Item 6

By: Overview and Scrutiny Manager

To: NHS Overview and Scrutiny Committee – Friday 11 May 2007

Subject: NHS Overview and Scrutiny Committee – Work Programme and update on Committee activity.

Introduction

1. I set out in this paper various strands of activity that are being planned or are currently underway relating to the NHS Overview and Scrutiny Committee.

Future meetings and Work Programme

2. Set out below are the items already planned for future meetings of the Committee:-

Friday 8 June Council Chamber, Sessions House, County Hall, Maidstone	• StourCare Out of Hours service • Public Health Strategy for Kent • Fit for the Future update • Pharmacy • Infection control
Friday 20 July	• Mental Health Service Provision across Kent and Medway • Fit for the Future update • LINks update • Chronic Pain Clinics
Friday 7 September	• Fit for the Future • Primary Care Trust prospectuses • Update on *A new direction for Surgery and Emergency Orthopaedic Care update* (Maidstone and Tunbridge Wells NHS Trust)
Friday 12 October Council Chamber, Sessions House, County Hall, Maidstone	• Preventative healthcare – Steve Phoenix
Friday 9 November, Council Chamber, Sessions House, County Hall, Maidstone	• Dentistry • Audiology • LINks update
Friday 14 December Council Chamber, Sessions House, County Hall, Maidstone	

Homeopathy Review

3. Members will recall that a colleague from the West Kent Primary Care Trust attended on 9 February to advise the Committee about the Review of Homeopathy Services currently being developed. The consultation document for this review is attached as Appendix 1.

Fit for the Future

4. (1) The Committee will continue to receive regular updates on the Fit for the Future proposals for Kent and Medway.

(2) Arrangements are being made for colleagues from the three Primary Care Trusts across Kent and Medway to bring all Members of the County Council up to speed on the current proposals for Fit for the Future.

(3) The Committee will be aware that over recent months health colleagues have made it clear that it may not be necessary to consult on the Fit for the Future proposals.

(4) Colleagues from the Eastern & Coastal Kent Primary Care Trust met with the Chairman, Vice Chairman and Liberal Democrat Spokesman of this Committee on 20 April 2007. At this meeting they drew attention to the development of the PCT's Commissioning Strategy and the ongoing workstreams for the development of service change. They indicated that they did not envisage in every case that formal consultation would be necessary. The workstreams that they referred to were:-

a) elective services (including Integrated Clinical Assessment and Treatment Service – ICATS);
b) urgent care;
c) adult mental health;
d) children and young people;
e) *Choosing Health*;
f) maternity services; and
g) National Service Frameworks Local Improvement Teams (for cancer, coronary heart disease and older people).

"Health Showcase"

5. (1) Members will be aware that at a meeting earlier on in the year I was asked whether it might be possible to organise an event relating to Patient Pathways.

(2) At that meeting I suggested that this would be an appropriate event for all Members of the County Council. I have mentioned this to colleagues in the Primary Care Trusts in Kent, and there is a willingness to organise a "Health showcase" where all Members of the County Council can increase their understanding and knowledge of a whole range of Health Service issues.

(3) Members will be aware that the special Council meeting on 24 July 2007 is to be dedicated to health issues. I am exploring whether an event such as I have described above will be possible as a complement to this County Council meeting, when most Members of the Council will be present.

(4) Increasing our knowledge of the complexity of the Health Service, which is subject to so much change, is an ongoing process that needs continual updating.

Presentation by the Chief Executive of the South East Coast Ambulance Service NHS Trust

6. (1) On 25 April 2007 a group of NHS OSC members visited the ambulance control centre at Coxheath and heard a presentation by the Chief Executive of the South East Coast Ambulance Service NHS Trust, Paul Sutton, on his vision for future services.

(2) Those who attended were very impressed by what Mr Sutton had to say and expressed the wish for him to have the opportunity to give the presentation to the rest of the Committee, as well as other members of the County Council.

NHS Overview and Scrutiny Committee Protocols

7. (1) Members will recall that you have raised with me on several occasions the issue of devolving some of the powers of the Committee to a more local level.

(2) Underpinning this are the NHS Overview and Scrutiny Committee Protocols, signed up to by all the local authorities across Kent, which were agreed and incorporated in each of the authorities' constitutions when the Committee was established in November 2001. There is a clear need for the protocols to be re-examined. I am, therefore, convening a steering group comprising Borough and District Council colleagues, Patient and Public Involvement Forum colleagues and representatives of the Health Service to look at the protocols and make recommendations for their amendment to a Member steering group prior to each Council being invited to adopt the protocols for inclusion in their Council's Constitution. The current protocols are attached as Appendix 2.

(3) A number of Borough and District Councils across the county are now very keen to engage in health scrutiny through their own scrutiny arrangements and several already do so. I am keen to encourage this activity. For example, following the last meeting of the Committee in Canterbury when a discussion took place on the development of the Polyclinic at Whitstable I met with colleagues from Canterbury City Council about the possibility of their Health Scrutiny Panel looking at this in greater detail. Canterbury CC have indicated that they would be very willing to look at the issues surrounding the development of the Polyclinic through their Health Scrutiny Panel.

Integrated Clinical Assessment and Treatment Service (ICATS)

8. (1) One of the emerging issues for the development of health care services being available in the community is the development of an Integrated Clinical Assessment and Treatment Service (ICATS).

