

## **NHS Scrutiny, Patient and Public Involvement, and Complaints Mechanisms**

### **The original system**

In 1974 bodies were created for the first time to represent patients and local communities in the NHS. These were Community Health Councils (CHCs) – independent bodies, serviced by full-time salaried staff, with a statutory remit to act as the voice of the consumer and the community in the NHS.

Members of CHCs were appointed by local authorities, the local NHS and local voluntary bodies (with an emphasis on those representing seldom heard groups, such as older people, people with mental health problems and people with learning disabilities).

CHCs had the right to demand information from the local NHS and the right to be consulted over changes to local services – with the power, in the last resort, to refer contested decisions to the Secretary of State for Health. They also helped individual patients pursue complaints; and they had the right to enter and inspect NHS premises.

The Association of Community Health Councils for England and Wales (ACHCEW) represented CHCs at the national level. Across the country there was a great deal of variation in what CHCs did and how they did it.

CHCs survived a number of subsequent NHS reorganisations, including the creation of the internal market in the 1990s, which led to CHCs scrutinising both purchaser and provider bodies in the NHS.

### **The current system**

CHCs were abolished (along with ACHCEW) in 2003, and their functions and powers were given to a series of new bodies:

- Patient Advice and Liaison Services (PALS) within each NHS body provide patients with advice and information, and act as the first point of contact for people who wish to make a complaint.
- Independent Complaints and Advocacy Services (ICAS) in each NHS body support patients in making complaints that cannot be resolved by PALS.
- Corresponding to each NHS body is a Patient and Public Involvement Forum (PPIF), an independent organisation that monitors and reviews service delivery (through means including entry and inspection of premises), seeks the views of patients and the public about services, and makes recommendations to the NHS accordingly. The Forums are made up of volunteer lay members. NHS bodies are legally obliged to provide information to PPIFs. NHS bodies are under a statutory obligation to involve and consult the public about changes to, and the development of, services (this is usually referred to as the Section 11 duty); this is often discharged through consulting PPIFs. Like CHCs, PPIFs vary greatly in what they do and how they do it.

- The Commission on Patient and Public Involvement in Health (CPPIH) provides training and other support for PPIFs, and commissions Forum Support Organisations (voluntary sector bodies that provide administrative support for PPIFs).
- Health Overview and Scrutiny Committees (HOSCs), run by local authorities with social services responsibilities (including County Councils) have a statutory remit to scrutinise health services on behalf of the local community. NHS bodies are under a statutory obligation to consult their local HOSC about any "substantial variation" in services (this is usually referred to as the Section 7 duty). NHS bodies are legally obliged to provide information to HOSCs; and local NHS officials must appear before a HOSC to answer questions if asked to do so. HOSCs have the power, in the last resort, to refer contested service changes to the Secretary of State for Health – or, in the case of Foundation Trusts (FTs), the FT regulatory body, which is called Monitor.

### **The future system**

The government announced some time ago that it planned to abolish CPPIH. Under the Local Government and Public Involvement in Health Bill, which is currently before Parliament, PPIFs will also be abolished and replaced by Local Involvement Networks (LINKs) on 1 April 2008. Each local authority with social services responsibilities (including each County Council) will be responsible for setting up a LINK to cover their area and for commissioning administrative support from a Host Organisation (which must be a voluntary sector / non-profit body).

A major difference between LINKs and PPIFs is that LINKs will be responsible for scrutinising the provision of social services by local authorities, as well as the provision of health services by NHS bodies.

LINKs will have the power to refer matters to their local HOSC, or to the corresponding social services overview and scrutiny committee, and to receive a response from the committee concerned.

The power of entry and inspection of NHS premises will transfer to LINKs and be extended to cover some types of social services premises.

The government intends that LINKs will have a much broader, and looser, membership than PPIFs have had. It will apparently be down to each LINK to decide how to structure itself and there remains considerable uncertainty about how LINKs will actually work in practice.

The Bill will have the effect of redefining the Section 11 duty on NHS bodies to consult about changes to services. The duty will be limited to "significant" proposals and decisions – "significant" being defined in the Bill as affecting "the manner in which the services are delivered to users of those services, or the range of health services available to those users". The government also intends to change the regulations governing Section 7 consultations so that they mirror the procedure set out in the Bill for the referral of matters to social services overview and scrutiny committees.