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 2019

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

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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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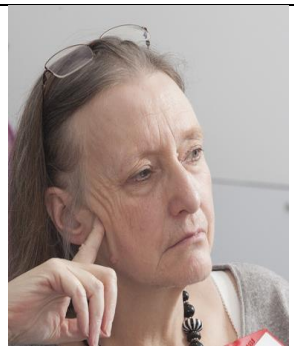
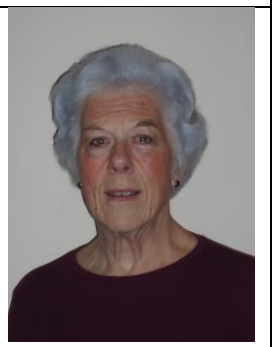
HAPIA STEERING GROUP MEMBERS 2019 and their PORTFOLIOS

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

PHOTOS

			
Ruth Marsden	**Malcolm Alexander**	**Elsie Gayle**	**John Larkin**
			
Elli Pang	**Len Roberts**	**Mary Ledgard**	**Anita Higham**

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REPORT AND FINANCIAL STATEMENT FOR THE YEAR ENDED
31st DECEMBER 2019

The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31 December 2019.

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 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.

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SAD DEATH OF HAPIA PRESIDENT

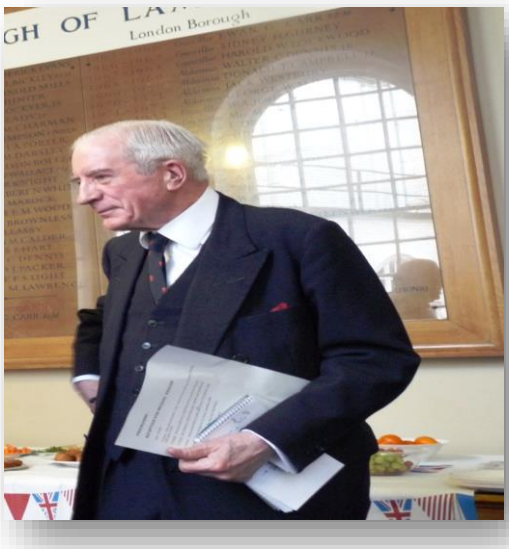
MICHAEL ENGLISH

Michael English sadly died on July 16th, 2019, aged 88. He was President of HAPIA, and a great leader of many organisations committed to improving health and social care. These included our former organisation NALM (National Association of LINks Members), Healthwatch, Community Health Councils and Patients' Forums. He was a leading figure in the Patients' Forum for the London Ambulance Service.

Michael had been active in politics, nationally and locally, for many years. He was a Lambeth Councillor for 12 years, and prior to coming to Lambeth, Michael was a Councillor on Rochdale Borough Council 1953-65 and Member of Parliament for Nottingham West from 1964 to 1983.

Over a period of 60 years, Michael showed great distinction in his commitment to public life and, in particular, his commitment to creating effective health services both locally and nationally. Michael is remembered for his steadfast and determined support for public involvement and for leadership in many areas of public life.

He is greatly missed by his wife Carol English and the officers and members of HAPIA and the Patients' Forum for the LAS.



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OBJECTS OF THE 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.

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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.

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 2019 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. Incorporated into the main HAPIA website.
- **http://www.revalidatingdoctors.net -** Contains information about revalidation of doctors and leaflets for patients.
  Incorporated into the main HAPIA website.
- **http://www.achcew.org -** Archive site celebrating the work of Community Health Councils, and public involvement between 1974 & 2003.

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

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HAPIA ACHIEVEMENTS IN 2019

HAPIA NORTH – RUTH MARSDEN

WORKING WITH PATIENT PARTICIPATION GROUPS - PPGs

Involvement has re-started with PPGs. Many local PPGs had stalled - and as GP Practices combined under new 'efficiency' arrangements, the impetus to run effective PPGs had been lost. In many cases Practice Managers have changed, Lead GPs retired, and the overall ownership of PPGs had become opaque.

It is good to be able to record that one of the best, most proactive and successful PPGs in the area is chaired by a HAPIA member and the work undertaken by this PPG is now held up by the staff of other practices as a model for development and rollout. The crucial learning about PPGs is that they are successful if patient led and often fail if they are led by practice doctors or managers.

PRIMARY CARE DEVELOPMENTS

The plus-side of the merging of GP Practices (into Primary Care Networks) is the new builds and extensions sometimes necessitated. HAPIA NORTH was invited to look over the plans and make suggestions for improvements and modifications to one of these developments, which was an important step forward for effective PPI.

IMPROVING ON-LINE SERVICES

Greater IT capacity for patient contact, on-line diagnosis and convenience in primary care/GPs is being developed, and working groups were held with patients to road-test the developing IT systems.

In addition, all Pharmacies are moving to Electronic Prescription Services which has created the opportunity for feedback from HAPIA members to NHS Digital, to flag up the potential flaws and gaps in the system.