(2) At the meeting with Eastern & Coastal Kent PCT colleagues on 20 April 2007 the spokesmen were told of an ICATS which has been piloted and is operational in Ashford.

(3) Health colleagues indicated that they would be very happy to host a visit from Members of the Committee and local Members.

(4) The Committee are asked to indicate whether they would wish to have a visit organised to this service.

Development of a LINk

9. (1) Members will recall that the Local Government and Public Involvement in Health Bill contains proposals regarding the establishment of Local Involvement Networks (LINks), on the basis of one for each authority with social services responsibilities, to replace the Patient and Public Involvement Forums.

(2) The Chairman and I have been engaging colleagues from some of the "early adopter" authorities for LINks, as well as other councils, to see how they are planning to embrace this planned new arrangement. It is fair to say that, even amongst the early adopters, there is little enthusiasm for the proposal – especially in the absence of any real detail (which is expected in regulations once the legislation has been passed).

(3) More recently, on 20 April 2007, the Commons Select Committee on Health produced a report on Patient and Public Involvement in Health which was highly critical of the government's plans to replace PPIFs with LINks. A copy of the Executive Summary of the Select Committee's report is attached as Appendix 3.

Recommendation:-

that the contents of the report be noted.

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Appendix 1

Should the NHS pay for homeopathy?

HAVE YOUR SAY

Public consultation

West Kent NHS
Primary Care Trust

1 Setting the scene

1.1 West Kent PCT

West Kent Primary Care Trust (PCT) ensures that health services are provided for all 674,000 residents in the Dartford, Gravesham, Swanley, Sevenoaks, Tonbridge, Tunbridge Wells, and Maidstone and Weald areas.

Figure 1: West Kent PCT area

The PCT has a budget of £747 million per year, and works with about 400 family doctors, 110 dentists, 104 pharmacists, 6 community hospitals, and 3 larger hospitals. About £200,000 is spent each year on homeopathy.

As part of a wider review of all services and spending, West Kent PCT is considering whether the NHS should fund homeopathy offered by doctors who have a postgraduate qualification in complementary therapy (integrative practitioners). This consultation document sets out the reasons for the review and some suggested ways forward. The PCT Board would like to hear your views to help guide decision-making.

1.2 This consultation

This consultation is about the referrals GPs (family doctors) make to specialist doctors for homeopathy. Section 1.3 describes what we mean by homeopathy. We're focussing on homeopathy because there is ongoing debate about whether homeopathy provides a cost-effective, value for money service and the PCT has a responsibility to ensure that resources are used well. Services such as acupuncture will continue to receive funding from the NHS and are not the subject of this consultation.

The purpose of this consultation is not to question whether homeopathy is effective – only whether it should be funded by the NHS

The answer to this question may not be clear cut. It is possible that homeopathy could be funded to support people with some conditions but not others. West Kent PCT is reviewing a wide range of perspectives to help address this question.

The review is taking place in the context of a healthcare system that is trying to regain financial control. Difficult decisions have to be made about relative priorities for funding. The PCT has to commission services within the resources available, so if homeopathy is funded some other services may receive less funding or no funding. The consultation will help the PCT understand the importance of homeopathy to local people, compared to other priorities.

1.3 What is homeopathy?

In England, a significant number of people use complementary therapies such as homeopathy to supplement or in some cases to replace conventional healthcare. Surveys conducted in the late 1990s found that up to one in four adults may have visited a complementary medicine practitioner or purchased over-the-counter complementary therapies in the past year.

As well as being available for private purchase, some complementary therapies are available through the NHS in some places. In West Kent, GPs can refer local people to hospitals that specialise in complementary therapies such as homeopathy.

Homeopathy is based on the principle that 'like should be cured with like' and that a substance which causes certain symptoms might be able to resolve similar symptoms. For example, for hay fever a highly diluted remedy made of onion is often used. In undiluted form this may cause hay fever-like symptoms in healthy people.

Doctors who provide homeopathy often work with people with long-term conditions and those with illnesses that do not have a firm diagnosis. Initially, these doctors have a long consultation with people to understand their problems and the impact on their lives. They then match people's symptoms to individualised remedies and adjust doses over time.

On average, someone receiving homeopathy paid for by the NHS will attend an initial consultation and about three follow up appointments. Those with long-term conditions receive more follow up appointments.

1.4 Cost of services

Every year, West Kent PCT funds about 2800 homeopathy appointments for around 750 people. Three quarters of these are follow up visits for people receiving ongoing care.

The majority of homeopathy consultations paid for by West Kent PCT take place at Tunbridge Wells Homeopathic Hospital, by doctors trained in both complementary and conventional medicine. This is one of five NHS homeopathic hospitals in England.

In the year ending December 2006, West Kent PCT paid £192,682 for homeopathy appointments. This equates to a cost of about £250 per person receiving homeopathy per year. PCT audit data suggests that people who receive homeopathy are often receiving other specialist services for their condition as well, so the PCT may be 'paying twice' for their care.

To put this in context, for illustrative purposes, the total amount spent on homeopathy equates to about 1500 appointments with pain specialists, 2300 appointments with dermatologists, or 1300 appointments with arthritis specialists.

Any change would not affect people currently receiving homeopathy.

