Greater voice for patients – *The Health and Social Care Bill*

“If the fundamental purpose of the Government’s proposed changes to the NHS – putting the patient first – is to be made a reality, the system that emerges must be grounded in systematic patient involvement to the extent that shared decision making is the norm.”


**Context**

1. The Government aims for there to be “no decision about me, without me” for patients and their own care. The same goes for the design of health and social care services at both a local and a national level.

2. A key part of patient empowerment is to offer increased choice about their care. For more information on this, see the ‘Choice and Competition’ factsheet (factsheet C4).

3. We have recognised from previous changes in public and patient involvement in England, like the abolition of Community Health Councils and Public and Patient Involvement Forums that it is important to build upon current structures to ensure lessons and momentum are not lost. The Government’s approach is, therefore, about continual improvements, and changes need to build on the work currently undertaken by Local Involvement Networks (LINks), rather than reinventing them.

4. It is important to provide a strong forum where the views and experiences of patients, carers and the public can influence the commissioning process and improve the quality of health and social care services. All sources of user feedback enable providers to assess the quality of their services.

**Key legislative changes**

5. **The Bill strengthens the collective voice of patients.** It is important that this is reflected at all levels of the system; service providers and commissioners should welcome all sources of feedback as a means through which to assess the quality of their services. We want to avoid the experience of Mid-Staffordshire, where patient and staff concerns were continually overlooked while systemic failure in the quality of care went unchecked.

6. The NHS Commissioning Board, Clinical Commissioning Groups, Monitor and Health and Wellbeing Boards will all have duties with regards to involvement of patients, carers and the public. Commissioning Groups will have to consult the public on their annual commissioning plans and involve them in any changes that affect patient services.

7. **HealthWatch.** The Bill provides for the establishment of HealthWatch England (clause 178) as a statutory committee of the Care Quality Commission. HealthWatch England will be a new national body representing the views of users of health and social care services, other members of the public and Local HealthWatch organisations. It will advise and provide information to the Secretary of State, the NHS Commissioning Board, Monitor, English local authorities and the Care Quality Commission on the views of users of health and social care services and their experience of such services.

8. In addition, Local HealthWatch organisations (clause 179), based in and funded by Local Authorities, will carry out the functions currently carried out by Local Involvement Networks’, and take on additional functions. They will help ensure that the views and feedback from patients and carers are an integral part of local commissioning across health and social care. Their activities will also include providing information about local care services and choices to be made in respect of those services. (Clauses 180 and 181.)

**Factsheet B3** provides details regarding the changes to increase patient voice within the Health and Social Care Bill. It is part of a wide range of factsheets on the Bill, all available at:

- **Web:** [www.dh.gov.uk/healthandsocialcarebill](http://www.dh.gov.uk/healthandsocialcarebill)
- **e-mail:** [healthandsocialcarebill@dh.gsi.gov.uk](mailto:healthandsocialcarebill@dh.gsi.gov.uk)
BACKGROUND ON PATHFINDER PROGRAMME

Seventy-five local HealthWatch pathfinders were announced on 3 August. The pathfinders will pioneer plans ahead of the full establishment of local HealthWatch across the country in October 2012.

Guidance on developing local HealthWatch is also available, along with a timetable for the transition from the current patient involvement groups. The guidance is aimed at local authorities and Local Involvement Networks (LINks) to help them and other key stakeholders prepare for the introduction of HealthWatch.

The guidance describes the vision for HealthWatch, sets out what the current arrangements should look like when they are working really well, and outlines the building blocks being put in place to support the transition. It is the first in a series of transition documents to support the move from LINks to local HealthWatch.

HEALTHWATCH DEVELOPMENT PROGRAMME

The Department of Health has set up a HealthWatch Development Programme Advisory Group. The objectives of the HealthWatch programme are to:

- implement the White Paper commitments to establish HealthWatch England as a sub-committee of CQC;
- evolve LINks into Local HealthWatch organisations;
- consulting and engaging with NHS and Local Authority partners to develop and refine the organisational model; and
- set clear roles and responsibilities for national and local HealthWatch.

Underlying principles of the programme are that it adopts a partnership approach between the Department of Health, Care Quality Commission and local authorities, and that it engages people who use health and social care services and their representative organisations in all stages of the development.

FURTHER INFORMATION

- [HealthWatch Transition Plan](#) - this document highlights key issues for Local Involvement Networks (LINks), their host organisations and local authorities during 2011/12, prior to the establishment of HealthWatch.
- [HealthWatch programme board minutes](#) – access records of previous and current discussions and decisions made at the HealthWatch programme board.
- [HealthWatch Pathfinders](#) – further information on the pathfinders programme including the list of participating areas.