

Action against Medical Accidents

MEMORANDUM OF EVIDENCE TO THE HEALTH SELECT COMMITTEE INQUIRY INTO PATIENT & PUBLIC INVOLVEMENT IN THE NHS

1. Summary

This memorandum sets out the views of the charity Action against Medical Accidents (AvMA) on the issues around Patient & Public Involvement in Health (PPI) under consideration by the Committee. In particular, AvMA expresses its concerns about:

- Independent Complaints Advocacy Services (ICAS) not being delivered in accordance with the legislation which established the new system of PPI to replace Community Health Councils (CHCs), and not being integrated with the new PPI structures such as Patients Forums (now referred to as 'Patient & Public Involvement Forums' (PPIFs), and LINKs, as proposed by the Government
- The proposed methods of providing staff support to the new LINKs; the appointment of members; and the absence of a statutory right to inspect NHS organisations. AvMA believes the proposed arrangements for LINKs fail to take on board the lessons and experience from CHCs and PPIFs, and would lead to LINKs failing to be effective or enjoy public confidence

2. About Action against Medical Accidents (AvMA) and the author of this memorandum, Peter Walsh

- 2.1 Action against Medical Accidents (AvMA) is a patient centred charity with considerable experience, now stretching back 25 years, of working with local and national bodies providing patient and public involvement in the NHS. This included close working with CHCs and ACHCEW before their abolition, as well as the current system of CPPIH, Patients Forums and ICAS. The arrangements for patient and public involvement have a real impact on the beneficiaries of the charity and our own work. We are able to draw on considerable experience of what works best and what is needed.
- 2.2 The author of this memorandum, Peter Walsh, is chief executive of AvMA. Prior to his appointment in January 2003 he was the Director of the Association of Community Health Councils in England & Wales (ACHCEW) and chief officer of a local CHC. As Director of ACHCEW he was closely involved in the development of plans for the new system of PPI and the legislation leading to its establishment and the abolition of CHCs through work with the Transition Advisory Board, with Department of Health officials and Ministers.

3. Independent Complaints Advocacy Service (ICAS)

3.1 AvMA is very disappointed that ICAS has been given scant attention in the new vision for patient & public involvement. The complaints support function of CHCs was a highly valued part of their role, and in the debates leading to the establishment of the new system ministers gave assurances that ICAS would be an integral part of the role of Patients Forums, with ICAS being delivered by staff of PCT patients forums. This would have safeguarded the availability of a local 'one stop shop' for patients and the public. There has been strong consensus on the need for this kind of integration. The NHS Reform & Healthcare Professions Act 2002 made it a function of PCT Patients Forums to provide ICAS:

16 Additional functions of PCT Patients' Forums

- (1) A Patients' Forum established for a Primary Care Trust (a "PCT Patients' Forum") has the following additional functions-
 - (a) providing independent advocacy services to persons in the Trust's area or persons to whom services have been provided by, or under arrangements with, the Trust,
 - (b) making available to patients and their carers advice and information about the making of complaints in relation to services provided by or under arrangements with the Trust, and

NHS Reform & Healthcare Professions Act 2002

- 3.2 AvMA believes that the failure to implement this part of the Act has been detrimental to the ICAS service itself and the system of local patient and public involvement. There is no identifiable 'one stop shop' where patients and the public can go to get independent support with complaints or concerns or get involved with local health matters. Patients Forums are not benefiting from timely, detailed information about issues gleaned from complaints and do not have their own staff.
- 3.3 AvMA, given its focus on patient safety, is concerned that the lack of integration between ICAS and the monitoring role of patients forums (or LINKs in the future) will weaken the potential of both to recognise potential problems and make interventions to reduce risks to patients.
- 3.4 It was always accepted (both in the debates about abolition of CHCs and in the multi-agency work of the Transition Advisory Board) that ICAS needed to be completely independent of the NHS and of the Department of Health. However, ICAS continues to be controlled and directly commissioned by the Department of Health even though its delivery is via three voluntary organisations. Five year contracts have been awarded to these organisations despite the fact the legislation stipulates ICAS should be provided by PCT Patients Forums.

3.5 ICAS is also being provided in an inconsistent way across the country by three quite different providers who are not formally linked in any way to patients forums. There has been no independent evaluation of the current arrangements for ICAS.

3.6 **We recommend that the opportunity is taken in developing LINKS to integrate with them the provision of ICAS by providing them with the staff to deliver ICAS through an easily identifiable, local one stop shop.** This would have the benefits of:

- ensuring that the monitoring work of the LINKs is informed by intelligence from complaints about various NHS providers in their 'patch'
- providing economies of scale and helping with recruitment and retention of staff.

Although CHCs were under-resourced, the fact that their complaints support function as well as the administrative / management support for the organisation were provided by their own staff meant that they did not have to rely solely on externally provided data on complaints (which without fuller context is not that useful anyway). It also meant that staff working with CHCs were able to multi-task and support each other in the various tasks. This made them more efficient and cost-effective than the current unwieldy and costly system where the functions have been split up and hived off.

4. LINKs

4.1 AvMA has a number of concerns about the way that LINKS are currently envisaged. Whilst we agree with the importance of focussing on commissioning and taking a strategic view on behalf of local communities, we disagree with the abandonment of monitoring services. One of the strengths of CHCs was that they combined these functions. The understanding of the nature of services and patients' experience gained by monitoring them informed the work they did on commissioning and planning of health services. **We recommend that LINKs are given statutory rights to inspect NHS providers in the same way that PPIFs do and CHCs had.**

4.2 We are concerned at the intention stated in *A Stronger Local Voice* that "how members are appointed will be decided at a local level". This is bound to lead to inconsistency. We believe that there needs to be consistency in the way that LINKS operate including the appointment of members. **We recommend that a consistent, national approach to appointing members is adopted, even if this is operated locally. Members of LINKS should also all be bound by the same Code of Conduct.**

4.3 We believe that the proposed 'tendering' by local authorities for 'host organisations' would lead to great inconsistency and fundamentally

would mitigate against having a strong, credible local voice for patients and the public. We have seen how a similar process for 'forum support organisations' has not worked for patient forums and in fact has diverted resources away from the coal face. What LINKS will need is to have their own staff, for the members and staff to be part of a *movement*. It is the combination of high quality, dedicated staff working with the appointed members as part of a national movement that made some CHCs so effective. Local organisations operating contracts to 'host' LINKS will not deliver that. Such an arrangement would also add an unnecessary extra level of bureaucracy and additional costs. Organisations tendering for such contracts clearly need to make additional income for the core functions of their own organisation as well as deliver the contract. It is for these reasons that Parliament agreed in the NHS Reform and Healthcare Professions Act 2002 to the staff of Patients Forums being employed by the CPPIH and deployed to Patients Forums. This is another piece of the legislation which has not been adhered to:

20 The Commission for Patient and Public Involvement in Health

...

(2) The Commission has the following functions-

...

(d) providing staff to Patients' Forums established for Primary Care Trusts, and advice and assistance to Patients' Forums and facilitating the co-ordination of their activities,

4.4 We recommend that LINKS are provided with their own staff (either employed through their local authority or employed centrally by the national body and deployed to local LINKS offices) rather than putting contracts for support of LINKS out to tender.

Peter Walsh
Chief Executive
Action against Medical Accidents
January 2007