The PCT will continue to fund homeopathy for everyone currently receiving it. But we'd like your views about whether the NHS should pay for new referrals from now on.

2 Do we need to change?

2.1 Potential benefits

In preparing for this consultation, West Kent PCT has examined the benefits and costs to the NHS of homeopathy.

This section describes feedback about the benefits of homeopathy and examines where homeopathy fits in with other PCT priorities.

We know that some people experience important benefits from homeopathy. The question is should it be a priority for NHS funding?

As part of the review process, the PCT has spoken to some service users and doctors and commissioned a review of research about the effects and cost effectiveness of homeopathy. More information will be compiled throughout the consultation.

What do people using the service say?

Last year, West Kent PCT paid for about 750 people to receive homeopathy.

Feedback from more than 5500 people attending Tunbridge Wells Homeopathic Hospital over a 7.5 year period suggests that three quarters believe they get some relief from their symptoms. Half think they are 'moderately better' or 'much better.'

"I am 55 years old. I asked my GP to send me for homeopathy because I had very itchy skin. Dermatitis medicines didn't seem to help. I've visited the Homeopathic Hospital every month for the past four months. My skin feels much better now and I'm looking forward to getting into shorts this summer." [Service user]

But not everyone has the same positive experiences. To find out whether homeopathy has clinical benefits for a wide number of people, at the beginning of 2007 West Kent PCT commissioned an independent review of up to date research that met the highest quality standards for evidence-based medicine.

What does the research say?

The review examined published studies of large numbers of people in order to put feedback from individuals into context. It included 39 reports compiling all of the major research about homeopathy plus randomised trials that compared outcomes for people who received homeopathy versus those who did not. The review found that, although there were some positive trends, there was not enough evidence about homeopathy for people with conditions such as asthma, depression, back pain, or arthritis, and there was very little information about cost-effectiveness. This is true for many other treatments offered by the NHS too.

Homeopathy was not associated with many side effects, but most studies found no 'clear cut' evidence that homeopathy improved people's symptoms.

There is no clear evidence to support or to recommend against homeopathy.

Some scientists think that people might feel better when receiving homeopathy because they are getting care and attention – it is not the homeopathic medicine that is making a difference, but the fact that people think it might help. This is called a 'placebo effect.' Overall, homeopathy remains unproven.

What do homeopathic doctors say?

Doctors offering homeopathy in West Kent say that it is important to keep funding the service because it supports people who may not be able to get help from other types of medicine, especially those with long-term health problems. They say that homeopathy is very popular with some patients.

Doctors offering homeopathy also say that it does not cost a great deal of money to provide the service. The main cost is for the practitioner's time.

These specialists suggest that people who receive homeopathy might not use as many conventional medicines or appointments if they feel better after receiving homeopathy and that the NHS may save money by avoiding side effects from conventional medicines. The PCT is compiling information from GP records and other audit data to investigate these claims.

"People often ask for homeopathy because they have a condition where there is no effective conventional treatment or where other medicines have side effects. Side effects cost the NHS a lot of money. Homeopathy has few side effects and is thought to be more natural, because it stimulates people's own healing mechanisms." [Dr Helmut Roniger, Tunbridge Wells Homeopathic Hospital]

What do other doctors say?

Some doctors question whether the NHS should pay for homeopathy. A letter to The Times earlier this year from a number of medical academics questioned the legitimacy of PCTs continuing to fund homeopathy. A leading Professor of Complementary Medicine in the UK signed this letter too.

Some GPs in West Kent say that the NHS should not continue to fund all homeopathy because it remains an unproven therapy, and because the PCT must pay for treatments that make the best use of the limited amount of money it has.

"We all share an absolute duty to spend NHS money in both a clinically and cost effective manner. For historical reasons there has been a permissive endorsement of homeopathy across the NHS despite widespread recognition that the theoretical basis in science is implausible. The motto of the Royal College of General Practitioners is "science with compassion." In this case we must insist on the science. We must not have one without the other." [Dr James Thallon, GP]

2.2 PCT priorities

It is important to think about homeopathy in the context of the PCT's other priorities. West Kent PCT is undertaking a review of **all** services to make sure that the things we fund meet health priorities and people's needs now and in the future. Homeopathy is not being 'singled out' for review – a wide range of services are being considered.

"West Kent PCT is going through a process of financial turnaround. We are looking carefully at all services and seeing how they fit in with local and national strategic plans. We need to make some tough decisions about what we will and will not continue to fund. We can't keep funding everything, and so we have to make some choices about what is best for the majority of people in West Kent."
[David Newcombe, West Kent PCT Financial Turnaround Director]

West Kent PCT wants to fund services that the largest number of people can benefit from. Homeopathy is used by a relatively small number of people each year (755 people in 2006), but those people do generally feel that homeopathy helps them.

The PCT's priority is to offer services based on the needs of local people. We want to invest in providing more care close to people's own homes; paying for services to support people with long-term conditions such as arthritis, asthma, depression, and heart disease; and increasing access to services for those who need them most.

