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healthwatch

1st February 2013

Dear Sir/Madam,

RE: Consultation on service specifications and clinical policies

I am writing to make a response, on behalf of Healthwatch England, to the consultation on the service specifications and clinical policies.

Established on 1 October 2012, Healthwatch England is the new, independent statutory consumer champion for health and social care in England. Our role is to represent the interests of all those who use health and social care services. We will work with emerging local Healthwatch organisations to help build a national picture of the trends and issues that matter most to people.

Given our 1st October 2012 start date, we would welcome the opportunity to engage more fully with the NHS Commissioning Board as Healthwatch England becomes more established. We would envisage that, in future, Healthwatch England will be consulted by the NHS Commissioning Board as an integral part of the process of engaging with key stakeholders, allowing the evidence that Healthwatch England will collect about the views and experiences of people using the NHS to inform the work of the Commissioning Board. We would welcome further discussion about how we might achieve this, as part of the broader interactions that Healthwatch England will have with the Commissioning Board.

Given the breadth of consultations, it is not possible to comment on the specifics of each consultation, and to judge whether the objectives they set out are in tune with the views and experiences of the public. Therefore, we feel that it is appropriate for Healthwatch England to submit a general response at this time. Therefore, Healthwatch England would like to make the following observations in response to the public consultations.

We welcome the stated aim of the consultation, to ensure that the service specifications and clinical policies 'reflect the priorities of the people using those services and to give providers the opportunity to prepare and feedback on proposed changes to services'.



Expectations around engagement

We note that the Board will have a statutory duty to involve the public and will engage with patients, carers and the public to ensure it focuses on what matters to patients. As a minimum we would expect that the Board follows the Cabinet Office's 'Consultation Principles' for Government departments and other public bodies, and in particular that:

- Consultation should involve understanding the effects of the policy on those affected;
- Engagement should begin early in policy development when the policy is still under consideration and views can genuinely be taken into account;
- Timeframes for consultation should be proportionate and realistic to allow stakeholders sufficient time to provide a considered response;
- The capacity of the groups being consulted to respond; and
- The consultation captures the full range of stakeholders affected.

Engaging patients in the current consultations

We note the information in the 'Frequently Asked Questions' document accompanying the consultation, but would highlight that the Commissioning Board needs to ensure that all relevant stakeholders have been involved and engaged in the development of the service specifications and clinical policies.

Reference groups that are broadly representative of the population are encouraged, but all documents need input from minority and seldom heard groups, as these groups can be most marginalised and disproportionately represented in some services under consideration (e.g. People from ethnic minorities remain disproportionately represented on mental health wards).

Where service specifications/clinical policies relate very specifically to particular groups, representatives of these groups should be involved in the development of the policy. For example, documents relating to gender identity should be developed with broad involvement from trans individuals and groups. The knowledge and direct experience of services held by these groups is not something that we feel can be adequately gathered from groups broadly representative of the general population.

Engaging patients in future consultations

We note the role for local teams in ensuring that local decisions about directly commissioned services are made as close to patients as possible and would stress the need for future involvement with Local Healthwatch organisations in the early stages of the process. Local Healthwatch may be able to provide valuable insight on the impact of potential changes to service specifications and clinical policies, especially in relation to disadvantaged groups.

There is also a need for future involvement with Healthwatch England around the process for strategic commissioning. Consideration should be given to how local area teams should work with the Healthwatch network and we would welcome further discussion on this.



Consultation period

Whilst we note the explanation in the 'Frequently Asked Questions' document accompanying the consultation, we do not feel that six weeks is an appropriate period to ensure consumers of health services are able to be engaged in the consultation process. This is particularly true where there is a need to engage with harder to reach sectors of the community, such as those with reduced capacity to respond; some of the consultations relate specifically to minority, seldom heard groups.

Current Cabinet Office guidelines suggest that consultations may run for anything between 2 and 12 weeks depending on the issue and whether or not appropriate groups have already been engaged in the decision making process. However, we would suggest that 12 weeks is the preferred timescale, unless there is a pressing need to complete the consultation process in a shorter period, or extensive and relevant prior consultation has already taken place. The role of Healthwatch England is to represent the interests of all those who use health and social care services, and we are concerned that these interests will not be adequately reflected in the consultation period.

If a shorter period proves to be necessary, consideration should be given to employing additional means to obtain public opinion. For example, we feel that, when established, there may be a role for local Healthwatch in assisting with any future public consultations. Other options such as public meetings or user panels could also be considered.

Yours faithfully

Healthwatch England