

NHS Listening Exercise – information and views gathered by Coventry LINK

1. Background

Coventry local Involvement Network is an independent network of local people and voluntary and community groups working for the improvement of NHS and adult social care services. Coventry LINK is a network made up of **180 members**. Coventry LINK carries out extensive community engagement work as well as specific work to look at issue with NHS and adult social care.

Coventry LINK has taken a keen interest in the Coalition Government's plans for the NHS. We have held a large public meeting to discuss the NHS White paper; two focus groups to discuss the information revolution and run a web and paper based questionnaire to gather people's concerns and suggestions for improvements to the plans.

2. Concerns about the NHS reforms include:

We have asked LINK participants to let us know what they are concerned about in the NHS plans. The following were identified:

- i. **The pace of change:** being too rapid for such extensive changes to commissioning arrangements
- ii. **Concerns about inequality resulting from GP commissioning:**

Inequality of provision and access to care between different areas of the country and event within a city such as Coventry and fragmentation of services

Potential for greater health inequalities as the health bill appears to be set up to reward well performing practises. However, it does not seem to compensate for that the fact that some areas will lower living standards and will have a much harder job of performing well enough. This could set up a situation whereby well performing practises get better and practise struggling (not necessarily through fault of their own) get worse. This would set up the kind of divide that a health bill should look to close rather than widen.

- iii. **Competition as a driver for quality:** worries that the system has been developed on the basis of general economic modelling: competition increases effectiveness, but does not take into account the fact that some areas will be populated by people who will need more expensive and extensive care.

iv. **Conflict of interest:**

Between role of GPs as Drs and commissioning role.

Lack of clarity on how the different interests will be separated and monitored.
Concern about the extent of influence of private finance companies investing in drug companies and research and the commissioners who will have enormous purchasing power

v. **Staffing:**

Many valuable health workers will lose their jobs and with them will go years of experience and the principles of public service to be replaced by a service driven by the profit motive.

Impact on NHS staff morale.

vi. **Concern about the role of private companies** and the impact of NHS funding being used for the profit of private companies.

vii. **Commissioning priorities:** Concerns that specialist support services will not be given sufficient priority in new commissioning arrangements eg support for children with disabilities and SEN children in special schools

viii. **Expertise:**

Lack of expertise in local authorities eg due to take on pharmaceutical needs assessment and planning but no background in this.

Loss of commissioning expertise and the very steep learning curve for GPs around commissioning.

ix. **Finance:** the cost of reorganisation and concern that it is distracting the NHS and from delivering safe, quality healthcare whilst achieving the significant savings currently necessary.

x. **Loss of PCTs:** the safety net of Primary Care Trusts and existing functions which do not seem to have been moved elsewhere eg an important part of the NHS complaints process; PCT PALs service; ensuring local people can register with a GP, dentist etc; determining when a GP practice can close its list

xi. **Joined up services:** lack of focus on joining up health and social care

3. Positive aspects of the NHS plans

The following positive aspects of the plans were identified:

- Setting up local health and Wellbeing Boards.

- Encouragement to GPs to set up patient involvement groups or patient panels.
- Opening up to different providers if it drives down costs by increasing efficiency and competition, whilst maintaining quality services.
- Commitment to greater involvement of patients.
- Some support for giving GPs more influence in spending, and therefore bringing decisions of costs a step closer towards patients.

4. How could GP Consortia be made more accountable?

Coventry LINK has the following suggestions for improving the proposed GP commissioning:

- i. Consortia should hold regular meetings with patients.
- ii. Greater role for GP patient panels for patients.
- iii. Transparency in terms of commissioning decisions and actions. There should be scrutiny of every purchasing decision by an independent panel of elected community representatives, people from the medical profession and health workers.
- iv. A duty on GPs to work with Local HealthWatch regarding patient and public involvement; a requirement to respond to and address HealthWatch recommendations regarding commissioning.
- v. A duty on Consortia to consult with Local HealthWatch and local people on proposed service changes and involve patients and the public at the design stage of change.
- vi. There must be more accountability and transparency at a local level, including accountability to local user forums.
- vii. A role for public/patients in Consortia decision making and on Consortia boards. Coventry LINK believes that Local HealthWatch organisations should have a right to co-opted membership of Consortia Boards with transparent and accountable processes for deciding the representative and terms of office. In addition there should be a further place for patient representation.
- viii. More clarity on what happens to failing consortia (quality of service and financial/business viability) and how patients and the public can play a role in assessing the success of consortia.
- ix. More checks and balances to prevent some patients being disadvantaged – an equalities and human rights role is required. PCTs undertake work to

examining areas such as patient pathways to ensure that equalities and human rights issues are identified and addressed. The plans for GP Consortia need to be developed to ensure that equalities and human rights work receives sufficient attention.

- x. It is essential that the consortia have clear boundaries of responsibility and service users understand these boundaries.
- xi. There needs to be shared accountability between GP Consortia and Local Authorities about health improvement and prevention work and health/social care strategy.
- xii. Strong monitoring of Consortia by the National Commissioning Board.
- xiii. NICE work to assessing drugs and treatment to be available through the NHS must continue to address concerns about inequalities.
- xiv. Separate commissioning powers from the body holding the budget.
- xv. GP consortia to cover defined geographic areas not to overlap

5. How can patient involvement be made stronger?

- There needs to be structures, time and resources to involve people meaningfully.
- More opportunity for locally elected and accountable representation at every level.
- Public meetings to scrutinise GP commissioning and budgets.
- Further powers for LINK/HealthWatch: duty placed on GP Consortia to ensure HealthWatch has the power to be involved in ensuring recommendations/changes happen and reviewing commissioning changes.
- Stronger routes of escalation for local HealthWatch when it is not possible to get sufficient response from commissioners and service providers.
- Duty on Foundation Trusts and any private providers contracted to work with local HealthWatch, consult local HealthWatch on service change and new approaches with an impact on patients
- Funding for Local HealthWatch sufficient to enable further development of grass roots engagement about local health and social care services.
- Move away from tick box consultation to real listening leading to actions.

- Maintain the use of Quality Accounts, but improve the process to enable Local HealthWatch to have a longer period for influencing Trust Quality Accounts.
- There should be a national promotional campaign about HealthWatch to raise awareness that has suitable resources. This should be timed for when HealthWatch is able to respond to the contacts this generates

6. Other changes/comments

- Use the experience of Primary Care Trusts
- Greater clarity needed for patients – they need to know how the proposals would affect them personally and have a say.
- Better joined up working with other services(eg social care and education)
- Concern that this ‘Listening Exercise’ has not in reality put a pause on the changes as many developments are carrying on a full steam to the original timetable.

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