HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Patient and Public Involvement in Health and Social Care

ANNUAL REPORT AND FINANCIAL STATEMENT

For the year ended 31 December 2018

Healthwatch and Public Involvement Association
Registered in England. Company Limited by Guarantee.
Company No: 6598770 Charity No: 1138181
Registered Office: 6 Garden Court, Holden Road, Woodside Park, LONDON, N12 7DG

HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

WWW.HAPIA2013.org

CHAIR: MALCOLM ALEXANDER

HAPIA2013@aol.com

30 Portland Rise 020 8809 6551
LONDON, N4 2PP

VICE CHAIR: RUTH MARSDEN

Ruth@myford.karoo.co.uk

The Hollies 01482 849 980
George Street
COTTINGHAM, HU16 5QP

Special Thanks

- John Larkin – Company Secretary … for his outstanding work
- Polly Healy and Lynn Clark for their excellent support with our research projects, reports, publicity and websites

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HAPIA STEERING GROUP MEMBERS 2018 and their PORTFOLIOS

RUTH MARSDEN Yorkshire and Humberside **Trustee, Vice Chair**	Information and communications lead
MICHAEL ENGLISH London	**President of HAPIA until his sad death in July 2019.**
ANITA HIGHAM South East	Integrated care for older adults, Care of young people with MH Problems
ELLI PANG South West	General practice, NHS Success Regime
ELSIE GAYLE West Midlands **Trustee**	Maternity, Obstetrics, Patient and Public Voice, Patient safety
JOHN LARKIN **Trustee**	Company Secretary
LEN ROBERTS South East	Communications and lobbying
MARY LEDGARD East of England	Rural Healthwatch
MALCOLM ALEXANDER London **Trustee, Chair**	Patient Safety, Mental Health, Urgent and emergency care

REPORT AND FINANCIAL STATEMENT FOR THE YEAR ENDED 31st DECEMBER 2018

The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31 December 2018.

DIRECTORS AND TRUSTEES

The Directors of the company are its Trustees for the purpose of Charity Law. As provided in the Articles of Association, the Directors have the power to appoint additional Directors.

The Trustees, who have served during the year and subsequently, are:

- Malcolm Alexander
- Elsie Gayle
- John Larkin
- Ruth Marsden

Healthwatch and Public Involvement Association (HAPIA) comprises of members of the public, including patients and carers who are members of Local Healthwatch. The office of Healthwatch and Public Involvement Association is located in London.

OBJECTS OF HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Healthwatch and Public Involvement Association (HAPIA) is a not-for-profit company with exclusively charitable objects. The Company is committed to acting for the public benefit through its pursuit of wholly charitable initiatives, comprising:

(i) The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering.

(ii) The relief of those in need by reason of youth, age, ill-health, disability, hardship or other disadvantage, including by the provision of accommodation or care.

MISSION STATEMENT

HAPIA seeks to:

1. Provide a national voice for Healthwatch and Healthwatch members.

2. Promote public involvement that leads to real change and the ability to influence key decisions about how care services are planned and run.

3. Promote the capacity and effectiveness of Healthwatch members to monitor and influence services at local, regional and national levels and to give people a genuine voice in their health and social care services.

4. Promote community involvement in public consultations designed to influence key decisions about health and social services and hold service providers, commissioners and the Department of Health to account.

5. Promote open and transparent communication between communities across the country and their health service.

6. Promote accountability in the NHS and social care to patients and the public.

7. Support the involvement of people whose voices are not currently being heard, and to promote inclusivity, diversity and equal opportunities.

HAPIA MANIFESTO

- HAPIA has produced a Manifesto based on its aim to provide Healthwatch and the wider public with a better understanding of HAPIA's work. The Manifesto is based on the following key points:

- Build HAPIA as the independent national voice for Healthwatch and users of health and social care services.

- Promote the long-term development and strengthening of Healthwatch, as powerful, independent, campaigning, influential bodies for patient and public involvement in policy, strategy and delivery of care services.

- Support the growth and development of the NHS as the provider of health services free to all at the point of use.

- Campaign for the right of all vulnerable people to get the care and support that they need to lead fulfilled lives.

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HAPIA WEBSITES

HAPIA operates several websites. The main HAPIA website is updated regularly and provides information about Healthwatch and other major developments in the NHS and social care provision. The 2018 websites were as follows:

- **www.hapia2013.org**
  The main HAPIA website.

- **https://www.preventingfuturedeaths.com**
  Details of research into instances of Coroner's 'Preventing Future Deaths' (PFD) reports following an Inquest.

- **http://www.revalidatingdoctors.net**
  Contains information about revalidation of doctors and leaflets for patients.

- **http://www.achcew.org**
  An archive site celebrating the work of the Community Health Councils, and public involvement between 1974 and 2003.

CONFERENCE reports and presentations can be seen at: www.hapia2013.org/2015---agm.html

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HAPIA ACHIEVEMENTS IN 2018

HAPIA NORTH – RUTH MARSDEN

Participating in the Education of Future NHS Leaders
HAPIA NORTH has continued contributing, through teaching and tutoring, to the NHS Leadership Academy's Nye Bevan course, and to the Clinical Executive Fast Track Course, both specifically designed to develop senior leaders for the challenges of today's NHS. HAPIA joins a world-class expert faculty of global business leaders, educationalists and practitioners in healthcare. Cohorts of 40 senior staff from all over England spend intensive time at the dedicated NHS Leadership Academy, in intensive simulation situations, where they receive individual feedback on their interactions with and understanding of the patient and the public.

Development of Radiology
Ruth Marsden, having led the Patient Participation Group for Radiology for 10 years, is now part of Radiotherapy Clinical Reference Group – considering issues such as the Clinical Commissioning Policy for Proton beam therapy for Adult Lymphoma and Proton Beam Therapy for Head and Neck Cancer in Adults.

PPI Leadership
Elections and ministerial reshuffles and the preoccupation with Brexit has made it ever more difficult to maintain government focus on patient and public participation in health and social care issues. Most recently, requests to the DH for designated leadership on patient and public involvement have furnished the reply that the organisation with operational responsibility for patient and public participation is NHS England. The contact is Olivia Butterworth, Head of Public Participation.

Underfunding of Healthwatch
Information continues to be collated and distributed to the membership on the re-letting of LHW and of IAS contracts. It is disturbing that most bidding invitations fail to specify any value for the contracts, highlighting the long accelerating trend of monies allocated to LHWs being far less than the sums given to local authorities by the government for the purpose. This matter was taken up as a serious concern by the Chair of HWE, Sir Robert Francis, in his recent report.

Prison Health
Work continues to support the most vulnerable and seldom heard within the prison system, with particular reference to health and wellbeing and social care within prisons. The aging population behind bars makes monitoring the provision and efficacy of these services particularly relevant now. The oldest prisoner in our system is 101 and a high proportion are in their eighties, many held in low accessibility Victorian environments.

Primary Care Networks (PCNs)
The local primary care services realign rapidly under PCNs, with little transparency to the general public. Such lack of consultation is possible as PCNs are not 'statutory bodies', so relationships between the different core practice members are governed by 'network agreements'. Nevertheless, the introduction of social prescribing and the digitalisation of relationships between healthcare professionals and the patient are accelerating with the shortage of GPs. Locally, our Vice Chair, Ruth Marsden from her local base in East Yorkshire has been involved in practice mergers and the input into plans for the provision of new, dedicated buildings to provide a 'hub' for practices.

