

ASSOCIATION OF COMMUNITY HEALTH

COUNCILS FOR ENGLAND AND WALES

NATIONAL PLAN SEMINAR REPORT

4TH DECEMBER 2000

LONDON

Chair's Opening Remarks

The Chair of ACHCEW, Alan Hartley, opened the meeting. There were apologies from Vice Chairs Paulette Huntington and Michael Downing.

The Chair welcomed delegates to the seminar and thanked them for attending despite travelling difficulties. The programme for the day was outlined. Thanks were given to the staff of ACHCEW for organising the seminar as well as running the campaign and providing routine services to CHCs.

The main focus of the day was on the mechanisms for delivering the National Plan so that it would be built on the best of CHCs by effective independent integrated watchdogs with statutory powers which would provide a strong local voice with national co-ordination and support.

The Chair then introduced the Director of ACHCEW, Donna Covey.

Director's Address

Donna Covey addressed the seminar regarding the progress of the National Plan and the involvement that ACHCEW has had and would have in the process.

The notes of Department of Health seminars had already been circulated which showed that there was still little or no consensus as to how the National Plan would be implemented on a practical level. The government had accepted that new models needed to be integrated, independent and effective but they had not specified: what powers the new bodies would have; what their terms of reference would be; who would sit on them; or how they would relate to each other.

Civil servants had advised that ministers hoped to have a Health Bill in the Queen's Speech and that there were three key of the Plan that required primary legislation. These were: the abolition of CHCs; the health responsibilities of

Local Authority Scrutiny Committees; and a duty on organisations to have arrangements for patient and public involvement. The legislative term would run from January to March 2001 and the decision on when legislation included in the Queen's Speech was to be timetabled would be made by the legislative programme committee on 5th December 2000.

Ministers had advised that detailed input into delivery mechanisms for the National Plan needed to be submitted before the New Year. The deliberations of the seminar would be put into a submission for ministers before Christmas.

The Director again confirmed that there had been no consultation with ACHCEW. Standing Committee would meet again in February and would consider what had been done and what needed to be done in the future.

ACHCEW's strategy was clarified as: the abolition of CHCs was wrong; CHCs were not perfect but their remit should be widened and powers strengthened; the replacement proposed by the government would serve the public less well as it would not be integrated, independent or seen to be independent. ACHCEW had been making the case that: what is best about CHCs must be retained and built upon; the new mechanisms, if they were to be implemented, must be developed so that they became integrated and independent, with strong statutory powers and a national body to co-ordinate their work and standards; there must continue to be an independent watchdog in the health service at local level; and that abolition of CHCs must be opposed until there is a replacement that meets all these criteria and is stronger than what we already have.

The Director concluded by thanking everybody who had made it possible for what had been achieved so far in raising the profile of this issue. Thanks were extended to CHC members and staff for all their hard work; to staff and members who had e-mailed and written to thank ACHCEW; and to the staff of ACHCEW for their work.

John Howard, the Chief Officer of Montgomery CHC, then briefly outlined what was happening to CHCs in Wales. Following this address, the Chair introduced Gisela Stuart MP.

Address of Gisela Stuart MP, Parliamentary Under Secretary of State for Health

The full text of the address was as follows.

Introduction

1. I was very pleased to be invited to join you today, to share with you our plans for a new system of citizen and patient involvement that will help to deliver our vision of a patient centred NHS.

2. I will make sure that I keep some time at the end of the speech to hear your ideas and views and to answer your questions on the new system.
3. We do want to hear what you and other stakeholders have to say in terms of developing the detail of the new arrangements. CHCs have a great deal to offer to the debate, not least because of the experience staff and members have built up over the last 26 years. A great many positive ideas have been put forward by CHCs and others so far.

Background to the NHS Plan

4. Let me first talk about the NHS Plan. The Plan represents a radical programme of reform and investment aimed at modernising the NHS, making it fit for the 21st Century. You will be aware that the run-up to the Plan saw the most comprehensive consultation exercise in the history of the NHS. This sought the views of the public, NHS staff - **including CHC staff** - patient, carer and voluntary sector organisations as well as the professions on what changes they most wanted to see.
5. The feedback told us that, despite the best efforts of CHCs, patients still did not feel that they had a strong enough say in the health service. If we were proposing radical change in terms of the way services were delivered, we had to give patients a strong and influential voice at every level of the decision making process.

Rational for change

6. When they were created in 1974, CHCs were a radical step for patients. The NHS was overtly paternalistic in its attitudes to patients; why should it listen to what patients wanted when it knew best. To redress the balance, CHCs were created to speak up on behalf of patients.
7. But we are now moving away from the "we know what is best" approach to empowering patients to be equal partners with an equal voice in their own care and how that care is delivered. Patients have signalled that they want to speak up for themselves, and this requires a radical re-think in terms of the type of support they require.
8. The need for change had been evident for some time. This was not simply the view of the policy makers, it was a widely held view shared by patient organisations including ACHCEW and CHCs. However, the debate had focused on how we might reform CHCs to address the weaknesses, rather than looking at what structure would actually deliver a stronger and effective patient voice.