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RADIOTHERAPY

Our membership of NHS England Specialised Commissioning Radiotherapy CRG (Clinical Reference Group) is ongoing. This group examines developments and protocols for radiotherapy including:

- Palliative radiotherapy for bone pain
- Radiotherapy after primary surgery for breast cancer
- Stereotactic radiosurgery (SRS) for adults with Parkinson's tremor
- Proton Beam Therapy for Adult Lymphoma and other cancers.

RESPONSIBILITY FOR PPI IN THE NHS

Queries as to the current responsibility within NHSE for 'patient and public involvement' elicited the information that the contact is Olivia Butterworth, Head of Public Participation, who together with the team can be contacted as follows: Tel:0113 825 0861 or Email: www.england.nhs.participation@nhs.net.

NHS LEADERSHIP FACULTY TEAM

HAPIA NORTH remains part of the NHS Leadership Faculty Team working at the Leadership Academy in Leeds. The programme, designed with national and international experts in health and organisational performance, offers support and learning to build personal resilience, confidence and capabilities.

The programme takes 12 months to complete and is aimed at health professionals at one stage below the board\governing body level.

PRISON HEALTH

Some 'in-reach' to prisons goes on … monitoring information on health and care of the prison population. HAPIA SOUTH members have also carried out a Prison visit to High Down Prison in Sutton, Surrey to observe arrangements for emergency ambulance access.

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HAPIA'S FANTASTIC COMMUNICATIONS HUB

Our northern 'Communications Hub' continues to distribute information across the country, updating members about developments in health and social care. It is extremely popular with our members. The timely nature of the hub has also seen the messaging cascaded to a range of health professionals who find it empowering for their work.

The HAPIA Communications Hub benefits from a wide range of sources and information streams across all healthcare settings - and from subscriptions to many relevant periodicals and networks.

We are indebted to clinical colleagues at all levels for the information they provide, as well as colleagues in the House of Lords and the media for their pro-active co-operation and feedback. Our Mini-Briefings provide excellent easily accessible information and the focus on Covid-19 has been particularly welcome.

RUTH MARSDEN

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TUBERCULOSIS

TRAINING OF GPs and HEALTHCARE STAFF

HAPIA QUESTIONS TO Manchester Healthcare Commissioners

HAPIA investigated the incidence of TB, which in some areas of the UK remains high.

The table below shows a sample of the annual incidence of TB infections calculated from three-year averages for 2016-18. England has second highest rate of TB in Western Europe at 5400 cases in 2018, whilst France had 5800 cases.

Area	Annual Number of cases TB (Ave 2016-18)
Brent	150
Ealing	125
Newham	172
Birmingham	248
Manchester	115
Leicester	136
Redbridge	107

Following a previous investigation suggesting poor training of primary care staff in TB related issues, HAPIA raised with the Manchester CCG questions about the training of health care staff in the prevention, diagnosis and management of patients with TB. Our FOI questions and their answers follow:

A) The number of GPs in your CCG area, who have received training within the past 3 years to develop strategies within their Practice to improve the prevention, diagnosis and management of TB.

Manchester Health and Care Commissioning (MHCC) ran a one-year Refugee and Asylum Seeker Pilot which was an enhanced Primary Care registration and health check service.

Suspected cases of TB would be referred to secondary care. This was open to all 89 Manchester Practices of which over half signed up to the Pilot. Training was provided on the whole enhanced service, not just in relation to TB. This Pilot ceased in March 2019; the outcomes of the Pilot are being considered through the MHCC Inclusion Health Group.

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B) The number of GPs practices with staff who have received training within their practice, during the past 3 years, to improve the prevention, diagnosis and management of TB.

See above. No specific MHCC funded training has taken place. However, any GP specific training is validated via the appraisal process led by Greater Manchester Combined Authority.

C) The number of health care professionals other than GPs, within your CCG area, who have received training during the past 3 years, to develop strategies to improve the prevention, diagnosis and management of TB. See above.

The service stated in (A) was mainly led by practice nurses. No other formal training has been provided via the CCG. Suggest contacting the local providers for staff outside of primary care.

D) Details of TB services in your area, including the number of staff in each team, the profession of each person in each team and the location of each team.

This is a provider query and should be directed to Manchester University NHS Foundation Trust https://mft.nhs.uk/ and Pennine Acute Hospitals NHS Trust https://www.pat.nhs.uk. MHCC has commissioned the BHA to support with engagement work within the TB clinic in Manchester.

E) The number of outreach workers in your CCG area responsible for TB case finding/ and contact tracing in the community.
Contact the providers as per question (D).

The response from the Commissioners was poor considering that there are over 100 cases of TB every year in Manchester, and that the advice from Local Government Association/Public Health England includes:
https://tinyurl.com/y69olacu

- Encourage local health and social service Commissioners to prioritise the delivery of appropriate clinical and public health services for TB, (especially in areas where TB rates are highest) and drive improvements in **early diagnosis** and completion of treatment, both key to reducing TB rates in England. Consider using pooled budgets to help patients to complete treatment.

