

## **Health & Wellbeing Network feedback NHS Listening Event May24 2011**

Report back from Mary Duncan based on notes from the round table discussion.

*The group was asked to focus on public accountability and patient involvement:*

There was a general agreement at the meeting that people had serious concerns about the Health and Social Care Bill and that they welcomed the pause in its passage through parliament, because it presented an opportunity for groups and organisations to express their views and air their concerns.

There was some scepticism in how much 'listening' was going to take place, but our group proposed that all the points collated from the meetings across the Region were circulated to those who have made a contribution, prior to the report being delivered to the government.

The SHA accepted this proposal and agreed to publish their findings on their website.

The challenges facing the NHS if the reforms go through will be accountability, patient and public involvement, the prevention agenda and reducing health inequalities. The reforms needed to address the need for a workable integrated approach to health and social care.

There was a consensus in our workshop that as provider competition intensifies the levels of engagement and scrutiny necessary for effective involvement and control, will be at risk.

Neither do the proposals lend themselves to more integrated working between health and social care. If GP consortia are to develop than other clinicians and social care staff, need to be involved.

There was also a general consensus that since none of these reforms were included in the two parties manifestos, we should not be having these conversations in the first place. There is an acknowledgement that to do nothing is not an option - reorganisation of the NHS started with the labour government in 2006. There is now another radical overhaul of the structure which participants felt was not only unnecessary but will begin the process of dismantling the NHS and moving towards a model of healthcare based on the US-those who can afford to pay, and those who cannot receive a second class service.

We are one of the richest countries in the world and can afford a national health service it was agreed that we need an alternative model other than the competitive market. Reforms were necessary but people wanted to be involved

in developing those reforms, not having them 'rushed through' parliament as a way of privatising the NHS.

People wanted to be assured that healthcare decisions will be accountable to local communities. Policies around representation on the Health and Wellbeing Boards further development and participants wanted the Boards to have powers to approve (or not) GP commissioning decisions. The commissioning plans needed to reflect the JSNA. Recommendations at the event including involving more clinicians in the commissioning boards, including from the hospital trusts and that there should be more safeguards in place to ensure that the GP Consortia commissioned for whole populations rather than the patients on their lists.

Concerns were expressed over transparency of commissioning – needs assessments, agreeing contracts, monitoring of services, equality impact assessments etc. There was little hope of this happening within an open competitive health and social care market and people wanted to know how the NHS (national) Commissioning Board will allocate funds in a transparent way? (*They will be responsible for 20% of the national health budget*) Who will sit on it besides Health managers, will it include Patient representatives, Mental Health Trusts and Local Authority Directors?

There was a lengthy discussion about the commissioning processes which included the debatable conflict of interest between commissioner and provider and no amount of training will remove that dilemma. The consortia could also expand the post code lottery that patients experience now.

Continuity of care is paramount and preventative approaches to wellbeing needed to be on the commissioning agenda. People agreed this was the way to save money in the long-term rather than developing an open competitive market place for the NHS.

The Bill does not mention Public Health England, who is accountable to who and if the public health budgets are to be protected.

Finally the group discussed patient and public involvement and Health Watch. People did not want to see Health Watch as the single focus for patient and public involvement. They wanted the new arrangements to acknowledge and use existing mechanisms for public engagement that have been successfully developed by VCS organisations in partnership (in some localities/communities) with Local Authorities.

**It is not that we don't understand the Bill we just cannot see how it will work.**