The PCT is questioning whether homeopathy should be a priority for funding for many reasons, including:

- Many PCTs don't routinely refer people for homeopathy. In the past few years 53 PCTs have taken steps to reduce NHS funding for homeopathy.
- The NHS has a finite amount of funding and cannot fund everything that people think might make them feel better. The NHS needs to fund the most efficacious services for the majority of people.
- Homeopathy remains an unproven discipline and there is limited evidence about cost effectiveness. This is true of some other health services too.
- Most people who use homeopathy request to do so. It is not generally 'prescribed' for clinical purposes.
- Like some other specialist services, homeopathy is only accessed by a small subset of people. This may be because not everyone knows about it, but the PCT needs to consider the wellbeing of the wider population.
- People who use homeopathy also tend to be using conventional services. This might be because conventional medicine is not working for them, but often there is a double use of services, rather than homeopathy substituting for conventional care.
- Any change will not affect people currently receiving homeopathy. Decisions will only be made about whether to fund new referrals. Current services will not be 'cut off.'

3 How could we change?

3.1 Options

West Kent PCT has developed three possible options for a way forward. These options were developed in consultation with user representatives, stakeholders from Tunbridge Wells Homeopathic Hospital, and GPs.

Option 1: Homeopathy funded following decision by Independent Panel

GPs who want to refer someone for homeopathy would send a request to an Independent Panel. The Panel would decide whether or not the treatment will be funded by the NHS. The criteria the Panel use to make decisions would be developed in discussion with GPs and the doctors providing homeopathy. The Panel would be made up of the Director and Assistant Director of Nursing, a Consultant in Public Health, a GP, and a Pharmacy / prescribing lead, amongst others, and would meet regularly to consider a range of treatments.

Option 2: Fixed number of homeopathy visits funded

GPs would refer people for homeopathy directly, as they do now. The NHS would fund both an initial consultation for homeopathy and a fixed number of follow up visits. Further treatment for the same condition would need approval from an Independent Panel. The exact number of visits funded would be decided following consultation with GPs and the doctors providing homeopathy. However, at this stage it is suggested that one initial consultation and three follow up appointments might be considered. This is the average number of visits per person per year that the PCT currently funds.

Option 3: No homeopathy funded by the NHS

The NHS would not fund any referrals for homeopathy. The rationale would be that there is insufficient evidence that homeopathy provides good value for money or is a high priority compared to other services that require NHS funding.

We would like to hear about any other options you think of

3.2 Impacts

The PCT has begun to consider the impacts of each option and will continue to compile information about this during the consultation period. Table 1 summarises some of the key information available so far.

Table 1: Initial information about key impacts of each option

Option	Impact on referrals	Impact on costs	Impact on other treatments
Option 1: **Decision about NHS funding of each individual case by an Independent Panel**	It is difficult to estimate the impact of Option 1 on referrals, because the decision making criteria have yet to be developed. If the Independent Panel approved treatment only for conditions where there are some positive research trends, referrals may reduce by half to two thirds.	The exact cost reduction would depend on the number of referrals funded. If the Independent Panel approved funding for half of all possible new referrals from GPs, there would be a saving of about £50,000 per year.	The Independent Panel already meets to discuss other treatments. There would be some additional costs for staff time. If some funding for homeopathy is withdrawn, people might use other specialist services instead. However, many people receiving homeopathy also receive conventional specialist care at the same time, so extra costs from people using more conventional care may be limited to £10,000 per year.
Option 2: **NHS funds fixed number of homeopathy visits**	If the NHS funded a fixed number of visits for all conditions, there would be little impact on first referrals. Follow up appointments may be reduced by half to one third.	The exact cost reduction would depend on the number of follow up visits funded. If the NHS funded one consultation and 2-3 follow ups the saving would be about £50,000 each year.	As above, extra costs from people using more conventional care may be limited to about £10,000 per year. The Independent Panel already meets to discuss other treatments. Under this option there few additional costs for staff time.
Option 3: **NHS does not fund homeopathy**	Under Option 3, no referrals for homeopathy would be funded by the NHS.	This option would save the NHS about £200,000 per year on consultation costs.	It is estimated that the costs of people using extra conventional care instead of homeopathy may amount to up to £20,000 per year. The majority of people may already be receiving homeopathy and other care simultaneously.

The PCT believes that funding homeopathy does not necessarily fit with national or local strategic priorities, where there is an emphasis on funding the best care for the greatest number of people in locations close to home. Given that so many services need NHS funding, and there is only a finite amount of money available, the PCT is questioning whether continuing to pay for homeopathy is a priority in the long term.

The decision about whether and how to change must be based on the health needs of people living throughout West Kent. A number of organisations provide homeopathy services in West Kent, including the Royal London Homeopathic Hospital and Tunbridge Wells Homeopathic Hospital. It is homeopathy referrals that are under review, not any specific hospital.

The consultation is about whether the NHS should pay organisations to provide homeopathy treatment.

The consultation is not about whether Tunbridge Wells Homeopathic Hospital should remain open, but about whether the NHS should pay for any homoeopathy that might be available there. However, because the NHS pays Tunbridge Wells Homeopathic Hospital for many homeopathy services in the area and because we recognise the institution's importance to some local people, this section briefly examines the impacts of change upon the Hospital.

The Hospital is owned by the local NHS mental health trust. It provides a wide range of services in addition to homeopathy. Homeopathy is not its only form of business, but is an important part.

About half of referrals to the Homeopathic Hospital come from West Kent, 35% come from Bromley, and 15% come from other sources. If West Kent PCT provided less or no referrals to the homeopathy service, the Hospital would need to review its service provision. It would still continue to receive the half of referrals from outside West Kent, and this may impact on where NHS homeopathy services are based.