Communication with HAPIA Members
Circulation of information to the membership continues on a daily basis. Ruth Marsden selects articles and documents related to PPI that have a real impact on our members' understanding of developing practice and policy.

PREVENTING TUBERCULOSIS
DISORGANISATION IN THE NHS LEADERSHIP

HAPIA OBJECTIVE: TO PROMOTE COORDINATED CLINICAL CARE AND TRAINING IN TB TREATMENT AND PREVENTION

We asked Manchester CCG some basic questions about the training of GPs and other clinical staff, the capacity of GP practices to provide TB services, access to TB services and case finding. We were focussed on prevention of TB infection in Manchester.

The CCG is responsible for the commissioning of most health services in Manchester, but not for specialist services. They replied that they are not responsible for the commissioning of any TB services, and that as they are not responsible for providing GP services they do not know anything about the training of GPs and other clinical staff in the prevention of TB. They also claimed

as commissioners of services (not providers), that they are not responsible for ensuring that services are provided by "well trained professionals".

Regardless of being the commissioner of NHS services for Manchester, they hold no information about services for the prevention of TB, but thought other bodies would, e.g. they said:

- Four CCGs in Greater Manchester commission a Latent TB screening service – but not Central Manchester. This is the only TB service commissioned in Manchester.

- Public Health England (PHE) will be able to provide an overview of all other TB services as they are responsible for collecting all data related to LTBI / TB services. It is therefore not the CCG's responsibility to obtain and assess this data (LTBI=Latent TB Infection).

They also suggested that as the provision of TB services is a specialist service, NHS England will hold the information we requested.

The failure of Central Manchester CCG to show any responsibility for the provision of services for the prevention and treatment of TB stands in marked contrast to the statutory duties of CCGs which can be summed up as:

'Clinical Commissioning Groups (CCGs) are statutory NHS bodies, created by the Health and Social Care Act in 2012, which are clinically-led. They are responsible for the planning and commissioning of health care services for their local area. This involves assessing local needs, deciding priorities and strategies, and then commissioning/purchasing services for the population from hospitals, community health bodies and primary care. They are responsible for the health of their entire population, and are measured by how much they improve health outcomes.'

CCGs are monitored by the Quality and Oversight Team of NHS England/Improvement (nhs.oversightframework@nhs.net)

Of even greater concern is the evidence that Manchester had the highest rate of TB in north west England in 2017 – 122 people with TB in Manchester and 340 in Greater Manchester (Tuberculosis in North West England: Annual review, PHE)

NORTH WEST TUBERCULOSIS RATE PER 100,000

LOCATION	RATE - 2015	RATE - 2016	RATE - 2017
BLACKBURN	23.7	24.9	22.2
MANCHESTER	23.0	24.9	22.4
SALFORD	13.1	11.3	8.8
GREATER MANCHESTER	13.1	13.3	12.1
PRESTON	12.1	17.0	14.9
LIVERPOOL	8.5	7.0	7.9

PRESSURE ON ACCIDENT AND EMERGENCY DEPARTMENTS

HAPIA OBJECTIVE: PROMOTING EMERGENCY SERVICES THAT ENSURE PATIENT SAFETY AND EFFECTIVE DIAGNOSIS AND TREATMENT

Our members in Liverpool have been concerned about the poor quality of some local emergency care services, related to pressures caused partly by the reduction in bed numbers. The handover of patients to A&E by the North West Ambulance Service (NWAS) was also identified as a major problem, because ambulances were queuing at A&E due to the shortage of beds. Ambulance queuing results in delays to diagnosis and treatment, and puts other vulnerable and seriously ill patients at risk of harm, as a result of them having to wait much longer for an ambulance.

Our members contacted both the CQC and NHSI (NHS Improvement) and asked them to investigate the problems in A&E, and both responded that whilst the problems were severe they were under control. The CQC found that the Royal Liverpool Hospital was not sufficiently responsive and therefore required improvement, and medical care (including care of older people) also required improvement.

Some patients experienced delays in accessing these services due to pressures on the department. The department did not meet national targets to see, treat and discharge 95% of patients within four hours of arrival for seven out of twelve months we reviewed prior to the inspection.
Responsive - Requires improvement
Medical care (including older people's care) - Requires improvement
CQC Report

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We advised our members to obtain detailed data from the NWAS showing for how long patients are queuing to get into A&E, examine this on a regular basis, publish and seek media interest if the results are inconsistent with good medical practice.

We also advised members to request data on the outcomes of Serious Incidents (SI) investigations for handover waits in excess of one hour, and data about the hours/month wasted in ambulance queuing in excess of 15 minutes (wheel-stop to handover). A detailed examination of SIs in relation to time spent in A&E over 4 hours, where a patient has suffered harm, is invaluable in determining how well an A&E department is functioning and having the ammunition to challenge poor practice and cuts in NHS budgets, e.g. the capital budgets intended for development of services.

HAPIA members working with the Patients' Forum for the LAS held a meeting on this issue in City Hall, London on April 9th 2018. Speakers included the Royal College of Emergency Medicine, CCG commissioners, the London Ambulance Service and the Patients' Forum for the LAS. Chief Executives of Trusts which were performing poorly were invited to the meeting and asked to provide the Forum with information about their action plans for stopping ambulance queuing.

Publishing NHS handover data and the outcomes of SIs can put this issue into the public arena, and comparing data with other areas of England can help highlight major weaknesses in local A&E systems.

CLOSURE OF THE HALCYON BIRTHING CENTRE IN BIRMINGHAM FAILURE TO CONSULT THE PUBLIC – ELSIE GAYLE

HAPIA OBJECTIVE: TO CHALLENGE THE FAILURE OF CCGs TO CLOSE NHS HEALTHCARE FACILITIES WITHOUT PUBLIC INVOLVEMENT AND CONSULTATION

HAPIA, led by Elsie Gayle, formally objected to the closure of the Halcyon Birthing Centre in west Birmingham, and we recommended to the local Overview and Scrutiny Committee that they should formally object as well, and raise the matter with the Secretary of State for Health and the Independent Reconfiguration Panel.

The CCG decided to close the Halcyon without any formal consultation and then went direct to the Overview and Scrutiny Panel to gain their support, which they received. So, both the CCG and the Local Authority excluded the public from

their decision-making. The CCG believed that by going directly to the OSC they obviated any need for public involvement. The IRP (Independent Reconfiguration Panel) however do not recognise a hierarchy of statutory involvement from the CCG to OSC – they are distinct statutory bodies.

We asked the CCG to provide evidence of how it has complied with its statutory duties to involve and consult, but have been unable to get a detailed response or explanation. On October 1st 2018, we again asked Professor Harding, Chair of the CCG, for evidence of the CCG's compliance with their statutory duties to consult, involve and engage, but received no acknowledgement or reply. The OSC similarly failed to respond formally.