9. Chapter 10 of the NHS Plan does just that. There is no denying that this is a bold move. We need to move away from the current system that places patient on one side and the NHS on the other, to a system that places patients at the heart of the NHS.
10. Conceptually this may be difficult to accept, particularly for those of you who have been on the side of patients for so long. If we were not totally committed to the concept of a patient centred NHS we would not be taking this radical step.

Acknowledgement of contribution made by CHCs

11. Before I outline the new system, I would like to take a few minutes to say something further about CHCs, and in particular about CHC staff, who are most affected by these changes.
12. We know that CHCs share the government's aspiration for a patient centred health service. That said, the NHS Plan proposed that CHCs be abolished, subject to legislation. We have already said that we will endeavour to retain the skills and experience of CHC staff and members within the NHS where possible.
13. Neil McKay, who was the Acting Chief Executive of the NHS Executive at the time, reinforced that message when he wrote to all Chief Executives in England immediately following the publication of the Plan.
14. My officials are in discussions at a national level with UNISON, the MSF and Society of CHC Staff to ensure we take a national approach to this issue drawing on best practice. Regional Offices have already been asked to work with employing HAs and CHCs.
15. By adopting this joint managed approach we hope to minimise the disruption and anxiety for staff.

How we intend to achieve our vision of a patient-centred NHS

16. I would like to move on now to describe the new system in some detail. Across the service, we are giving a new voice and new power to patients and communities that was not there before. Thus, we will ensure that the health service is accountable to the people who use it and pay for it.
17. Let me give you a flavour of how this new voice permeates every level of the health service. The Secretary of State has announced the membership of the Modernisation Board, which will help implement the NHS Plan across the country.

18. As you would expect, it includes doctors, nurses and managers, however, one third of its members are representatives from patient groups.
19. At a ***national level***, the Commission for Health Improvement, which has the powers to inspect clinical quality, and the National Institute for Clinical Excellence, which advises on which drugs and treatments the NHS should fund, will for the first time have patient representation. This gives ordinary people a direct say about the values that should underpin these important decisions. And more importantly a direct say in the early part of the decision making.
20. Each ***hospital and Primary Care trust*** will have a Patient Advocacy and Liaison Service, or PALS. The PALS will be situated in visible locations and will act as a welcoming point, providing information to patients. Patients and their families can also turn to the PALS for help. The PALS will have direct access to Chief Executives and the power to negotiate immediate solutions, resolving problems as and when they arise rather than just helping patients to complain after the event has occurred.
21. Where there are more serious complaints, the PALS will steer patients and families towards the NHS Complaints Procedure.
22. We acknowledge that the current NHS Complaints procedure is not perfect. An independent evaluation of the procedure is due to report its recommendations in January 2001. We will be looking at various models of independent support in the light of the report, and I would be interested to hear your views. One of the ideas being discussed is to make individual support available through Citizens Advice Bureaux and other agencies for patients wishing to pursue more formal complaints through the NHS Complaints Procedure.
23. Each Trust will also have a Patients' Forum, made up of patients and their representatives, who will have the power to visit trust premises to check on standards including cleanliness and food. Forum members will be independently appointed by the independent appointment's panel and they will nominate one of their members to be a Non-Executive Director on the Board of the Trust, thus putting patients and their needs at the heart of decision-making.
24. At a ***local level***, Health Authorities will engage local citizens in strategic planning issues through the Independent Local Advisory Forums. Major planning decisions will be scrutinised by Local Authority Overview and Scrutiny Committees. For the first time this will ensure that locally elected representatives will have a real say in local health service provision. They will be truly independent scrutineers, ensuring greater transparency and legitimacy of the decision making process.

25. These committees will have powers to refer contested decisions to the Secretary of State, who, in turn may refer for advice to the new Independent Reconfiguration Panel, comprising of one-third patient representatives.
26. At an *individual level*, patients will regularly be asked for their views on the quality of the care that they receive. Trusts will be conducting regular patient satisfaction surveys to monitor quality improvement. The new performance assessment framework will take account of the survey results, and for the first time there will be real financial incentives for the providers of care to listen and act upon the views of users.
27. This is a radical and challenging agenda that will help transform the NHS, so that health care services will be built around the needs of the patients who use it and the citizens who pay for it.

Ensuring that concerns are listened to and resolved

28. The NHS Plan sets out quite clearly our vision for reform – we know what we want to achieve and by when. However, as I have already said, we are keen to draw on existing expertise from within the CHC community and beyond as to how we might best achieve our ends, and as to how we might best address concerns about issues such as independence and co-ordination of the new systems.
29. ACHCEW has participated in a series of national stakeholder seminars organised by the Department of Health as part of an inclusive approach to developing the proposals outlined in the Plan. These seminars have been extended to a Regional level to enable us to listen to as wide a range of stakeholders as possible, including CHCs, voluntary and patient groups, users and carers. This inevitably takes time, but we feel it is the right to listen to these informed views before deciding on the most effective means of developing and implementing this radical agenda. We will be announcing the implementation of the results of that involvement process at a national stakeholders event in late January or early February.

