

05 October 2010

Kensington and Chelsea Local Involvement Network (K&C LINK) Response to 'Equity and Excellence: Liberating the NHS'

Introduction

Kensington and Chelsea LINK (K&C LINK) is an independent network for members of the local community who share a passion for improving health and social care services. LINKs have been granted powers outlined in the Local Government and Public Involvement in Health Act, 2007 to:

- Enter and View services
- Request information or make recommendations to commissioners and providers of services and receive a reply within twenty days
- Refer issues of concern to relevant health and social care scrutiny committees.

K&C LINK recently held a public consultation event, hosted an online survey and facilitated a LINK Management Group for discussion by residents and stakeholders on the health White Paper 'Equity and Excellence: Liberating the NHS.'

Whilst the principles underpinning the White Paper e.g. improved choice & control and joined-up services are welcomed locally, there is a general consensus that the absence of detail and available resources means the actual implications are unclear.

Consultation findings

The K&C LINK has considered the response to our local consultation and the current situation in the borough and has the following over-arching concerns and recommendations on 'Equity and Excellence: Liberating the NHS':

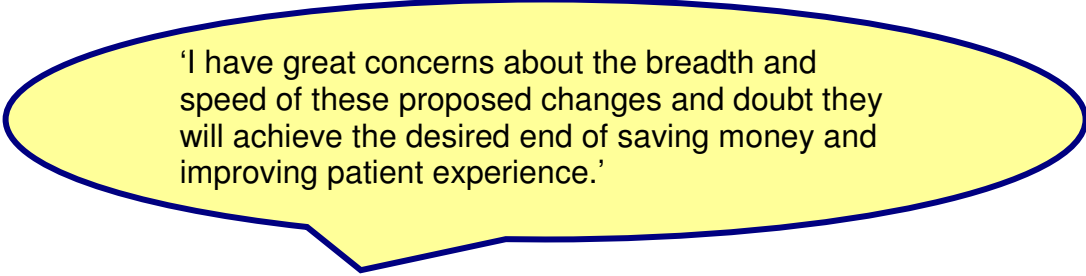
Over-arching concerns

1. K&C LINK is disappointed by the scope of the consultation on the health White Paper. The consultation document was not readily available to all members of the LINK due to limited in-house financial resources for printing and as the DH declined our request for copies.
2. The scope of the white paper consultation focuses on how the proposals should be implemented and not whether they should be implemented at all. This is in sharp contrast to the rights of patients enshrined in the NHS Constitution and to the government's proposal of "no decision about me without me" as suggested in the White Paper.
3. The K&C LINK is aware that further consultation papers are planned on preventative healthcare and on information provision. However, this information will only become available after the current 'HealthWatch'

05 October 2010

- consultation closes. The 'information revolution' and seamless service delivery between health and social care are welcome aspirations for the LINK. The LINK feels therefore that any outcomes from this current consultation on 'Liberating the NHS' should be put on hold and reviewed until patients and the public are fully informed about the implications of the remainder of the white paper proposals.
4. K&C LINK is concerned that the white paper proposals have not been piloted. GP Fundholding was not independently evaluated. Research shows that fundholding significantly reduced patient satisfaction and may have resulted in inequities in access.
 5. K&C LINK is not clear on how the proposals will result in economic efficiencies and savings, especially in the short term. For example, a review of the Total Purchasing Pilots in England and Scotland showed that the investment necessary to create effective commissioning groups required development budgets and thus increased as opposed to decreased management costs.
 6. The K&C LINK is concerned that the White Paper does not appear to have the support of the many stakeholders that will be affected by these significant changes. The LINK is especially concerned that the proposals do not have the support of the GPs whom it is suggested will play the crucial role in the reforms. Whilst, we recognise the value of an enhanced role for clinical leadership in commissioning, the vast majority of GPs have no experience of budget management.

Due to the K&C LINK concerns highlighted above we feel it more appropriate to outline our recommendations and key principles for reform as opposed to using the response template available from the DH.