On December 4th 2018 HAPIA attended an event at the Yemeni Cultural Association on the Halcyon closure and this was followed on December 5th 2018 by a protest by local women outside the CCG's offices. They issued the following statement which was presented to the CCG Chair:

Dear Professor Harding,
We are women of this community who wish to protest at the decision of the CCG to close the wonderful Halcyon Birthing Centre. Our objections are as follows:

1) You have not consulted us, the women who want to use the Halcyon
2) You referred the proposed closure to the OSC but did not tell us or give us time to talk to our Councillors or MP
3) The CCG has a duty in law to consult and engage with us
4) You also have a duty to involve the community in all key transformations of our services
5) In determining local needs, you must listen to us the service-users and act to ensure that our needs are met
6) You have ignored us the service users and the public, but the law says:

"The CCG must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

(a) In the planning of the commissioning arrangements by the CCG.

(b) In the development and consideration of proposals by the CCG for changes, where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them.

7) We want the CCG to stop the closure of Halcyon and start public consultation, engagement and involvement now!

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As a result of these demands and HAPIA's advice to attend the public CCG meeting, the CCG offered the women's maternity group a meeting with the Chair and Chief Executive of the CCG to discuss the closure of the Halcyon and other local health concerns. A meeting was also agreed between the CCG Chair and Chief Executive and the Chair of HAPIA, but the CCG **refused** to meet when they were told that representatives of the 'Friends of the Halcyon Birth Centre' would also attend the meeting:

- Amanda Smith - Community Wellbeing Solutions
- Afrah Muflihi - Yemeni Community Association
- Elsie Gayle - Midwifery Conversations and HAPIA Board member

HAPIA advised the CCG that it was compounding its unlawful practices, instead of finding a resolution which was the purpose of the meeting. HAPIA also advised the CCG that they were: "Already in breach of several sections of the H&SC Act and were now deepening their disregard for the law". HAPIA advised the CCG to review and ensure compliance with its own Constitution.

A Press Release was issued and a meeting was arranged between the CCG, HAPIA and local community representatives for early in 2019.
See also supplementary documents on pages: 28-31.

REAL LIFE PRIMARY CARE

A PATIENT'S EXPERIENCE

HAPIA OBJECTIVE: TO CHALLENGE INCOMPETENT PRACTICE THAT HARMS PATIENT CARE

"I had been trying by phone, in vain, to get appointment to see my GP. They are very understaffed and some GPs are off with stress.

Our surgery used to have a very good website, but now it appears to be a generic platform, called 'My Surgery Website'. I tried in vain to use this website, trying to book advance appointments, only for it to say 'none available', for the next week, and the week after, which are the only fields live.

Then I noticed a block at the bottom of a page that said "Beat the queue, consult the doctor from home, get started now":

I clicked, and it was enabled and said:

- details of your symptoms, condition – *I put it all in*

- the doctor will decide what is best

- we ring you back with advice, prescription, appointment, referral.

Nothing happened after 10 days. I felt worse, so tried again, and input more information about my condition. Nothing happened. I tried again the following day, when I was feeling dreadful [I actually Googled Dignitas!] and *still* nothing happened.

I managed to get through to my surgery later that day and asked why I had had no reply to my requests for help. They said 'What requests?' I explained all the above, and they said they were not aware of this option on their website, but then said information input would probably have gone through to the neighbouring Humber Teaching NHS Foundation Trust.

I suggested to my practice, as they were not aware of this option being on their site, they should dis-enable it and take it down, as people desperate for help would be requesting in vain, and the information they entered was going Lord knows where. They said they would alert the Practice Manager.

I then managed to get through to the CCG, and asked for Data Protection and explained all the above. They were bemused and said they did not know about it either. Then they faffed a bit more at their end and said it appears to be an organisation called Hurley, on the Isle of Dogs in east London, but that was all they could see.

I was aghast. Patients are trustingly inputting all their personal and intimate health issues onto a website that their GP does not know exists and the CCG knows virtually nothing about it.

I have firmly told the CCG that I want to know where my information has gone, who has seen it, why it has been allowed to be whisked away into the ether. They promised to ring me back when they have found something out. Don't hold your breath!! Meanwhile, I *still* struggled to see a GP for several days more."

And the view of the Humber Teaching Trust:

GPs encourage patients to get online to help combat missed appointments. Humber Teaching NHS Foundation Trust are reminding GP patients that online services are available to use across their Hull and East Riding based practices.

The Trust, which runs several surgeries, is launching an awareness campaign to promote the use of online services following national figures released in a New Year report around missed appointments.

Earlier in the month, NHS England revealed that missed GP appointments across the country are costing the NHS a whopping £216m a year, with over 15 million consultations wasted because patients fail to show up.
NHS Digital GP appointments data shows more than 1.2 million GP hours are being wasted each year which in turn could pay for the annual salary of 2,325 full-time GPs.

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HAPIA SOUTH

ACCESS TO MEDICAL RECORDS FOLLOWING CHANGE OF GP PRACTICE

HAPIA OBJECTIVE: PROMOTING CONTINUITY OF CARE

Many patients complain to HAPIA that transfer of their medical records to a new practice can take a long time. If patients had easy access to their own records, they could ensure when they see clinical staff that both parties have access to the medical records. This would improve continuity of care. There are plans to enable on-line access to medical records.

We raised with PCSE (Primary Care Support England) the problem of transfer of medical records when a patient changes practice. A member told us that there was a delay in transferring her medical records to the new practice, and that when she tried to contact PCSE (the private contractor Capita), which is responsible for the transfer of records, she could find nobody to provide advice, locate her records and take action to speed up transfer. She felt that the lack of access to her medical records was causing harm to her continuity of care. We explained that all patients have a statutory right of access, through the Data Protection Act, at no cost, to their medical records and that PCSE should not deny access, as their behaviour in denying access was probably unlawful.

PCSE stated that it is GP practices that usually seek access to medical records – not patients. They agreed that if patients provide their NHS number and the name of the GP practice where they are registered, PCSE will provide the following information:

- Whether the Medical Records transfer is a simple issue to resolve.
- Whether an Urgent Medical Record Request has been submitted by the GP Practice.
- Whether the member of the public has submitted a Subject Access Request for their Medical Record.

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PCSE said that they would only provide information direct to patients as a result of a Subject Access Request (Data Protection Act), where they are the holder of the record, i.e. where the person making the request is **not** registered with a GP. They also encouraged the patient to make a request to PCSE for their medical records via their GP. NHS England is the data controller when a GP Medical Record is in transit between practices. PCSE address: Primary Care Support England, PO Box 350, Darlington, DL1 9QN.

However, in practice if the patient needs their medical records, PCSE should be the catalyst to access, not the vehicle of concealment.

NHSE gave Capita responsibility for the delivery of Primary Care Support England (PCSE) in 2015.

COMMUNITY HEALTH COUNCIL ARCHIVE HISTORY PROJECT

HAPIA OBJECTIVE: TO SUPPORT THE DEVELOPMENT OF PERMANENT COLLECTIONS OF DOCUMENTS RELEVANT TO THE HISTORY OF PPI

HAPIA maintains an archive website for the Association of Community Health Councils for England and Wales (ACHCEW) which was the national statutory body for CHCs, the first local statutory bodies to represent the public in the NHS. CHCs opened in 1974 and closed in 2003. ACHCEW closed on the same date.

During 2018, HAPIA met with the London Metropolitan Library (LML) archivist, Louise Bruton, who had been appointed to record their collection of London CHC documents. HAPIA facilitated contact between the LML and former CHC staff and members. LML have a collection of documents for 20 London CHCs. All documents for these CHCs are now archived and available to the public.