West Kent PCT is not suggesting that homeopathy should not be available to people who find it helpful. The question is whether it should be a priority to receive NHS funding, given all the other spending priorities. If the NHS did not pay for treatments like homeopathy, they would continue to be available privately.

If there were changes to the service, this could impact on the roles of three part time clerical and nursing staff and two complementary medical practitioners, but this would be up to their employer, not the PCT. Specialist doctors may continue at the Hospital or consider private practice.

Any changes would not impact on people currently receiving homeopathy, because only new referrals would be affected.

It is also unlikely that there would be significant impacts on GPs and hospitals. People who receive homeopathy are usually already getting care from their GPs or other hospitals too, so if homeopathy was limited they would not all suddenly need to use a greater number of conventional services.

4 How will we make decisions?

4.1 Making decisions

The PCT Board will select which option to move forward with. The Board will use criteria to help them weigh up the pros and cons of each option. These may include:

Clinical effectiveness
Will Option 1, Option 2, or Option 3 allow the PCT to deliver the most effective services?

Impact on other parts of the system
Does Option 1, Option 2, or Option 3 best help us avoid pressure on other services?

Population needs
Does Option 1, Option 2, or Option 3 best meet the whole population's needs now and in the future?

Practicality
Is Option 1, Option 2, or Option 3 most achievable and easy to put into place?

Public demand
Does Option 1, Option 2, or Option 3 best fit in with public perceptions and feedback?

Value for money
Does Option 1, Option 2, or Option 3 provide the most affordable and sustainable service given the PCT's financial pressures?

We would like your feedback about the criteria the Board will use to make decisions

You could suggest other factors the Board should consider when making decisions too.

4.2 Next steps

There are three parts to this consultation: public meetings, meetings with other stakeholders, and analysis of written feedback.

1. Public meetings

The PCT will host five public meetings at:

1. Tuesday 8th May; 1.45-4.45pm
   Board Room 2, Preston Hall,
   Aylesford, Maidstone
2. Friday 11th May; 1.45-4.45pm
   Gravesham Community Hospital
3. Wednesday 16th May; 1.45-4.45pm
   The Camden Centre, Market Square,
   Tunbridge Wells
4. Wednesday 16th May; 6-9pm
   The Camden Centre, Market Square,
   Tunbridge Wells
5. Monday 21st May; 6-9pm
   The Camden Centre, Market Square,
   Tunbridge Wells

These meetings will include presentations about the reasons changes are being considered and discussions about the pros and cons of each option. Feedback from meetings will be considered when the Board makes its decision.

Everyone is welcome at the public meetings. To receive documents for the public meetings, contact 01732 375288 or jonathan.barnes@swkentpct.nhs.uk

2. Meetings with staff and key groups

The PCT team will be available to speak at a range of groups and will make visits to organisations and voluntary groups that work with people with the conditions most commonly referred for homeopathy treatment.

If you would like West Kent PCT to make a presentation or come to discuss the issues with a group you're involved with, contact 01732 375288 or jonathan.barnes@swkentpct.nhs.uk

3. Written feedback

Members of the public, staff, and other stakeholders are invited to complete the consultation feedback form, or to write a letter expressing their views. The feedback form is overleaf.

The consultation is not a 'vote' and the option with the greatest support will not necessarily be selected.

It is more important for the PCT Board to weigh up the pros and cons of each approach – and that is why the reasons that people support or oppose each option will be carefully considered.

The PCT Board are very interested in how you think they should make the decision, which is why we are asking for feedback about the criteria that will be used to judge each option.

The deadline for receiving feedback forms and letters is 2 July 2007.

After this, all feedback from forms, letters, and meetings will be collated into a report that will be made available to the PCT Board as part of their decision making process. The Board hope to make a decision at the Board meeting on 26 July 2007.

5 Have your say

If you would like to give us your views, please tear out this form, fill it in, and post it back by 2 July 2007. The freepost address is at the end of the form.

Making decisions

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I understand the reasons that change might be needed	☐	☐	☐	☐
I agree with the reasons for change described	☐	☐	☐	☐
I believe homeopathy should be a priority for the NHS	☐	☐	☐	☐
I believe the NHS should pay for some homeopathy	☐	☐	☐	☐

2. Please tell us how important these factors should be when making decisions about the pros and cons of each option

	Very important	Of some importance	Of little importance	Not important
Clinical effectiveness (will the option give effective care?)	☐	☐	☐	☐
Impact on other services (will there be pressure elsewhere?)	☐	☐	☐	☐
Population needs (does the option meet people's needs?)	☐	☐	☐	☐
Practicality (is the option easy to put in place?)	☐	☐	☐	☐
Public demand (does the option fit in with public feedback?)	☐	☐	☐	☐
Value for money (is the option affordable and sustainable?)	☐	☐	☐	☐

3. Are there any other criteria that we should consider when making decisions?

Options

4. We have outlined three possible options for change. The option with the highest number of 'votes' will not necessarily be selected. It is more important for us to know the reasons for your views.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I support Option 1: Decision by an Independent Panel	☐	☐	☐	☐
I support Option 2: Fixed number of homeopathy visits funded	☐	☐	☐	☐
I support Option 3: No homeopathy funded by the NHS	☐	☐	☐	☐

Should the NHS pay for homeopathy?