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'I have great concerns about the breadth and speed of these proposed changes and doubt they will achieve the desired end of saving money and improving patient experience.'

K&C LINK responses to the White Paper consultation

Findings and Recommendations

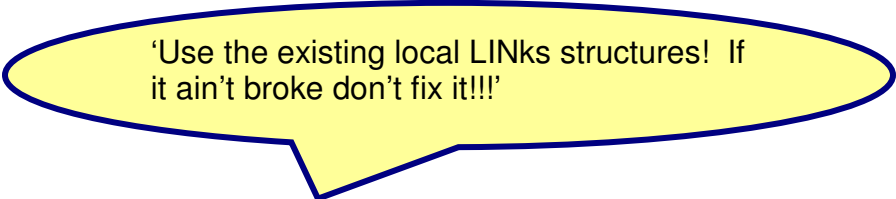
The K&C LINK is keen to ensure that patient public engagement and local accountability is embedded in any health sector reform. We are also concerned about the ongoing upheaval in this area and have thus framed our response on the HealthWatch proposals contained within 'Liberating the NHS'. Our consultation process has identified recommendations for local implementation in four areas:

05 October 2010

- ◆ General
- ◆ Local HealthWatch
- ◆ HealthWatch (national)
- ◆ GP Commissioning Consortia

A) General

- LINKs can build a highly efficient and effective HealthWatch system at low cost if adequately resourced, determined by the local community and freed from bureaucracy to do so.
- The LINK must retain its current statutory powers, as outlined in the Local Government and Public Involvement in Health Act in the transition to Local HealthWatch.
- The three unique models of PPI since 2003 have served to weaken the community's ability to engage effectively and thus caused concern. The current learning, knowledge and motivation of LINKs must be protected and supported effectively in the transition. K&C LINK funding currently expires in March 2011 while HW funding is not scheduled to begin until April 2012. Transition ring-fenced funding should be guaranteed as soon as possible so that K&C LINK can prepare for the transition.
- The proposed name, HealthWatch (HW) should be reconsidered as it is not inclusive of social care and may cause confusion.

A yellow speech bubble with a blue outline containing the text: 'Use the existing local LINKs structures! If it ain't broke don't fix it!!!'

'Use the existing local LINKs structures! If it ain't broke don't fix it!!!'

K&C LINK response to the online questionnaire

B) Local HealthWatch

- Under the proposals, Councils will need to take a more active role in ensuring that HW "activities are representative of the local community and represent value for money." K&C LINK feels the Local HealthWatch must be independent of the Local Authority and any service that it monitors to avoid any potential conflict of interest.
- K&C LINK recognises that the Local HealthWatch must be democratic and accountable to the community it serves. Resources to support ongoing outreach and co-ordination with Patient Participation Groups, the voluntary sector and other patient representatives are essential.

- The current practice of hosting LINKs in external non-statutory organisations should continue. The current local arrangement of monitoring the contractual performance of the 'Host' via regular contract steering meetings and standardised reports can effectively hold the Host, as custodians of the LINK finances, to account for public monies.
- K&C LINK suggests the proposed role of Local HW to signpost to local services should be mindful of existing service delivery in this area.
- Establishing local HW boundaries in 2011-2012 is potentially complicated by the fact that the shape/boundaries of GP consortia are not yet confirmed. K&C LINK suggests that a borough presence is essential for Local HW to work effectively but that cross-borough working, to reflect the shape and size of GP commissioning, is also important.
- K&C LINK supports choice and personalisation; we therefore suggest that the Local HealthWatch should signpost and play a co-ordinating role for existing advocacy services in the borough. Local HW could also identify and support any gaps in the current advocacy sector.
- The proposed advocacy role for Local HW should extend to all health and social care related advocacy services and not just those relating to health complaints as the white paper seems to suggest. The K&C LINK feels the advocacy and complaints functions need to be kept quite separate regardless of whether they are hosted by the same organisation.
- Local HW should be supported in its role of information provision by the national HealthWatch and continue to be protected by the legal entitlement in the NHS Constitution. Access to information currently held by NHS Direct, NHS Choices, the CQC, local advocacy and complaints is essential.
- K&C LINK suggests the roll-out of Patient Information Prescriptions (PIPs), access to free transport, trained dedicated patient care advisors, meaningful information, self/advocacy, interpretation and support are all essential resources required to support Local HealthWatch in their role to support 'choice'.
- K&C LINK feels current information provision is not accessible and therefore the data is meaningless for many patients. Whilst K&C LINK welcomes a focus on outcome measures, our consultation shows that the public and patients very much welcome and wish to retain existing targets on clinical outcomes. This should include safety; clinical and cost-effectiveness; governance; patient focus; accessible and responsive care; care environment and amenities; public health and waiting times. This