COPYING LETTERS TO PATIENTS
NHS.UK FAILS

HAPIA OBJECTIVE: TO ASSIST NHS.UK TO BECOME A PATIENT FOCUSSED ORGANISATION

HAPIA wrote to NHS Choices and eventually persuaded them to put on their site information about the duty of hospitals to copy to patients letters sent to GPs following a hospital consultation. Their resistance to assisting patients in this way was neutralised when they read the NHS Constitution and found that copying letters to patients was a statutory duty to which NHS bodies must have due regard under the Health Act 2009.

Report on the effect of the NHS Constitution
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/440171/2904073_Report_on_the_NHS_Accessible_v0.1.pdf

http://www.legislation.gov.uk/ukpga/2009/21/pdfs/ukpgaen_20090021_en.pdf

However, a year later NHS Choices again lost their way and their service desk knew nothing about the PLEDGE to copy correspondence between clinicians to patients. And then NHS Choices was abolished and replaced by NHS.UK, which has a search engine that produces nothing relevant when the search term ‘copying letters to patients’ is submitted.

The NHS Constitution for England - 27 July 2015
The NHS commits to share with you any correspondence sent between clinicians about your care (pledge).

The Department of Health Guidelines (2003) are called: 'Copying letters to patients - Good Practice Guidelines'. We investigated the use of these guidelines following several reports of patients not receiving copies of letters sent to their GPs. We were also concerned that NHS Choices were not aware of their own guidelines. We found the following:

1) NHS Choices was commissioned by NHS England and delivered by NHS Digital. It is now known as NHS.UK.

2) NHS Choices denied that ‘copying letters to patients concerned patients’ or as they put it: “As the issue you have raised does not relate to the website, we are unfortunately unable to advise you on this matter”.

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3) We also provided NHS Choices with a link to the Department of Health's 'Good Practice Guidelines on copying letters to patients: https://tinyurl.com/y7kdubew

4) We highlighted the following paragraph for NHS Choices:
"As a general rule and where patients agree, letters written by one health professional to another about a patient should be copied to the patient or, where appropriate, parent or legal guardian. The general principle is that all letters that help to improve a patient's understanding of their health and the care they are receiving should be copied to them as of right. Where the patient is not legally responsible for their own care (for instance a young child, or a child in care), letters should be copied to the person with legal responsibility, for instance a parent or guardian".

5) Our request was sent to an NHS Choices 'subject matter expert' who replied in a way that showed staggering incompetence from someone who had clearly not read or understood the NHS Constitution:

"As 'sharing information with patients' does not fall within our remit we will not be including this on our website. The NHS.UK website's principal focus is to give people choice of the care they receive and to provide clinically accurate information in relation to common medical questions. **"We don't publish information for professionals on NHS.UK".**

6) They eventually capitulated and agreed that the information about copying letters to patients should go on the NHS Choices website because it is in the NHS Constitution and relevant to patients.

7) One year later, NHS.UK – the replacement for NHS Choices - is demonstrating that NHS Digital is clearly not a learning organisation - "Copying letters to patients?" "Never heard of it" said their helpdesk and referred to PALS. The information is hidden on their website and almost impossible to find:

"When doctors write to each other about your care, they should aim to give you a copy of their letters or emails. "If you do not get a copy, you can ask for one." appears on the following pages:
www.nhs.uk/using-the-nhs/nhs-services/hospitals/about-nhs-hospital-services/

Helpdesk staff at NHS.UK unfortunately compounded their error, through persistence in being uncooperative and their failure to understand the relevance and importance of ensuring that patients know what has been written to their GPs following a hospital appointment and their absolute right to be copied in.

EXPERT PATIENTS AND NHS ENGLAND
OUR INVOLVEMENT

HAPIA OBJECTIVE: TO INVOLVE PATIENTS AND THE PUBLIC IN CRITICAL AREAS OF SERVICE DEVELOPMENT

NHS England invites lay people to join their Patient and Public Voice (PPV) groups, when the voice of patients is considered important in the development of services. Those invited are expected to have an understanding of the health and care system nationally, regionally and locally.

We participated in a PPV workstream on development of new guidance for Ambulance Trusts about Learning from Deaths, and emphasized that the following issues should be included in the guidance:

A. That the Duty of Candour should be referred to and carefully explained so that bereaved people know what actions ambulance services should undertake to prevent future deaths.
B. Providing support to bereaved relatives - in the draft document support was to be provided for staff but not for the bereaved family.
C. Being open and honest about the causes of the death and the process of investigation.
D. Sharing learning from deaths; including ensuring bereaved people know about ‘preventing future deaths notices’ (PFDs) issued by Coroners, and offering to involve them in the process used to deliver the recommendations to prevent future deaths.
E. Demonstrating real outcomes from that learning.
F. Providing feedback to the bereaved family about changes made as a result of the learning.
G. Ensuring the inquest process is inclusive and sensitive to the needs of families and ensuring ambulance services do not act defensively.
H. Putting the family in touch with advocates and AVMA to provide additional support for them.
I. A duty to ensure that bereaved families have been involved throughout the process, with compassion shown and outcomes shared.
J. Learning from deaths requires front-line crew to feel able to participate and not be fearful about consequences of openly participating.

More information about NHS Improvement’s Patient and Public Voice network: www.networks.nhs.uk/networks/news/recruitment-of-patient-and-public-voice-partners-for-digital-health-programmes

Healthwatch and Public Involvement Association
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THE STATUTORY DUTY TO ENGAGE, INVOLVE AND CONSULT

HAPIA OBJECTIVE: TO PROVIDE EXPERT GUIDANCE TO PATIENTS, THE PUBLIC AND THE NHS

This HAPIA publication entitled 'Public Involvement in the NHS: Legislation, Regulations and Duties' is designed to provide a comprehensive understanding of the statutory duties of NHS providers and Commissioners, in relation to the provision of health care.

It deals with the duties to involve, engage and consult the public in the development of services, and clarifies the rights of the public to be involved at every level, when significant changes are planned for services. In particular, the document makes it clear that it is unlawful for NHS bodies to disregard the public's views when NHS services and systems are being redesigned.

Patients must always be in the centre of NHS planning, organisation and services provision, wherever and whenever changes are planned for our services.

HAPIA GOOD PRACTICE GUIDE – THE RIGHT TO CAMPAIGN HEALTHWATCH IS A CAMPAIGNING ORGANISATION A BIT OF HISTORY

HAPIA OBJECTIVE: TO REINFORCE AN UNDERSTANDING OF THE BROAD NATURE OF HEALTHWATCHES METHODOLOGIES TO ACHIEVE PATIENT CENTRED DEVELOPMENTS IN HEALTH AND SOCIAL CARE

Despite clear statements in parliament from the then Health Minister Earl Howe, and supporting statements from Healthwatch England, there is a view amongst some Healthwatches that campaigning is not permitted as a means of changing local health and social care policy. This HAPIA document entitled 'Healthwatch Campaigning Briefing Note' seeks to explain the role of Local Healthwatch as a campaigning body and the source of the right of Healthwatch to campaign.