Integration and independence

30. One of the concerns expressed is that the new system may lack co-ordination. We need to move away from the current system where CHCs are the only organisation representing patient's needs, towards a more comprehensive system of genuine involvement.
31. We have worked with key stakeholders, including ACHCEW to ensure the integration of the new elements, perhaps through a national co-ordinating body. Any of you concerned about the independence of PALS can be

reassured that we have been talking to patients and voluntary groups to ensure each are put in place to ensure independence is where it is necessary.

32. However, it is important to be clear that our aim in developing the new system is to ensure that patients are central to the decision-making process. We want to move away from a purely adversarial process and give patients the power to influence the NHS from within.

33. We wish to draw on the contributions which CHCs have made so far; and many people who are now involved in CHCs will have valuable knowledge and expertise in the context of some of the services which will replace them.

Wales

34. The changes I have described do not extend to Wales. Whilst they too recognise the need for change, the Welsh Assembly is to conduct a separate review of public and patient representation.

35. However my Welsh colleagues will be following our developments carefully and drawing on our expertise and experiences to inform their eventual decisions.

Summary

36. There is no denying that the changes we propose are bold, – but the prize is great. We all share the same goal, which is to create an NHS which is built around the needs of the patients who use it rather than the needs of professionals.

37. These reforms will help us to achieve what has eluded so many Governments in the past – a patient centred NHS.

38. The NHS has changed considerably over the last 26 years, but patient representation has not kept pace with the changes. For example, there have been major changes in primary care with the establishment of PCGs and PCTs.

39. There is broad agreement that there is a need to provide proper representation for the majority of patients who receive services in primary care settings, yet CHCs currently have no formal remit within primary care.

40. As I have already made clear, we are strengthening the patient's voice at national level through representation on the Modernisation Board, CHI and the NICE Citizen's Council. This will be paralleled by more citizen

representation at local level through the establishment of new Local Authority Overview Scrutiny Committees that will provide democratic accountability.

41. For the first time the Chief Executives of NHS organisations will be required to appear before these committees regularly, not just when there is a proposed major change in services.

42. The vision is to use all of these means to bring about an NHS that truly reflects the views of the people and patients who use it and pay for it. And most of all, we will have achieved this vision by listening to the patients and communities themselves and working with them to set the new systems in place.

The minister then took questions from the floor and was thanked by the Chair for her attendance and address.

An open debate followed, from which the key themes which emerged were:

The need for a strong, properly constituted central body for the new patient empowerment mechanisms, to ensure consistency of approach, and proper support for members and staff, including access to training, information and advice. This would need to be informed, independent and have a strong regional base.

That there needs to be a strong national framework for implementation of the proposals, so that standards are consistent across the country. However, there also needs to be local flexibility in how national standards are delivered on the ground.

That the distinction between citizens and patients is often a false one. Most of us slip in and out of these roles, and new mechanisms need to be developed in a way that recognises this.

That one of the key roles CHCs play in complaints is dealing with and resolving issues that can not be dealt with on the spot, but that can be resolved without recourse to the formal complaints procedure. The new models of patient empowerment must be developed in a way that fills this gap, and does not make rigid distinctions between on the spot resolution, and formal complaints resolution, without recognising that there is a spectrum of issues, and desirable outcomes, in between.

That there are a range of areas of CHC activity that are not picked up anywhere in the current detail around the proposals. These include pharmacy and dentistry issues.

That one of the biggest problems CHCs have faced has been chronic underfunding. If new models are to be effective, then they must be properly resourced

That there need to be robust, effective and high profile methods of attracting and retaining top quality volunteers into the health service. Some CHCs have struggled to fill vacancies in the past, and the new models will require even greater numbers of volunteers, and a move away from "the usual suspects" if they are to be effective.

That the needs of isolated and excluded communities must be integrated into the new system. CHCs have done excellent work with, for example, refugee communities, and it is difficult to see where in the proposals in chapter 10 of the NHS Plan this work will be picked up. It would, therefore, be particularly unfortunate if the new models of patient empowerment were implemented in a way that mitigated against the eradication of health inequalities. On the basis of the information currently available, there is a real danger that the new models of patient empowerment being proposed will result in a stronger voice for the articulate middle classes, leaving the socially excluded without representation or involvement in priority setting and influencing decision making.

That there is still little detail as to how the new models will be either independent or integrated.

That new models need to have strong links with CHI. Ministers had indicated during a recent adjournment debate in the House of Commons that they would give consideration to the suggestion made by Patrick Hall MP regarding a particular role for CHI.

That assistance for individual patients must be as easy to access as possible, with particular regard to the position of vulnerable people.

That lay members on the new system will need access to high quality professional advice and support.

That ILAFs and Patients Forums will need clear terms of reference, as well as strong powers, in statute where necessary, to enable them to be effective in delivering change for patients in the NHS.

Following the open debate, the Chair thanked everyone for their contributions, all delegates for their attendance and the staff of ACHCEW and the Connaught Rooms.