NHS LISTENING EXERCISE

WORKING TOGETHER FOR A STRONGER NHS

RESPONSE FROM SHERWOOD HEALTH CENTRE PATIENT PARTICIPATION GROUP, MAY 2011.

Section1:- Choice and Competition.

Objections were expressed to the wording of the sub-heading of this section implying that "competition" has a place in the NHS. The general feeling was that there is no evidence that competition improves public services. Consider the previous competitive tendering of Hospital cleaning services which resulted in dirty hospitals and a rise in infections; also the use on the railways of private track maintenance companies, discontinued since the Potters Bar train crash.

1) It was not felt that choice of providers would automatically improve quality, although sometimes charitable providers can provide "innovative" services, eg in Mental Health or Drug/Alcohol provision. Choice of provider should be based on "best practice" and quality issues, not competition on price.

2) A "level playing field" cannot be provided in a complex organisation such as the NHS – how do you account for all the hidden costs, eg training of the various professionals, premises, pensions and other hidden costs.

3) Making patient choice a reality – it was strongly felt that most patients do not want to make choices about which type of procedure to undergo, nor do they want a choice of hospitals/units around the country. Patients want to be treated in a timely fashion in their **local** hospital which should provide best quality treatment and care.

They also want a National Health Service, provided by Central Government and free to all citizens at the point of delivery.

Section2:- Public Accountability and Patient Involvement.

4) To assist in making commissioning decisions transparent all Consortia Board Meetings should be held in public. Details of meetings and their minutes should be published on appropriate websites for the general public, put on GP Practice websites and published in local papers and other appropriate publications in localities. Patient Participation Groups could keep all Board business under review at their meetings.

5)NHS Commissioning Budget – apart from the suggested monitoring arrangements, Boards will need to make allocation decisions public in language that is easily understandable and avoids the use of jargon.

6) At a time when cuts are being made in both the NHS and Local Government neither has the freedom it needs to "take locally based decisions" to provide all needed services. E.g. "bed blocking" is inevitable if Local Adult Care Depts. are unable to offer domiciliary services to any but those with the most critical needs given the cuts in their budgets. Is this just about "spreading blame"?

Section 3:- Clinical Advice and Leadership.

7) Early Action – Our G.P. Practice is now undertaking a much wider range of screening, e.g. for Cardio/vascular risk identification. Such screening is working well.

8) Commissioning consortia engaging and taking on views –it is felt that lay representation should also be included at all levels of commissioning decisions. This should include all age groups from secondary school age and above; carers, all socioeconomic strata and BME representation. Their needs to be a willingness to accept and facilitate this participation on an equal level.

9) Joined up Services – it is felt that achieving this may well be hindered by competition and choice drivers. There is also concern that the introduction of EU competition rules may rule that joined up services would give undue advantages to some participants.

The group believes strongly that joined up services should be provided via greater information sharing between all including Social Services, Prison Services, Housing Depts etc.

Section 4:- Education and Training.

10) Changes to Education and Training Systems – We know that whatever is proposed, empathy and listening skills will be needed. However the proposed changes have not been fully explained in an understandable manner which would facilitate our lay comment. There is great concern about the hours available for "hands on" training for students with patients, now that the working hours regulations have limited the availability of students.

11) Health professionals taking greater ownership of education and training – Professional Bodies need to have more influence and involvement. 360 degree appraisals sound like an interesting format rather than the current one-on-one method for NHS Health Care professionasls.

12) Ensuring that the values of the NHS are placed at the heart of education and training – there must be better listening and consultation with NHS employees and unions. Further consultation should be undertaken with other “health” organizations, eg charities, social enterprises and “not-for-profit” groups.

Any Other Feedback?

We re-iterate that we absolutely refute that the introduction of competition is the way to improve quality within the NHS.

The Health Minister does seem to have lost the confidence of many.