5. Please tell us what you think are the best and worst points about each option:

	Main advantages	Main problems
Option 1: Decision by an Independent Panel		
Option 2: Fixed number of visits funded		
Option 3: No homeopathy funded by the NHS		

6. Do you have any other comments about the options or how they will affect you? Or would you like to suggest another option?

Please attach a separate page if needed.

About you

Finally, we would like to know a little about you. This will help us make sure we have feedback from a wide range of people.

7. Which area do you live in or closest to?

- Dartford ☐
- Gravesham ☐
- Swanley ☐
- Sevenoaks ☐
- Tonbridge ☐
- Tunbridge Wells ☐
- Maidstone and Weald ☐

8. Tick if you have used NHS homeopathy before ☐
9. Tick if you have paid for homeopathy before ☐

10. Are you ...

- a member of the public / service user ☐
- a PPI Forum or Citizen's Panel member ☐
- a member of NHS clinical staff ☐
- a non clinical NHS staff member ☐
- a Councillor or other elected official ☐
- a voluntary sector organisation ☐
- a health organisation ☐
- other- please write in: ☐

_____

Thank you for your views. Please post to FREEPOST RRJX JYUR UYAC, West Kent PCT, Wharf House, Medway Wharf Road, Tonbridge TN9 1RE. We need your response by 2 July 2007.

West Kent Primary Care Trust

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Front cover photo used with permission: istockphoto.com (Pavel Losevsky)

Appendix 2

Annex B: Protocol for National Health Service Overview and Scrutiny

5B.1 These protocols are agreed within a context that assumes organisationally:-

- the bringing into force of the Health and Social Care Act 2001
- the continued development of partnership working, especially between Social Services and NHS bodies
- the continued existence at District/Borough level of local overview and scrutiny committees concerned with NHS matters
- the continued existence of Community Health Councils or representative organisations operating at sub-county level
- a partnership approach working with not against NHS bodies in the county

5B.2 The protocols are based on the principles that:-

- Overview and Scrutiny should focus on supporting the improvement of health services to Kent residents.
- Overview and Scrutiny should minimise the additional administrative burdens on local authorities or NHS bodies.
- Overview and Scrutiny agendas need to be developed jointly by the local authorities and the NHS bodies.
- Overview and Scrutiny needs to operate at different levels within Kent.

Structures

5B.3 Overview and Scrutiny structures will comprise:-

<u>Community Health Councils</u>

To continue as now until replaced by new patient bodies but with more support from local authorities and integration into the Overview and Scrutiny system to pave the way for their successor bodies:-

- Dialogue focused on service providers (acute trusts and PCT provider units)

<u>District Council Overview and Scrutiny Committees</u>

To look at local service issues:-

- Local co-ordination (or joint committees) to ensure cross-district issues dealt with jointly

- Local KCC Members and CHC representatives to have rights of participation

- Focused on PCTs

KCC Health Service Scrutiny Committee

To look at broad and wide area issues, including from the viewpoint of the County Council's Social Service responsibilities:-

- An emphasis on working through themed (topic) reviews conducted by Select Committees (smaller ad hoc groups) including District and Patient members.

- DC and CHC representatives to have rights of participation.

- Service reconfigurations to be looked at through Select Committees (ad hoc time limited sub-committees including DC and CHC participation) reporting to the KCC Health Service Scrutiny Committee to consider reference to the national Reconfiguration Panel (when the legislation is brought into force).

- Focused on Health Authorities.

Medway Overview and Scrutiny Committee

To combine both levels of operation within the Medway area but LINked into the co-ordinated system.

Co-ordination

5B.4 Overview and Scrutiny activity at local and Kent level needs free exchange of information and protocols for co-ordination of work and resolution of conflicts. To facilitate this there will be:-

- a regular meeting of Committee Chairmen and NHS representatives to agree a programme of work across the county and Medway.

- a similar officer forum to support and advise the Chairmen on the work programme and co-ordinate requests for NHS officers to provide papers, information or attend committee meetings.

5B.5 The KCC Committee membership allows for DC and CHC membership:-

- a permanent representation of three District/Borough Members nominated by KALA and two CHC representatives nominated by the CHCs on a non-voting basis.

- a right for the Chairmen of each District/Borough Overview and Scrutiny Committee (or another relevant Member) and each CHC to attend and speak at the KCC Committee (or send a representative) on a matter particularly affecting that area.

- appointment of members of relevant District Overview and Scrutiny Committees and CHCs to individual topic reviews (agreed through the Chairmen's meeting).

5B.6 District Committees will allow local KCC Members and CHC representatives to attend and speak at the Committee.

5B.7 KCC and DC members on CHCs will be briefed by and feed back to their appointing Councils.

Review Planning

5B.8 Overview and Scrutiny will take the form of a programme of reviews. Each review should be preceded by a Review Plan discussed within the officer forum and agreed with the relevant NHS bodies. Any disagreement should be considered by the relevant Overview and Scrutiny Committee after the NHS representative has attended the Committee to express the NHS view and answer member questions.

5B.9 The Review Plan should:-

- set the terms of reference for the review including the general nature of the expected outcome.

- set an approximate timetable of meetings and a reporting date.

