Comment on local HealthWatch- bs 22.08.2010

History

It is important to review the history of patient and public participation in heath and social care in order to set the advent of HealthWatch (HW) both in context and to emphasize that it is not new. It is an evolution of an idea of some years' gestation.

- Following the demise of Community Health Councils (CHCs) by order of Mr Alan Milburn MP, the then Secretary of State for Health, the Commission for Patient and Public Involvement in Health (CPPIH) was created. Initially it was seen to have a national and a local office (Patient Forums). This latter local office was to be co-terminus with NHS Trusts. At this point CPPIH was also to establish a complaints service, Patient Advisory & Liaison Service (PALS) and an advocacy service, Independent Complaints Advocacy Service (ICAS). However, both PALS and ICAS were then established independent of CPPIH. The PALS function was to be undertaken by each NHS Trust and the ICAS function to be contracted out to independent providers (locally this was POhWER). During the formation time of the CPPIH an idea floated by the Department of Health (DH) was that all GP Surgeries would have an Advisor who would help guide patients to make informed choices.
- With the demise of CPPIH and the subsequent establishment of Local Involvement Networks (LINks) in 2008 there was a major change in the function of the local patient and public organisation in that it was to include social care issues. LINks were established by all Local Authorities (LAs) with a three year funding from the DH to LAs – the question as to how the fourth year of LINks (2011/12) is not yet known. Unfortunately locally the NHS Trust (PCT) was not co-terminus with LA boundaries and there were challenges to do with cross-border issues.
- The third change is to be in April 2012 when LINks migrate into local HW organisations. Again, it is intended to broaden the scope of the local HW to include advocacy, complaints and an advisory function for choice. There will also be a HealthWatch England (doing a similar function to the CPPIH head office). ICAS providers will cease and by replaced locally,

either via the local HW or by contracts from the LA. They may also be contracted by the LA to HWE. The PALS service may not change within NHS Trusts because there will continue to be a need for performance data on this activity by GP Commissioning Consortia.

Situation

A number of LINks have underperformed as did a number of Patient Forums. The present PALS service appears to function well but little is known about the performance of ICAS activity as both Patient Forums and NHS Trusts were not privy to such data. It is known that in 2008/9 ICAS locally were handling about 46 cases per month.

The reasons for some of the underperformance were related to the age of the organisations (Patient Forums had a three year life and LINks, when they cease as such, four years). This is hardly enough time for a voluntary organisation to mature and function fully.

In Bedfordshire there will be the opportunity to bring social care, health care into alignment with LAs, GP Commissioning Consortia and local HW organisations. Exceptions are mental health, ambulance and the community healthcare provider.

10% of NHS Commissioning is currently done through the Special Commissioning Group at regional level, Strategic Health Authority (SHA). This activity is expected to increase with the advent of GP Commissioning Consortia and may be re-badged as Regional NHS Commissioning Groups. There will continue to be a need for a National Specialist Commissioning Group for complex and very rare conditions.

As the current funding for Bedfordshire LINk will cease at the end of year 2010/11 it would be reasonable for CB to extend this for a further year to the present Host in order to help mitigate the various changes involved with the creation of the local HW.

Central Bedfordshire (CB)

With regard to CB's local HW:

1. Bedfordshire LINk will become CB HW and continue LINks activities.

2. CB will be able to commission CB HW or HWE to provide complaints advocacy and support, help access, choice decisions about services (presumably both health and social care) and complaints.
3. CB will fund and seek accountability from CB HW and involve CB HW in new partnership functions. The performance of the local HW is the responsibility of CB and its replacement if necessary.
4. CB HW will provide intelligence from time to time to HWE and report concerns about the quality of both social care and health care providers, independently of CB

Possible Options

1. CB establishes CB HW and fund activities listed under the White Paper proposals including complaints advocacy and support (the ICAS function). It is not yet known how comprehensive the function of helping local people access and make a choice will be. It may include access and choice (personal budgets) in both social and health care. The complaints service would be similar to that provided currently by PALS to NHS Trusts but also include social care issues. It is recognised that providers of care need to maintain some of these functions which may lead to confusion.
2. CB establishes the CB HW and assist the local HealthWatch to sub contact the functions covered by ICAS, PALS and Choice advice. All would come under the local HW organisation as a HealthWatch Consortia.
3. CB establish the local HW and then contract HWE to provide those services not undertaken by the present LINk.
4. CB, Bedford and Luton Unitary Authorities establish a Bedfordshire and Luton HW to provide county-wide services as outlined in the White Paper.