



## **“A STRONGER LOCAL VOICE”**

**Response by  
Action against Medical Accidents**

**September 2006**

## Introduction

Thank you for providing an opportunity to comment on the proposals contained in this document. Action against Medical Accidents (AvMA) is a patient centred charity with considerable experience of working with local and national bodies providing patient and public involvement in the NHS. This included close working with CHCs and ACHCEW before their abolition, as well as the current system of CPPIH, Patients Forums and ICAS. The arrangements for patient and public involvement have a real impact on the beneficiaries of this charity and our own work. We are therefore able to draw on considerable experience of what works best and what is needed.

We have addressed our comments to the issues about which we have sufficient understanding and where we can make the most useful contribution.

## Independent Complaints Advocacy Service (ICAS)

We are very disappointed that the Independent Complaints Advocacy Service (ICAS) has been given scant attention in the new vision for patient & public involvement (PPI). The complaints support function of CHCs was a highly valued part of their role, and in the debates leading to the establishment of the new system ministers gave assurances that ICAS would be an integral part of the role of Patients Forums, with ICAS being delivered by staff of PCT patients forums. This would have safeguarded the availability of a local 'one stop shop' for patients and the public. There has been strong consensus on the need for this kind of integration. AvMA believes that the failure to implement this part of the NHS Reform and Health Care Professions Act 2002 has been detrimental to the ICAS service itself and the system of local patient and public involvement. There is no identifiable 'one stop shop' where patients and the public can go to get support with complaints or concerns or get involved with local health matters. Patients Forums are not benefiting from timely, detailed information about issues gleaned from complaints and do not have their own staff. ICAS is being provided in an inconsistent way across the country by three quite different providers who are not formally linked in any way to patients forums. We recommend that the opportunity is taken in developing LINKS to integrate with them the provision of ICAS.

## “LINKS”

We have a number of concerns about the way that LINKS are currently envisaged. Whilst we agree with the importance of focussing on commissioning and taking a strategic view on behalf of local communities, we disagree with the abandonment of monitoring services. One of the strengths of CHCs was that they combined these functions. The understanding of the nature of services and patients' experience gained by monitoring them informed the work they did on commissioning and planning of health services.

We are concerned at the intention that “how members are appointed will be decided at a local level”. We believe that there needs to be consistency in the way that LINKS operate including the appointment of members.

We believe that the proposed 'tendering' by local authorities for 'host organisations' would lead to great inconsistency and fundamentally would mitigate against having a strong, credible local voice for patients and the public. We have seen how a similar process for 'forum support organisations' has not worked for patient forums and in fact has diverted resources away from the coal face. What LINKS will need is to have their own staff, for the members and staff to be part of a *movement*. Local organisations operating contracts to 'host' LINKS will not deliver that. Such an arrangement would also add an unnecessary extra level of bureaucracy and additional costs which could be saved if the staff of LINKS were to be centrally employed and allocated to local LINKS to work in an integrated way with members of LINKS and to provide ICAS from an accessible and visible 'one stop shop'.

Consideration will have to be given as to the way that LINKS relate to the local, regional and national bodies for health and social care. They will need statutory powers and rights to engage with such bodies.

## **National Voice**

As we have said, we think to be credible and effective, LINKS need to be part of a national movement. The proposals in the document only refer to national voice network which LINKS would feed into. We believe that LINKS will need their own national association to help develop and support good practice and consistency. The national association could also provide the other roles envisaged in the document. Crucially, the national body would need to be more than a 'network' and be able to be a genuine and credible voice at a national level on health and social care matters, drawing on the work of LINKS and other networking with patients and user organisations. However, a national association need not require huge amounts of resources or divert resources away from the 'coal face' work of LINKS, as has arguably been the case with the Commission for Patient & Public Involvement in Health (CPPIH). It should be possible to run an effective national association on a small fraction of the costs incurred with CPPIH.

## **Consultation**

Whilst we welcome much of the general thrust and background thinking to the document, we believe there should be full consultation on the substantive proposals. We appreciate there has already been some engagement in the initial stages of reviewing PPI, which is welcome. However, we believe that it is important for the credibility of PPI that there is consultation on the substantive proposals emerging from such a review. The questions posed by the document assume an acceptance of all the substantive proposals.