- state the officers supporting the review within the local authority, the NHS and the CHCs and estimate the time commitment required of them.

- state the main witnesses and information sources expected to be involved.

Review Administration

5B.10 The arrangements for meetings of Overview and Scrutiny Committees shall ensure that:-

- Dates for witnesses to attend Committee meetings are agreed with witnesses as far in advance as possible.

- NHS Chief Executives and other local authorities' Chief Executives arrange for appropriate officers chosen by them to attend to give evidence on the identified topics (subject to any provision to be made in statutory regulations).

- Advance notice is given of the areas to be covered in questioning.

- Information is wherever possible distributed to the Committee in writing before the witness attends.

Meeting Protocols

5B.11 All Overview and Scrutiny Committees should incorporate in their Procedure Rules or otherwise ensure that:-

- Committee Members should endeavour not to request detailed information from officers of the NHS or another local authority at meetings of the Committee, unless they have given prior notice through the Clerk. If, in the course of question and answer at a meeting of Committee, it becomes apparent that further information would be useful, the officer being questioned may be required to submit it in writing to members of the Committee through the Clerk.

- In the course of questioning at meetings, officers of the NHS or another local authority may decline to give information or respond to questions on the ground that it is more appropriate that the question be directed to a more senior officer or Member.

- Officers of the NHS or another local authority may decline to answer questions in an open session of the Committee on the grounds that the answer might disclose information which would be exempt or confidential as defined in the Access to Information Act 1985. In that event, the Committee may resolve the exclude the media and public in order that the question may be answered in private session.

- Committees may not criticise or adversely comment on any individual officer of another local authority or of an NHS body by name.

Reporting

5B.12 All local authorities should ensure that:-

- A record is made of the main statements of witnesses appearing before the Committee and agreed with those witnesses prior to publication or use by the Committee (Committee meetings may be electronically recorded).

- Drafts of Committee reports and recommendations should be made available for comment by the relevant NHS body (or local authority) whose operations might be commented on and any adverse comments or concerns reported to the Committee before the final report is published.

- The Chief Executive of any NHS body and/or the Chief Officer of any other local authority involved with the review is given advance notice of the date of publication of the report and consulted on the text of any accompanying press release.

- Reports should include an agreed timetable for any NHS body and/or other local authority involved to publish a response to the report's recommendations once confirmed by the appropriate Overview and Scrutiny Committee.

Service Reconfigurations

5B.13 NHS bodies remain responsible for public and other consultation on service reconfiguration proposals.

5B.14 The intention to carry out a consultation will be discussed in the officer forum.

5B.15 The KCC Health Service Scrutiny Committee will consult District/Borough Councils and CHCs for the areas affected by each proposal on whether to:-

- consider the matter at a full meeting of the Committee.
- set up a KCC Select Committee to consider the proposal.
- request a District/Borough Overview and Scrutiny Committee to consider the proposal.

5B.16 If a Select Committee is established or a District/Borough Overview and Scrutiny Committee requested to carry out a review:-

- paragraphs 8-12 above shall apply to its work programme and proceedings.

- the Review Plan shall as far as possible be integrated with the NHS body's consultation programme.

- consideration shall be given to:-

  - including one or more members of District/Borough Councils on the Select Committee or KCC members on the District/Borough Overview and Scrutiny Committee.
  - including CHC members on the Committee.
  - other arrangements for ensuring all local authorities and CHCs may express their views and seek information on the proposal.

- the review report shall be submitted to the KCC Health Services Scrutiny Committee who will consider the recommendations together with any response by the NHS body and decide whether to refer the proposal to the Reconfiguration Panel.

Appendix 3

House of Commons Health Committee

Patient and Public Involvement in the NHS
Third Report of Session 2006–07

Patient and public involvement describes a wide range of activities and has a variety of purposes. Patient involvement and public involvement are distinct and are achieved in different ways. The conflation of these distinct terms and the confusion about the purpose of involvement has led to muddled initiatives and uncertainty about what should be done to achieve effective patient and public involvement. Nevertheless, patient and public involvement has the potential to play a key role in both NHS and Social Care services by bringing about service improvement and improving public confidence. Given the lack of local accountability in the NHS, often referred to as the 'democratic deficit', there remains a role for independent patient and public involvement structures.

The first formal structures to represent the public's interest in the NHS were Community Health Councils (CHCs), which were in created in 1974. CHCs were in place for almost 30 years, but in recent years there has been a flurry of changes. CHCs were abolished at the end of 2003. Their role was taken over by a number of organisations, including Overview and Scrutiny Committees (OSCs—the remit of which was extended to cover healthcare), Patient Advice and Liaison Service (PALS), Independent Complaints Advocacy Service (ICAS) and Patient and Public Involvement Forums (PPIfs). PPIfs were supported by the Commission for Patient and Public Involvement in Health (CPPIH). Our predecessor Committee warned at the time of the consequences of these changes. In July 2004, less than six months after PPIfs had begun operating, the Department announced the abolition of CPPIH. At the time it said that PPIfs would remain, but. in July 2006 the abolition of PPIfs was also announced. They are to be replaced by Local Involvement Networks (LINks). No precise date has yet been set for the abolition of PPIfs or CPPIH.