05 October 2010

information should be accessible and comparable locally and nationally via Quality Accounts and a National HealthWatch database.

- Local HealthWatch should have a minimum of two seats on the Health & Well-Being Board.
- In light of the concerns recently expressed by the British Medical Association (BMA) et al, K&C LINK recommends building on current Practice Based Commissioning. Current systems could be retained building on the local knowledge and skills of existing commissioners and with GPs and other clinical staff acquiring responsibility for key decisions and budgets.

Priorities?

Waiting Times, Staff/Patient Relations, Patient & Public Engagement, Hygiene and safety, Inequalities, Consultation

K&C LINK responses to the White Paper consultation

C) National Healthwatch

- CQC has been identified as the appropriate host for national HW. K&C LINK feels that should National HealthWatch be located therein that it is essential for the organisation to be managed independently via ring-fenced resources and with an elected Board. This should include representatives of Local Healthwatch and other relevant partners.
- K&C LINK feels that national support for LINKs to date has been inadequate at best. The success of Local HW will depend on national HealthWatch playing a strategic role in providing:
 1. Training resources for LINKs
 2. Guidance on contracting and quality assuring advocacy and support services
 3. National guidance on policy and good practice and legal issues
 4. Information to support patient choice and
 5. National communication strategies to raise awareness of the role of HealthWatch

- ◆ 'Transparency of information'
- ◆ 'Find out what is leading to patient recovery, improvements and report on this'

K&C LINK responses to the White Paper consultation

D) GP Commissioning Consortia

In light of the K&C LINK concerns highlighted above, we feel the following principles are essential should GP commissioning proposals be implemented in full:

- ◆ The principles of World Class Commissioning should be retained and strengthened
- ◆ Commissioning should be based on reducing health inequalities and measured on their performance in doing so. Priority for local people should be considered to avoid the targeting of wealthy and/or 'health tourism' at the expense of others e.g. 'easy to ignore' groups, mental health, learning disability, BME groups
- ◆ Commissioning must be informed by patients' experience of care
- ◆ All GP consortia must demonstrate significant patient and public involvement
- ◆ 'Out of hours' GP access should continue regardless of the where the patient is registered
- ◆ There should be clear democratic accountability in GP consortium including meeting patient needs and patient rights as outlined in the NHS Constitution. NHS providers should be the provider of choice with emphasis in commissioning on the patient pathway not just quality and cost. HealthWatch must have a statutory role in commissioning
- ◆ GP patient surveys should continue and the PPGs must align with Local HealthWatch
- ◆ Local HealthWatch should have equal representation and voting rights on all commissioning bodies
- ◆ K&C LINK understands that a local consortium may need to be larger than the borough boundaries to spread financial risk and engage specialists. However, this should not be at the expense of public patient engagement
- ◆ Patient's and tax-payer's money should not be diverted in to the 'for-profit' sector.

‘Commissioners provide an essential role to enable the NHS to meet the needs of patients – we must ensure their experience and skills are taken forward in the new NHS.’

K&C LINK response to the White Paper consultation

Conclusion

It is generally recognised that the White Paper lacks detail on the practical implications for all involved.