Before Healthwatch was established in 2013, the Government produced Regulations: The NHS Bodies and Local Government Regulations 2012 No 3094. These Regulations were written in a very confusing way and led to some concern about whether they could be understood by lay people. As a result of campaigning by HAPIA and other bodies, the House of Lords held a debate on February 5th 2013, which was attended by a large number of members of the House of Lords and was subject to a motion moved by Lord Collins of Highbury, which was voted on by 250 peers. Every peer who spoke in the debate opposed the Regulations because of the obscure way in which they were written.
The principle of freedom to campaign for Healthwatch was consequently upheld by the then Health Minister, Lord Freddie Howe and became embedded in DH policy.

BREXIT AND THE IMPACT ON THE NHS

HAPIA OBJECTIVE: TO RAISE ISSUES WITH THE NHS ABOUT THE SECURITY OF HEALTH SERVICES POST BREXIT

Risks Associated with a 'No-Deal' Brexit

HAPIA carried out a survey of a number of NHS Trusts to ascertain, in relation to their preparations for the possibility of a no-deal Brexit, and in the absence of NHSE guidance, what preparations they had made to mitigate risk of harm to patients. The following questions were asked on October 5th 2018:

1) What percentage of your staff are citizens of other European Economic Area countries?
2) What percentage of the EEA citizens you identify in Qu 1 are classified as doctors, nurses or HCPC professionals?
3) Can you supply your strategy (or action plans) for retaining staff who are EEA citizens, and describe how you will assist them in relation to their legal status and rights issues?
4) What percentage of EEA staff do you expect to leave the Trust by March 2019?
5) Can you supply your long-term strategy (or action plans) for recruitment of staff to replace EEA staff who leave the Trust?
6) Have you identified which medicines and medical devices are most likely to be affected by supply problems as a result of a no-deal Brexit?

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7) What sums of money have been made available by the Trust for the acquisition of buffer medicines and medical devices to prevent any risk of harm to patients?

8) Can you supply your strategy (or action plans) designed to ensure that patients are not subject to harm as a result of delay or disruption to the medicine and medical devices supply chain caused by a no-deal Brexit.

The reply from King's College Hospital in London was typical of the responses we received and is shown below:

1) What percentage of your staff are citizens of other European Economic Area countries?

9.92% of the total workforce are from EEA countries (non-UK), effective as of 31/08/2018.

2) What percentage of the EEA citizens you identify in Qu 1 are classified as doctors, nurses or HCPC professionals?

Medical & Dental	3.29%
Nursing & Midwifery	6.17%
Health Care Professionals (HCPC)	1.53%

3) Can you supply your strategy (or action plans) for retaining staff who are EEA citizens, and describe how you assist them in relation to their legal status and rights issues?

The Trust has not concluded plans covering the retention of EEA citizens at this time but is using the toolkits provided by the Home Office and NHS Employers to help.

4) What percentage of EEA staff do you expect to leave the Trust by March 2019? The Trust does not hold this information.

5) Can you supply your long-term strategy (or action plans) for recruitment of staff to replace EEA staff who leave the Trust?

The details of the Trust's recruitment strategy is confidential but includes plans to recruit both nationally and overseas. EEA citizens will still be eligible to work in the Trust albeit subject to Home Office rules and regulations that cover shortage occupations.

6) Have you identified which medicines and medical devices are most likely to be affected by supply problems as a result of a no-deal Brexit?

No information available to accurately identify this.

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7) What sums of money have been made available by the Trust for the acquisition of buffer medicines and medical devices to prevent any risk of harm to patients?
None – no plans to locally buffer the supply chain. This is being managed centrally.

8) Can you supply your strategy (or action plans) designed to ensure that patients are not subject to harm as a result of delay or disruption to the medicine and medical devices supply chain caused by a no-deal Brexit. The Trust will follow national guidance from the Department of Health.

And on October 9th 2018 four days after our FOIs were sent out the HSJ reported: "Government to ask hospitals to assess impact of 'no deal Brexit' on supply chains" –

NHS trusts will be asked to assess the impact of a no deal Brexit on their supply chain of goods and equipment, *HSJ* can reveal. This week the Department of Health and Social Care is set to instruct all trusts to carry out a detailed study of what impact the UK leaving the EU without a deal would have on their ability to purchase and maintain vital stock. It comes two months after the government told the NHS not to stockpile medicines ahead of Brexit, which takes place on March 29.

The NHS spends nearly £6bn every year on common goods, devices, and medical equipment. *HSJ* understands a review of the main suppliers to the NHS Supply Chain, the national system through which trusts can choose to buy products, has already been carried out by the government. But NHS trusts in total use tens of thousands of different suppliers for all the equipment needed to provide care to patients, and usage of NHS Supply Chain varies dramatically. A spokesman for the DHSC confirmed to *HSJ* that letters would be sent to trusts this week, but he would not comment further on the exact instructions. Immediately after Brexit, existing UK regulations on procurement – which include EU directives – will continue to apply.

The UK government wants to maintain the country's membership of the World Trade Organisation's Agreement on Government Procurement. **This involves the UK opening up certain higher value public procurement opportunities to other countries, in exchange for their procurement markets being opened up in a similar way – according to a briefing published last month by the House of Commons Library.**

ANITA HIGHAM
PARLIAMENTARY BRIEFINGS AND SERVICE REVIEWS

The current serious concerns among many, about the impact of the "Brexit Decision", with its likely outcome of a "No Deal" departure from the EU, is giving rise to various local conversations between NHS commissioners, providers, union members, and concerned members of the public, including local Healthwatch organisations and their MPs. The concern is that there will be significant and somewhat prolonged "chaos", which will create opportunities, particularly for some USA Health companies, and for other Health companies, from different parts of the world, to make serious in-roads into taking over NHS contracts, thereby turning the Health Service, which has been 'National' in the UK since 1948, into a substantially 'privatised' service.

There is also speculation that, in a notably changed Government Cabinet state of mind, some Secretaries of State, especially those for 'Health and Social Care' and for 'Housing, Communities and Local Government', are already actively encouraging some Specialist Services' procurement officers to give 'Preferred Bidder Status' to private companies, rather than to the well-tried and tested NHS contract providers, especially those who have a 'world-wide reputation for outstanding excellence.

It is incumbent on local Healthwatch organisations, as the champions and voices of the people, in matters concerning Health and Social Care, to engage with all their local MPs, regardless of political party or "Brexit" position, in order to ensure that what is held as one of the UK's most precious and most highly valued and regarded possessions, the National Health Service - free at the point of access for all - be protected as a Public Service.

Integrated Care for Older Adults

During their visits in 2017 and 2018, CQC's Inspectors found in the Thames Valley Area (Buckinghamshire, West Berkshire and Oxfordshire) a significant lack of integration and co-operation between the Local Authorities' Care systems, the Acute, Mental Health, Community Health Trusts, Public Health and Primary care, from both the commissioning and providing standpoints.

As the Chair of 12 GP surgeries' "PPG" (Patient Participation Group) representatives, and as an elected public Governor of a '4 Hospitals Acute Foundation Trust', HAPIA's Steering Group member Anita Higham is often in receipt of emails, comments at meetings, and via telephone calls, where

patients and/or their carers share their concerns about finding themselves in difficulty, because of a lack of 'coherence' arising from there being no logical and joined-up vision and strategic commitment between the different parts of Health and Social Care systems, such that patients and carers are not placed at the centre of the systems. This provides direct evidence for the CQC's reports.

