

David Lammy
Under Secretary of State for Health
Richmond House
London
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7/4/03

Dear David,

Having reviewed the current state of the government's plans for patient and public involvement in the health service it appears that there is a significant gap in the structures that are currently being established. The monitoring, scrutiny and consultation requirements do not appear to extend in any significant way to cover structures being established, and indeed services being provided, under PFI, LIFT and other public-private partnership arrangements.

This issue was raised during the debates that took place during the passage through Parliament of both the Health and Social Care and the National Health Service Reform & Health Care Professions bills. However, changes secured as a result of those discussions to do not appear to have given patients and the public any central role in the establishment or management of LIFT schemes. Similarly, patient and community representatives are given no rights in relation to the management of PFI schemes.

We believe that in order to remedy these omissions, and to ensure that the Government's stated aim of placing patients at the centre of decision-making in the NHS can be honoured, it will be necessary to either pass legislation or issue binding guidance to ensure that patient representatives hold a significant proportion of seats on the boards of PFI consortia and local LIFT management bodies.

We also believe that private health facilities providing services to NHS patients should be required to offer patient representatives places on their boards, establish Patients' Forums and PALS services and be obliged to consult before making changes to services which may be used by NHS patients.

At present, CHCs and other bodies that seek to influence decisions concerning private provision of healthcare services or LIFT and PFI schemes frequently find that they are refused access to vital information. We believe that genuine patient involvement cannot take place in the absence of informed discussion. To this end it appears that it will be necessary for the government to extend legislation governing the openness of board meetings to meetings of local LIFT schemes and to other organisations providing services to NHS patients. Further clear guidance is necessary to ensure that all individuals, companies and bodies involved in the provision of services or facilities, which

may be used by NHS patients will be bound to disclose details of the schemes they are involved in, the nature of their negotiations with health service bodies and other activities which may impact upon the patients and the NHS.

We trust that you will give this careful consideration and look forward to hearing your proposals for extending the role of patients and local communities into this important area of healthcare provision.

Yours sincerely

Malcolm Alexander Director

Copy to Sharon Grant, CPPIH