The K&C LINK has identified a number of key principles for any reform including:

- The delivery of person-centred, co-ordinated care
- The involvement of individuals and the local community in designing, commissioning and scrutinising services
- Ensuring the smooth transition for PPI e.g. from LINK to the Local HealthWatch to harness learning and experience
- Creating sustainable change for the health and social care system
- Reduction of health inequalities.

Please note the K&C LINK also plans to submit a joint response with NHS K&C to ‘Local democratic legitimacy.’

Contact Details

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05 October 2010

Appendix A – K&C LINK Management Group Discussion (30/09/2010)

Clarity needed re. functions of 'HealthWatch' in relation to well-being and social care. Essential part of remit but currently not clear

Funding for transitional period and 2012 onwards? Commitment needed now.

Current advocacy services locally? Local HW to quality assure and/or co-ordinate.

Must be independent of L.A.

Should not revert to a CHC model. Management Group must remain independent. Qualified and experienced staff needed.

Quarterly monitoring of Host via L.A. commissioner should be sufficient with published service information updates.

Reporting of LINK/Local HW projects to Scrutiny/HWBB should continue but should not result in Local HW being scrutinised

Local HW should have two seats on the HWBB

Local HW should signpost and provide advocacy to existing services and co-ordinate data from services

Local HW should identify gaps and provide/commission to ensure support for all in accessing health and social care

Advocacy must be independent of complaints function

Staff (paid and professional) must be employed to work on complaints and advocacy. This is not the role of volunteers

Complaint handling can replace the PCT PALS and ICAS and also Social Care?

CQC can provide helpful information and aligns to the monitoring role of HealthWatch. Will this be sufficient to compromise for the lack of independence?

Local HW should be involved in commissioning decision-making.

05 October 2010

Appendix B – K&C LINK White Paper Public Meeting Focus Groups (13/09/2010)

1. What services would you expect new GP practice consortia to provide to improve your experience of health and social care services?

- Respite Services for carers in mental health sector
 - More provision of mental health services
 - More GP contact
- Adhere to commissionable mandate when working with hard to reach communities
- Improved patient care: availability of appointments
 - Patient advice (e.g. Tel consultation)
 - Further training for all service staff (e.g. Secretarial)
- More working with local voluntary organisations
 - Commissioning and funding
 - Joint financial resources
- Comprehensive blood testing
- Improved Transparency: Public knowledge of services available and regulation affecting GPs
- Small 'cosmetic' procedures on site rather than in hospitals
- Availability of reports/feedback on services
- Improvement of practise based nursing
- Fair treatment of the elderly/ Catering for ageing population
- Tackling Alcoholism
- Longer opening hours/ Saturday opening
- More use of It: - confer online/email
- Female friendly services
- No rules around when to call to make appointments
- Use of alternative therapies eg. Acupuncture

2. What issues are important for you when deciding about your care treatment needs?

- Patient Choice
- Choice of GPs: - Adequate provision of information on GPs
 - GP ratings
- Access to results
- Accessibility: - Transport
 - Premises
 - Speed
- Sanctions for difficult patients
- Administration of appointment systems/ Less waiting time
- Dignity and Respect
- Funding for long term conditions and preventative work
- Dental treatment
- HWBB and Healthwatch to help give information on services available
- Preventative Care (e.g. Health Farms)
- Advice
- Well trained staff

3. What needs to happen for the LINK as local Healthwatch to be an independent consumer for health and social care?

- Develop from current skills and staff expertise
- More funding for additional role
- More staff/ support for volunteer training
- Build on current progress and good practice
- Focus on Healthwatch being an umbrella/network of networks community group
- Develop programmes for small organisations to associate with GPs
- More awareness for/from the public
- Clarity of roles
- Clear relationship between centralisation/localisation
- Clear complaints process
- Adequate powers allocated to Healthwatch
- Advocacy
- Need for panel of experts in health and social care
- Keep up to date with peoples issues
- Regular Forums.

05 October 2010

Appendix C – White Paper Online Responses (Sept/Oct 2010)

GPs available at night and weekends. They received enormous increases with no improvement in services. My son-in-law, a consultant often is on 24 hour call.