The Department argued that LINks would provide better value for money and be better able to take into account the changing nature of the NHS, such as the increasing role of the private sector. The other reasons given for the abolition of PPIfs are the same as those given when CHCs were abolished: there is a wide variation in performance and they are not representative of the community, failing to attract young people and ethnic minorities. We are not convinced that PPIfs should be abolished. We do not see why PPIfs could not have been allowed to evolve. The abolition of PPIfs seems to have been driven by the need to abolish CPPIH rather than a real need to start again. Merging the existing PPIfs to form LINks would have been much less disruptive for volunteers and would have reduced the risk of significant numbers of them leaving. As most Forum Support Organisations already support several forums they could have been allowed to evolve into Hosts, keeping their experienced staff. Once again the Department has embarked on structural reform with inadequate consideration of the disruption it causes.

The Local Government and Public Involvement in Health Bill establishes LINks. It sets out the main remit, rights and duties of the organisation, but provides very little detail. Most of this is to be set out in regulations once the Bill has received Royal

Assent, although the Department did send the Committee a number of draft consultation documents. Worryingly, a number of projects known as 'early adopters', which seek explore how LINks would operate, were established in December 2006, after the Bill was introduced, implying that the establishment of LINks was not an evidence-based decision.

The Department's concept of LINks seems to have changed. It looks as if the model was originally for a network which would act as little more than a conduit to enable health service organisations to contact a wide range of communities. Subsequently, the Department's concept for LINks has taken the form of a 'PPIf plus model', which would involve volunteers undertaking a similar range of activities to those done by PPIfs.

There was widespread concern about the proposals to set up LINKs. It is unclear how far they are to be similar to PPIfs, how far a more nebulous network. Witnesses feared that the Department could end up with the worst elements of both models. There is a real danger that LINks will end up trying to do too much, that there will be confusion about what they should do and that volunteers will be lost as a result.

In addition, a number of outstanding issues are unresolved. At present, LINKs are not accountable; for example, it is unclear who would call a dysfunctional LINk to account. The organisations which will provide LINks with support are to be known as Hosts. The Government intends to permit a large number of organisations to undertake the role of a Host, including voluntary sector organisations which provide social care; this could create a conflict of interest since the organisations would be providing as well as scrutinising social care services.

While we do not believe that it was necessary to abolish PPIfs and establish LINKs and while we have concerns about the Department's proposals, we consider that LINks could be effective. We make a number of recommendations to improve their effectiveness. The Department should:-

- Clarify what LINks should do and ensure they prioritise. LINKs will have neither the funds nor the number of volunteers to do all that the Minister suggested they might like to do. The Department is keen not to be prescriptive; it is right not to specify how LINks should work, but must issue guidance about what they should do. This guidance should be tailored to what is achievable within their budget and should encourage LINks not to duplicate work, including research, done by other organisations
- Ensure that the 'early adopter' projects operate with 1) a Host organisation to see how this works in practice and 2) the same budget that a LINk will have to see what can be achieved with these funds
- Clarify how LINKs will be made accountable
- Clarify how conflicts of interest arising from social care providers acting as Hosts are to be resolved
- Take steps to ensure that existing volunteers are not lost in the transition from PPIfs to LINks since there are a limited number of people prepared to make a substantial commitment to patient and public involvement and many of those are members of PPIfs.

Section 11 of the Health and Social Care Act 2001 provides for extensive public consultation and involvement in the case of changes to services. Its accompanying guidance, entitled *Strengthening Accountability* gives good advice on how NHS bodies should go about consulting and involving the public. In theory an excellent system is in place. However, in practice there is much disquiet: people feel that they are consulted after decisions have been made. There has also been criticism of NHS organisations' refusal to consult about major changes and of the Department of Health vigorous support of these decisions. The Bill proposes changes to Section 11 consultation.

We fear that the Bill will weaken Section 11. The change of definition it proposes may lead to confusion and could lead to more court cases when the Act is tested. We are not convinced that this change is needed. We conclude that there is no need to change the law or the guidance, which is sufficient. The problem lies with the NHS organisations, often under pressure from deficits.

The Department should encourage NHS bodies to undertake consultation in accordance with Section 11 and the associated guidance. When undertaking consultations all NHS bodies must follow the best practice that already exists in parts of the NHS; in particular, they must be clear about what can and cannot be changed, ensure that they consult early enough in the process that plans can be changed and recognise that even the best designed and run consultation will not result in public agreement. Consultations in which a large proportion of the public reject plans which go ahead anyway must not continue to happen.

A major problem with large consultations has been the readiness of the Secretary of State to intervene, often after a full consultation has been undertaken. This is threatening to undermine public confidence in the consultation process. We recommend that she refer all cases to the Independent Reconfiguration Panel before intervening.

Throughout the inquiry we heard that what matters is not patient and public involvement structures but effective involvement of patients and the public. Structures and procedures, whether LINks, CHCs, PPIfs or Section 11, will have little effect if the heath service is not prepared to listen and make changes as a result of what they learn. Indeed the existence of separate structures for patient and public involvement has tended to reinforce the NHS' tokenistic approach. Effective patient and public involvement is about changing outcomes, about the NHS and social care providers putting patients and the public at the heart of what they do.

Many NHS and social care organisations have done patient and public involvement well. The existence of good practice shows that there is no reason why the NHS and social care providers cannot all effectively involve patients and the public.