAND**

**3.1 Local HealthWatch**

The document *Commissioning for Patients* mentions in Section 6 that under the new proposed structures it is envisaged that there will be a partnership approach to working with patients and others. To make this work, the role of the GP Consortia (as stated in para 3.12) and its relationship with Local HealthWatch will be very important if it to meet its *“duty to inform, engage and involve the public in identifying needs, planning services and considering any proposed changes in how those services are provided. Where this is likely to result in changes in the configuration of*

*services, consortia will be expected to report on the likely impact of those changes and the impact of public involvement on their commissioning decisions”*

If there is to be a genuine patient voice as referred to in the commissioning document then more needs to be done than just tinkering with the current LINKs' structures. This is important given the current LINKs organisation varies in quality and effectiveness across England which means that without significant changes there will be some local LINKs organisational structures which are not fit for purpose in meeting the demands and the responsibilities being given to HealthWatch in the Government's proposals. Clearly their new role must cover the complete length of the treatment pathway and be a formal voice embedded firmly within the GP consortia structures, not only dealing with individual patients, liaising with patient's groups but also other bodies which will have an interest how Health Services are delivered. This is in addition to a monitoring role on the performance of the GP consortia in terms of outcomes and meeting standards.

The APLG does have concerns over conflating arrangements for the involvement of patients as active service users and the public as citizens. These groups have distinct requirements which are not necessarily identical. One of the difficulties that Community Health Councils (CHCs) had was over confusing these two roles to the disadvantage of one or other or even sometimes both.

The APLG therefore believes that there should be early clarification on the actual remit of local HealthWatch and on the areas they will need to provide a patient voice on. Some are known, such as:

- Dealing with individual patient's complaints and concerns, including advocacy work. However clarity is needed when cases cross the boundaries of both social and health care, including the need to have consistent rules in way cases are handled
- Assisting Individual patient's who are unhappy with the provision of choice
- Ensuring patient's rights are maintained under the NHS constitution
- Working with other public bodies, local Groups such as PPGs, local Patients Groups who are specific to a medical condition such as Cancer, Parkinson's disease etc, plus groups who reflect the views of a diverse population within the local community. It would also important that in reflecting a patients viewpoint it should include not only those suffer from long term conditions but also the needs of the wider population.

However, in other areas its unclear what role they will have in matters such as:

- Monitoring of the outcomes and the achievements of standards under the framework document, including how the five domains will be achieved and sustained/ improved under the application of the 150 NICE standards –will local HealthWatch be involved in expressing views on outcomes when they are benchmarked against other GP consortia and internationally
- Involvement in health prevention activities as it is not within the five domains (it should become a sixth) - will local HealthWatch be given the role to work with local authorities under the public health role in ensuring that GP consortia take action on issues such as encouraging the local community to participate in campaigns such as early diagnosis, healthy living, encouraging patients to have check up etc?

- The White Paper states that GP consortia will be responsible for the commissioning of training and education of doctors – will Local Healthwatch be consulted on this?
- In some circumstances for economic reasons the provision of treatment to patients using highly expensive equipment e.g. Proton Beam Therapy will be provided outside the GP consortia area - will local HealthWatch role be given an opportunity to express views on such situations?
- What will be the role of Local HealthWatch in Patient Safety Issues?

To ensure that Local HealthWatch will operate in a fully effective manner the following needs should be addressed in respect of the governance framework:

- The Governance rules should set out clear terms of reference in relationship to GP consortia and local health service providers
- There should be clear processes in dealing with challenges and investigations on behalf of individual patients and patient groups
- Skilled, competent and trained advocates will be required
- Trained staff and an infrastructure that provides support to those staff and others in representing patient's voice
- There should be a requirement Local HealthWatch take into account not only the views of patients with chronic health conditions but also healthy people which will reflect the situation within the community
- Local HealthWatch will also need to take into account the views of carers
- The terms of reference of the local HealthWatch will need to enshrine the independence of operation in reflecting patients' views
- Adequate funding to ensure that it is able to cover every aspect of its remit in an efficient and effective manner.

Membership of the local HealthWatch needs to be balanced and should be drawn from a wide range of not only patients and carers but others who have an interest in how healthcare is provided in the community without being dominated by any specific groupings.

### **3.2 HealthWatch England**

The HealthWatch consultation paper provides some information on the role of Local HealthWatch, but it remains much more unclear as to how HealthWatch England will operate within the Care Quality Commission and how constitutionally independent it will be in expressing an independent national patient's voice. It would appear that it will have links with Local HealthWatch in collecting information and will also have input (para 15 of the Commissioning Document) into the NHS Commissioning role and its views will be taken into account in commissioning services and the development of the five domains.

To make HealthWatch England effective it must be adequately funded and be truly independent with members from outside NHS management who are able to reflect patients and carers needs across the Country and have knowledge and experience of working at that level. It needs to work in a transparent and accountable manner and have clear terms of reference and governance rules that provide clarity in its relationship with the CQC and how it works with other bodies at national level in

areas such as standard setting, patient safety and the commissioning of services plus its working relationship with Local HealthWatch bodies. It will need to be given the tools to monitor the performance and effectiveness Local HealthWatch in addition to promoting good practice. It will need to be able to express freely the views publicly on patients' issues within its remit. It will need trained and skilled staffs that are able to understand the needs and views of patients and lay people alongside the technical views of clinicians and other health service professionals. This will be especially important if it is to contribute to the desired multi-professional approach in promoting and sustaining the effective commissioning of services (para 6.13 in the Commissioning of services document).

#### **4. SUMMARY**

The APLG understands that creating Local HealthWatch and HealthWatch England is only one part of what is going to be a major upheaval in the way the NHS services are provided to patients. As expressed earlier there are genuine concerns that this will lead to diminution of the quality of service patients receive. Therefore if the changes are to go ahead then the pace of change is very important. There must remain a question mark whether it is achievable in two years or if transition in stages is preferable.

The consultation paper and at meetings reference has been made to HealthWatch becoming a CAB type of organisation which has a strong "brand" in being a reliable and successful advisory service to the Community. If the aim is to achieve CAB "status" HealthWatch needs have a strong CAB type infrastructure both in terms of trained & skilled people and systems that provide the information and gives confidence to those who have public facing roles in dealing with different issues and problems. This is something that the CAB has built up over the last 70 years.

It is therefore important that if the Government are serious about "no decision about me, without me" and wants a genuine patient voice embedded in the provision of health service then it needs to put in place strong patient involvement structures and not let tokenism prevail in the way the views of patients and cares are listened to.

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