Improved appointment management - less wasted time all round. Better, clearer more accurate and accessible information to develop true choice including honesty around availability of funding and treatments.

That you can book an appointment with GP a day in advance. Or even book in the morning for an afternoon clinic. Nowadays you have to call at 8am and then all appointments are full so you have to call again at 2pm to try get an afternoon appointment

Better support for people with learning disabilities, more time for things to be explained and longer appointment times.

Clear and rapid communication between GPs patients and providers

Patient care. Obvious, but if you've ever had a relative in a geriatric ward, or had to go to a dirty hospital- .And make nurses nurse

Elderly care including dementia support. Proper direct funding for hospices.

Reducing health Inequalities

Diabetes and prevention of diabetes. Its a big problem

Not letting vulnerable people slip through the next

My first reply covers this.

Improved accessibility to specific GPs not a panel/group practice - reduces waiting time in the long run and therefore management costs because each GP knows the individual patient history.

Work with local community organisations to find out more about why BME groups suffer poor health and this can be addressed.

Some GPs are so good but the bad GP's are really bad and the pts registered with them don't know any better and trusts them because they're a Doctor. Do regular survey of GP's and whether GPs are signposting their patients to services which they have the right to access. EG: Sending people for correct diagnostic tests; seeking specialist advice when required; Group sessions for diabetes

Better support for people with learning disabilities, more time for things to be explained and longer appointment times.

Understanding the needs of the patients and responding with equal understanding

I'm not sure that lay people know enough. By all means consult, but leave the final decision to the experts

Proper targeted funding and honesty about how much can be done.

Patients from disadvantaged backgrounds need to be empowered so that they can be included in this. Working with community organisations is the best way to ensure this.

People to be aware of feedback mechanisms and given the confidence that their feedback does matter

TRANSPARENCY OF INFORMATION.

05 October 2010

Effective and continuing exchange between and practitioners

Very much. and I'd like to do it

Use the existing local LINKs structures! If it ain't broke don't fix it!!!

Given them the tools (modern technology/advertising) to access the younger, working people so that they do truly represent the local population and don't just represent the retired folk or people living off benefits.

Inclusion of all user groups and funding to be able to cover all areas of health.

Given access and authority. And publication

Checking, checking, checking

As above.

Sieve out poor performing services but also give credit to good services. Get rid of the few but dangerous rotten GP's

Complaints, training of staff for different user groups.

The responsibility to find out what is leading to patient recovery, to improve and report

Binge drinkers should have to pay for their treatment

Seen it all before.....the money spent on ticking 'cost cutting' boxes would have been better applied to front line clinical and social care.

It will be very difficult for the consortia to do the work the PCT's did for a third of the money.

Make sure the GP's who run the consortia are the good GP's who lead by example and not the greedy GP's who don't know what they're talking about but do know how to fake it

Progress must be learnt by stages

I have great concerns about the breadth and speed of these proposed changes and doubt they will achieve the desired end of saving money and improving patient experience. Commissioners provide an essential role to enable the NHS to meet the need of patients - we must ensure their experience and skills are taken forward in the new NHS

Good Performance, listening skills, local and national preferences .less annoying relocation of services, communication between Patients and Staff.

More holistic and joined-up thinking,

Getting the Public involved in the Commissioning of Services for Primary and Secondary Care. More local info at GPs, Hospitals, Libraries and Clinics.

Patients to choose their own Practitioners for Specialisms

More Meetings and Consultations, delivery of Feedback on changes to Care.

People Given their own choice with Options for Health Care.

Table Motions to stop people Worrying about their friends and family

.Bereavement Counselling, Friends Anonymous .Not be misunderstood.

Maintaining Excellent Standards of Training and Care for Specialisms, Cohesion. Powers given that can challenge Dept of Health Directives.

Focus -Groups Ongoing for the perusal and criticism of the New mechanisms and Procedures both at local and National levels.