Because of the very significant increase in the 'old age demographic', and its expected increase within the coming 30+ years, central government funding for all aspects of both the NHS *and* Local Government's social and public health care statutory duties has to be a key agenda issue, if there is to be appropriate political leadership to enable all 70-100+ year olds to experience respect, compassion, dignity and appropriate care, during the last 25% of their lives.

It is therefore incumbent on all local Healthwatch organisations, via their statutory voting seat on each local and unitary authority's Health and Well-Being Board, to put pressure on the relevant local authorities and central government departments of state, through the quality of the evidence they can obtain, to challenge all the commissioners and providers in a well-informed and determined manner.

Currently, many local authorities seem not to have fully grasped the opportunities to improve the quality of integrated care for their populations and - through their public commitment to using the JSNA (Joint Strategic Needs Assessment) - to design a well-planned annual 'Strategic Health and Care Plan', in order to drive the planning and the delivery of the commissioners and of the providers of all aspects of acute health, mental health, public health, and social care, for their populations, including those in the 70-100+ years' category.

Healthwatch England, under its current Chair, Sir Robert Francis QC, should be strongly encouraged to ensure that every county and unitary authority council's Chair and every CCG Chair, be trained and challenged to deliver integration across all aspects of health and social care in their area, so that patients can no longer fall through this un-integrated net, in order to avoid misunderstanding and suffering.

Care of Young People with Mental Health Issues

Young people across the statutory education system, from 5 years of age to 18 years, are increasingly showing evidence of varying categories of mental ill-health. This is significantly impacting on their own capability to learn, so as to enable them to enter, and to engage appropriately in the adult world at 18+, having acquired the necessary skills and development, intellectually, socially, economically and emotionally.

In essence: emotionally damaged young people cannot access learning and will suffer into adulthood as a result of this profoundly significant damage.
There is increasing evidence in both primary and secondary schools of self-harming, of being extremely withdrawn, of being dangerously aggressive to fellow pupils and to the adults working with them, of refusing to attend school, of threatening, or actually attempting, and achieving, suicide. The increase in evidence among primary school pupils also has been extremely noteworthy during the past few years.

The two main causes are thought to be the significant increase during the past 30+ years of parental relationships' breakdown and divorce, and during the past 20+ years of the arrival of “Social Media" with the all-prevailing possession, some from a very young age, of mobile phones, with their 'electronic power' to bully, to insult, to destroy a young person's self-confidence and self-esteem, in the full 'electronic sight' of their peers.

In some local authorities, the Director of Public Health, funded by her/his department, has commissioned School Nurses to be based in secondary schools (notably in Oxfordshire), where their role is different from the traditional 'School Nurse' in that they have a wider brief and responsibility, both to train the staff members in health matters, and to work with the School Counsellors whom many secondary schools have long since employed. In a number of cases, the secondary school nurse is also available to support the secondary school's partner primary school heads.

Mental Health Trusts' CAMHS (Child and Adolescent Mental Health Services) departments now regularly place qualified staff to work in secondary schools. There is a significant demand for high quality professional on-going developmental training for teachers and teaching assistants, together with senior school staff, including Head Teachers, to enable them to gain insight and skills in addressing this increasing challenge as part of their educational work with young people.

SUPPLEMENTARY INFORMATION - 1 -
DEMANDING CCG COMPLIANCE WITH THEIR STATUTORY DUTIES

Professor Nick Harding,
Chair, Sandwell & West Birmingham CCG,

November 28th 2018

Dear Professor Harding,
I wrote to you on September 3rd concerning your failure to comply with your statutory duties under the Health and Social Care Act 2012. You failed to reply to this letter, except via Lucie Carrington, Deputy Associate Director for Engagement, Communications & Marketing. She wrote on October 9th 2018:

"I am sure Professor Harding and the CCG will want to respond formally in due course". That was the last response received from your CCG.

We have asked you to provide evidence of how the CCG has complied with its statutory duties, but have been unable to get a response. Instead of entering into public consultation you referred the proposed closure to the HOSC. I do not believe there is a legal hierarchy in relation to the extensive duties of the CCG to involve, engage and consult, and those in relation to the democratic functions of the Council. Because the HOSC accepted your arguments for closure of the Halcyon, you are not relieved of the CCGs statutory duties to consult, involve and engage with users and the public. We also believe you have a statutory duty to involve the community in any transition and transformation of the service, and in relation to determining local needs, by listening to service users and acting to ensure that their clinical needs are met.
It appears that you have ignored your statutory duties and ignored service users and the public, and instead took your plans to close the Halcyon to local authority scrutiny. It appears that this was a calculated move to prevent patients and the public from influencing your plans to close the Halcyon and to avoid any genuine public consultation.

May we remind you of the following?
1) CCGs as commissioners have a statutory public duty under the Health & Social Care Act 2012 (Section 26) to involve, engage with and consult patients and the public before making decisions on changes to health services.

2) A major duty placed on the CCG under 14Z2, section 26 of the Health and Social Care Act 2012, states that in relation to any services which are provided by the CCG: "The CCG must make arrangements to secure that individuals to

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whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

(a) In the planning of the commissioning arrangements by the CCG.

(b) In the development and consideration of proposals by the CCG for changes in the commissioning arrangements, where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them.

3) 14Z2 (3) of the Act also requires all CCGs to include in their Constitution:

(a) A description of their public engagement arrangements and

(b) A statement of the principles that they will follow when implementing them.

Please provide a copy of your Constitution.

4) Other requirements relevant to your s26 public involvement duties include:

To promote the NHS Constitution – 14P which states:
"The NHS pledges to provide the public with information and support needed to influence and scrutinise the planning and delivery of NHS services."

To secure continuous improvement in safety and quality of NHS services 14R.
To reduce inequalities in access to services and outcomes of care – 14T.
To promote patient choice in the provision of services – 14V.

5) The Secretary of State's 4 tests for service reconfiguration (in the Operating Framework) are also relevant and include requirements for:

- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice

6) I also wish to remind you of your **Public Sector Equality Duty (PSED),** which requires, when you are proposing changes that will affect people with protected characteristics, to have regard to the PSED (s149 (1) of the Equality Act 2010)?

The needs of those with protected characteristics must be met before or at the time any policy is being considered. Courts refer to it as being an "essential preliminary" and not a "rear-guard action". Therefore, you must:

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- Remove or minimise any disadvantage that might be suffered by persons with protected characteristics.
- Take steps to meet the needs of those with protected characteristics.
- Undertake equality impact analyses in order to demonstrate compliance with the PSED, and evidence that people with protected characteristics have influenced the decision-making process of the CCG regarding the Halcyon Birthing Centre.

7) You are also required to ensure that you engage Healthwatch fully in any proposal to change or close the Halcyon Birthing Centre. Their statutory duties include the promotion and support for the involvement of local people in the commissioning, provision and scrutiny of local care services (s221 (2) Local Government and Public Involvement in Health Act 2007).

8) Finally, you are required to comply with NHS England's Mandate which identifies the following priorities in relation to significant service changes:

a) Strategic sense check: explore the case for change and level of consensus for change; ensure full range of options are considered and risks identified.
b) Assurance check: obtain formal assurance from your Board and other key players for your proposals before initiating wider public consultation.
c) No decision to proceed with a particular option until the proposals have been fully consulted on.

