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Mr Malcolm Alexander
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Association of Community Health Councils for England and Wales,
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Mr Malcolm,

29 November 2003

I am writing in response to your letter of 4 September in which you raised a number of issues about the Independent Complaints Advocacy Services (ICAS). I am sorry for the very long delay in responding.

First, I would like to thank you for the helpful meeting we held on 10 September, attended by you and your honorary officers.

As you can imagine, since you wrote to me in September there has been a great deal of activity covering the development and delivery of ICAS. The Commission for Patient and Public Involvement in Health and each of the four ICAS providers have been working wholeheartedly to ensure they capture the wealth of knowledge already in existence.

Each of the four ICAS providers were themselves pilots and so have taken with them a great deal of operational knowledge. This was recently consolidated at the 14 November national ICAS conference at which the pilot research report was presented and providers were encouraged to reflect on the issues raised and to give consideration to how the information would inform and impact on their practice. In terms of the Community Health Councils (CHCs) you will be aware that wherever possible legacy reports have been completed and that some 27 CHC staff have been employed within ICAS and the other new patient involvement structures, bringing within them their valuable experience.

The service was launched successfully across the country on 1 September and contractually ICAS providers had no obligation to be operational until that date. Since September the four ICAS organisations have worked hard to develop their services and to meet the requirement of a full service being available from 15th October. The Department of Health will shortly be launching a national publicity campaign to raise awareness of this complaints advocacy

service, informing people of the support available and directing them to how it can be accessed. This central activity will no doubt be complemented by the local publicity exercises of each of the four providers, which are now under way.

Responsibility lies with the Commission for Patient and Public Involvement in Health for ensuring the development of health complaints advocacy from the CHCs to ICAS and monitoring the quality of services. Service standards have been included in the contracts for each ICAS provider and the Commission will monitor the providers against these using challenging performance indicators. The providers are voluntary organisations, limited companies or registered charities and as such their governance arrangements will be monitored by their local Trustees and also, nationally, by Companies House and the Charity Commission.

Finally, at this time, I would like to thank the officers of ACHCEW, yourself and all your colleagues for your contributions to patient and public representation in the NHS over many years. I acknowledge your personal commitment to support patients and the public to improve NHS services and to give a voice to those who would not otherwise have had one. I would like to wish you every success for the future.

*Best wishes
Rosie*

ROSIE WINTERTON