We offered to enter into discussions with you to initiate and design a consultation process on the future of the Halcyon Birth Centre, but you did not respond to our request. We would expect there to be an opportunity to look at options for the proposed service reconfiguration, followed by consultation on options and for the CCG to demonstrate transparency, an open mind and a clear willingness to genuinely take views of patient and the public into account. You have not demonstrated compliance with any of these essential underpinning duties and principles.

We look forward to meeting with you in the near future to discuss the withdrawal of your current proposals for the Halcyon Birth Centre and the development of a consultation process with full public involvement and options for service development.

Malcolm Alexander, Chair, HAPIA

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SUPPLEMENTARY INFORMATION - 2 - PRESS RELEASE

SHOCK CANCELLATION OF BIRTHING CENTRE MEETING

A high-level meeting with Prof Nick Harding, Chair of the Sandwell and West Birmingham CCG (SWBCCG), planned for December 21st to discuss the future of the Halcyon Birthing Centre, was cancelled at the last minute by the CCG, because they objected to local health campaigners attending the meeting.

The meeting was set up to challenge the CCG's decision to close the unique Halcyon birthing centre, without public consultation. It was to be attended by national public involvement adviser Malcolm Alexander, and local maternity care campaigners, but local NHS leaders refused to attend if the women campaigners were present.

Malcolm Alexander said: "The Sandwell and West Birmingham NHS has failed to comply with its legal duties to consult, engage and involve patients and local people in decisions about the future of the Halcyon Birthing Centre. It has also failed to comply with its own constitution which requires effective consultation prior to significant service changes.

They have shown little regard for the law on public involvement or the NHS Constitution and have bypassed NHS England's mandatory requirement that expect the CCG to ensure that patients are at the centre of all NHS decision-making".

Excluding local women campaigners from this critical meeting is unacceptable.

A formal complaint will be made to the Health Minister and the Chief Executive of NHS England Simon Stevens, but as a priority HAPIA seeks effective local resolution and an agreement with the CCG about the future of the Halcyon Birthing Centre.

Malcolm Alexander
Chair, HAPIA

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HAPIA PUBLICATIONS

PUBLIC INVOLVEMENT IN THE NHS: LEGISLATION, REGULATIONS AND DUTIES 2017	The law on public involvement.
HEALTHWATCH CAMPAIGNING BRIEFING NOTE **2017**	A collation of evidence demonstrating the right of local Healthwatch to campaign for service improvements.
HAPIA CONFERENCE REPORT 2014-Cath Gleeson & Mary Ledgard	Summary of Speakers' Presentations. Conference Speakers' Biographies.
PATIENT TRANSPORT SERVICES (PTS) HAPIA's recommendation for changes to PTS contracts October 2014	For everybody connected with PTS – service users, Local Healthwatch and community organisations working with service users and with commissioners and providers of PTS. The report is intended to help improve patient transport services across the UK.
QUALITY ACCOUNTS AND THE SCRUTINY ROLE OF LOCAL HEALTHWATCH HAPIA Briefing Note Catherine Gleeson 27 October 2014	Among the many priorities for Local Healthwatch Groups (LHW), commenting on Trust's draft Quality Accounts (QA) is of great importance. By providing knowledgeable commentary on QAs, LHW can influence improvements in local health services.
HEALTHWATCH AND IMMIGRATION REMOVAL CENTRES Healthcare for Asylum Seekers in Detention Centres August 2014	Numerous reports from Her Majesty's Inspector of Prisons (HMIP) indicate serious problems in the standards of healthcare provided. As HM Chief Inspector of Prisons, Nick Hardwick points out "...away from public scrutiny, it is easy for even well intentioned staff to become accepting of standards that in any other setting would be unacceptable".
COMPLAINTS AGAINST DOCTORS. **SHARING INFORMATION WITH PATIENTS AND CARERS**	This Good Practice Guide has been prepared by HAPIA, to enhance an understanding of the principles and benefits of sharing information with

Improving doctors performance	patients and carers, when a doctor is being revalidated, or undergoing complaints investigation or remediation.
HAPIA'S GUIDE TO CASUALTY WATCH 2014	Guidance Notes for Casualty Watch Examples of Data Collection 30 & 60 Minutes Handover Breaches
REVALIDATION OF DOCTORS The Role of Case Manager in Improving the Performance of Doctors Sharing Information with Patients, Carers and the Public	Good Practice Guide to support Case Managers in understanding the principles and benefits of sharing information with patients, carers and the public when a doctor is undergoing investigation or remediation.

LEAFLET

REVALIDATION OF DOCTORS Working with Your Doctor to Improve Medical Care – A Guide for Patients	August 2014
See also: http://www.revalidatingdoctors.net	

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MEMBERS AND AFFILIATES

During the year ended 31 December 2018, membership remained steady. Each member guarantees, in accordance with the Company's Memorandum of Association, to contribute up to £10.00 to the assets of the Company in the event of a winding up.

Membership is open to:

- Local Healthwatch
- Individuals who live anywhere in the UK, who are either members of a Local Healthwatch or other organisations that support the objectives of HAPIA
- Individuals active in developing more effective health and social care service and who support the objectives of HAPIA

Members are entitled to attend meetings of the Charity and to vote thereat.

The annual membership fee for individuals is £10.00 and for Local Healthwatch the fee is £50.00. New members are welcome to join.

Affiliation is open to other organisations and individuals with an interest in supporting the objects of HAPIA. Affiliates are fully entitled to attend meetings of the Charity, but not to vote thereat.

The annual Affiliation fee for local and regional groups/organisations is £50.00 and £200.00 for national organisations.

New Affiliates are welcome to join.

This Report was approved by the Trustees on ______________2019

and is signed on their behalf by:

Malcolm Alexander	John Larkin
Director/Chair	Director/Company Secretary

INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 DECEMBER 2018

	2018 Unrestricted Funds	2018 Total	2017 Total
	£	£	£
Incoming Resources			
Donations	-	-	-
Membership and Conference Fees	120	120	297
Payment for use of HAPIA resources	-	-	-
Total Incoming Resources	120	120	297

Resources Expended			
Hire of Conference Halls and Events Management	-	-	-
Steering Group Expenses (including hire of rooms/travel)	135	135	-
Stationery, websites and other administrative expenses (including data analysis)	63	63	161
Companies House fees expenses	80	80	-
Total resources expended	278	278	161

Net Income (expenditure) for the year	(158)	(158)	136
Total funds brought forward	980	980	844

Total funds carried forward	822	822	980

BALANCE SHEET
31 December 2018

CURRENT ASSETS	2018 £	2017 £
Cash in hand	-	-
Cash at bank	822	980
Debtors - (outstanding payments for annual conference)	-	
CREDITORS		
Amount falling due within one year	-	-
Total assets less current liabilities	822	980
Total net assets	822	980
RESERVES		
Unrestricted funds	822	980
Total Charity Reserves	822	980

NOTES

1) These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime and in accordance with the financial reporting standard for smaller entities historical cost convention and the charities statement of recommended practice 2005.

2) For the year ended 31 December 2018 the Company was entitled to exemption under Section 477 of the Companies Act 2006.

3) No notice from members requiring an audit of the accounts has been deposited under Section 476 of the Companies Act 2006.

4) Directors acknowledge their responsibility under the Companies Act 2006 for:

   (i) Ensuring the Company keeps accounting records which comply with the Act,

   and

   (ii) Preparing accounts which give a true and fair view of the state of affairs of the Company as at the end of its financial year, and of its income and expenditure for the financial year in accordance with the Companies Act 2006, and which otherwise comply with the requirements of the Companies Act relating to accounts, so far as applicable to the Company.

5. HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION is a Registered Charity and a Registered Company Limited by Guarantee and not having a share capital; it is governed by its Memorandum and Articles of Association. This Report and Financial Statements were approved by the Trustees on

___________________2019 and signed on their behalf by:

____

Malcolm Alexander — Director/Chair

John Larkin — Director/Company Secretary

GLOSSARY

AvMA … ...	Action against Medical Accidents
CB … …	Cross Bench
CPD … …	Continuing Professional Development
CCG … …	Clinical Commissioning Group
CQC … …	Care Quality Commission
CRG … …	Clinical Reference Group
DH … …	Department of Health
E&V … …	Enter and View
GMC … …	General Medical Council
HAPIA … …	Healthwatch and Public Involvement Association
HCPC … …	Health Care Professions Council
HMIP … …	Her Majesty's Inspectorate of Prisons
HSJ … …	Health Service Journal
HWBB … …	Health and Wellbeing Board
HWE … …	Healthwatch England
IAS … …	Independent Advocacy Service
ICAS … …	Independent Complaints Advocacy Service
IRP … …	Independent Reconfiguration Panel
IMB … …	Immigration Monitoring Board
IRC … …	Immigration Removal Centre
LA … …	Local Authority
LAS … …	London Ambulance Service
LHW … …	Local Healthwatch
MSLC … …	Maternity Services Liaison Committee
LML … …	London Metropolitan Library
NHSE … …	NHS England
NHSI … …	NHS Improvement
NHSLA … …	NHS Litigation Authority (NHS Resolution)
NHSR … …	NHS Resolution
NICE … …	National Institute for Health and Care Excellence
NMC … …	Nursing and Midwifery Council
OPD … …	Outpatients Department
OSC … …	Overview and Scrutiny Committee
PHE … …	Public Health England
PPI … …	Patient and Public Involvement
RAG … …	Red Amber Green
QA … …	Quality Audit
STP … …	Strategic Transformation Plan
TB … …	Tuberculosis
URL … …	Uniform Resource Locator

APPENDIX ONE – SUMMARY OF INFORMATION ABOUT HAPIA

Company Secretary:
John Larkin – Flat 6, Garden Court, 63 Holden Road, LONDON, N12 7DG

HAPIA Contact Details:

HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION – NORTH
The Hollies, George Street, COTTINGHAM, HU16 5QP

Tel: … … … 01482 849 980 or 07807519933
Email: Ruth@myford.karoo.co.uk

HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION - SOUTH
30 Portland Rise, London, N4 2PP

Tel: … … 020 8809 6551 or 07817505193
Email: … … HAPIA2013@aol.com
Website: … WWW.HAPIA2013.org

Trustees of the Charity:

John Larkin	Malcolm Alexander
Elsie Gayle	Ruth Marsden

Michael English was the President of HAPIA until his death in July 2019.

Rotation of Directors
One third of Directors (or the number nearest one third) retire(s) each year by rotation in accordance with the Company's Articles of Association and may be eligible for re-election.

Date of Registration as a Charity: 27 September 2010
Charity No: 1138181
Originally known as National Association of LINks Members until the company name changed in December 2013 to Healthwatch and Public Involvement Association (HAPIA).

Date of Registration as a Company: 20 May 2008
Company No: 6598770. Registered in England. Company Limited by Guarantee.

Originally named National Association of LINks Members from May 2008 to November 2013 until a new Certificate of Incorporation on Change of Name issued by Companies House on 2 December 2013 in the name of Healthwatch and Public Involvement Association.

Governing Documents:
Memorandum and Articles of Association as incorporated.

Charitable Objects:

1. The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering.

2. The relief of those in need by reason of youth, age, ill-health, disability, hardship or other disadvantage, including by the provision of accommodation or care.

Classification:

WHAT	The advancement of health or saving of lives
WHO	Elderly / old people - People with disabilities - People of a particular ethnic or racial origin - The general public / mankind
HOW	Provide advocacy / advice / information - Sponsor or undertake research / Act as an umbrella or resource body

APPENDIX TWO – MORE ABOUT HAPIA

AIMS AND OBJECTIVES

(1) Support the development of Local Healthwatch (LHW) and Healthwatch England (HWE) as powerful and effective bodies that enable the public to monitor, influence and improve health, social care and public health services.

(2) Promote democratic and accountable public involvement organisations across England, which genuinely empower patients, care receivers, carers, and all individuals and communities to influence planners, commissioners and providers of health, social care and public health services, in order to achieve safe and effective services.

(3) Investigate, challenge and influence health, social care and public health bodies which fail to provide or commission safe, effective, compassionate and accessible services.

(4) Collaborate with other community and voluntary sector bodies, patients and service users, to achieve HAPIA's objectives.

(5) Hold the government to account for its legislative and policy commitments to public influence in health, social care and public health services.

KEY GOALS

(1) To scrutinise effectiveness of HWE, LHW, IAS (Independent Advocacy Service) and complaints investigation as vehicles for public influence, redress, and improvement of health, social care and public health services.

(2) To reflect continuously upon the effectiveness of Healthwatch in relation to recommendations of the Francis Report.

(3) To advise on effective ways of influencing commissioners, providers, regulators and policy makers.

(4) To advise on effective ways of learning from complaints, incidents, accidents and systemic successes and failures that occur in health and social care services.

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(5) To communicate key messages and information rapidly and continuously to HAPIA's membership, communities and the media.

(6) To promote the accountability of providers, commissioners and regulators of health, social care and public health services.

PRIORITIES

(1) Equality, inclusion and a focus on all regions and urban / rural diversity.

(2) Continuous and timely information flows from and to members and the wider community.

(3) Influence through interaction with Ministers, the Department of Health, NHS England, Regulators, Local Authorities, the Local Government Association (LGA) and other national and local bodies.

(4) Ensuring members of HAPIA shape the strategy and policy that drive our work.

BUILDING RELATIONSHIPS WITH OTHER BODIES AND CHARITIES

Sustaining and developing relations with LHW, HWE, the DH, NHS England, the Patients' Forum for the LAS and the Friends of the Halcyon Birthing Centre.

Action Against Medical Accidents (AvMA) and other national and local voluntary sector bodies on the basis of shared interests and objects, e.g.: National Association of Voluntary and Community Action (NAVCA), Community and Voluntary Services (CVS) and the NHS Alliance Patient & Public Involvement (PPI) Group.

FUTURE MEMBERSHIP

Membership will be invited from:

- Current membership
- Local Healthwatch organisations
- Individual Local Healthwatch members / volunteers / participants
- Individuals who support the aims and objectives of the Association and who are active in their community and / or nationally
- Organisations working locally and / or nationally to influence NHS, Local Authority, social care and public health services
- Lay people involved in Patient Participation Groups, Clinical Commissioning Groups, Specialised Commissioning Groups, Local Area Teams (NHS England) and Quality Surveillance Groups

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FUNDING

- Subscriptions for individuals, LHWs and other organisations.
- Consider applications for funding to the DH, Department of Communities and Local Government (DCLG), HWE and grant giving bodies.
- Consider raising funds from payments for commissioned research and survey work.
- Consider raising income via an independent fundraiser working on a commission basis.

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