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- Promote local leadership of TB at all levels – such as local leadership through elected members, strategic leadership through the director of public health and health and wellbeing boards and health protection boards and health leadership via CCGs, wider NHS partners and public health teams.

- Invite a local TB nurse to raise awareness of TB among local authority staff.

- Facilitate appropriate access to information and advice on TB, its symptoms, diagnosis and treatment for under-served populations such as the homeless, drug/alcohol users or new migrants.

- Promote registration with GPs for new migrants, vulnerable or marginalised people to aid early diagnosis of medical problems.

- Work, via the DPH, with CCGs and NHS England to ensure that screening, immunisation and treatment services reach out to diverse populations and are accessible to the deprived or marginalised.

- Include TB in the local authority's Joint Strategic Needs Assessment (JSNA) and the joint health and wellbeing strategies (JHWS); ensure TB is on the agenda of the health and wellbeing board (HWB) and the sustainability and transformation partnerships (STPs).

- Local Authorities are well placed to ensure a joined up, multi-agency approach to holistic TB patient care and support by fully involving all statutory agencies and council departments, such as social care, housing, education and benefits in the issue of TB.

- Importantly, TB is treatable and NHS treatment is free. Early diagnosis is key and so GP registration should be encouraged for all new migrants and vulnerable people. Access to information and advice on TB for those in local government working with vulnerable people is also important.

Question put to City and Hackney CCG in London revealed that they did not know the number of GPs in their area, who have received training within the past 3 years to develop strategies within their practice to improve the prevention, diagnosis and management of TB, but were able to tell us that staff of 35 GP practices received training, during the past 3 years, to improve the prevention, diagnosis and management of TB.

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HAPIA SOUTH

THE STATUTORY DUTY TO ENSURE PARITY OF ESTEEM? HAPIA INVESTIGATES SECTION 136 DETENTIONS AND QUEUES

HAPIA received a number of reports of ambulances and police cars queuing outside Places of Safety (PoS), located in mental health hospitals. These PoS are intended to be safe places where patients who have become seriously ill with a mental health problem, and detained by the police under s135 or 136 of the Mental Health Act (MHA), can be taken for assessment by hospital clinical staff and a decision made regarding inpatient detention on a locked ward, usually under s2 (28 days) or s3 (up to six months) of the MHA.

Reports reaching HAPIA described patients sometimes waiting several hours in police cars or ambulances, before they could gain access to the PoS for their assessment. This practice is inconsistent with the statutory duty of Parity of Esteem[1], which requires all patients, whether they have physical or mental health problems, to be treated equally in relation to the severity of their symptoms. It is cruel to patients who are unwell and require emergency care and treatment to be locked in a vehicle for hours. In one case a Paramedic reported that a patient, locked in a police car, was so hungry that he ordered a pizza, which was delivered to the police car. It has also been reported to us that some hospitals will not allow patients waiting to enter the PoS to use the hospital's toilets, because that would technically transfer their care to the hospital staff, rather than the police or ambulance crew.

The questions below were sent to every Mental Health Trust in England on 7TH December 2019 under the terms of the Freedom of Information Act (2000).

Responses were received concerning 42 Mental Health Trusts PoS.

[1] https://commonslibrary.parliament.uk/insights/mental-health-achieving-parity-of-esteem/

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The four questions we asked were as follows.

1) How many patients have been admitted to each of your Places of Safety since January 1st, 2019?

2) How many patients have waited for entry/admission to each Place of Safety for more than one hour since January 1st, 2019?

3) Please supply a copy of your policy and protocol, for providing support and care for people detained under the Mental Health Act, who are required to queue outside your Places of Safety when the Place of Safety is full.

4) What safeguards do you have in place to support people detained under the Mental Health Act, when there is no capacity in a health-based place of safety?

S136 Response Examples – South London and Maudsley Trust

Q1) How many patients have been admitted to Place of Safety since January 1st, 2019 at the Central Place of Safety?

A1) 775 s136 referrals were accepted to Central Place of Safety (Jan-Nov 2019)

A2) 23 s136 referrals were diverted to Central Place of Safety (Jan-Nov 2019)

Q2) How many patients have waited for entry/admission to this Place of Safety for more than one hour since January 1st, 2019?

A1) 14 patients waited for over an hour outside the Central Place of Safety from the point of arrival to admission between Jan-Nov 2019.

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DEFIBRILLATOR CAMPAIGN

HAPIA OBJECTIVE: PROMOTING EMERGENCY CARE FOR PEOPLE SUFFERING A CARDIAC ARREST

HAPIA supported the campaign for the DEFIBRILLATOR (AVAILABILITY) BILL intended to save more lives of people suffering a Cardiac Arrest

The Bill was put to parliament by Maria Caulfield MP and introduced under the 10-minute rule. It was due for a **second reading on Friday, January 29th, 2019.** HAPIA campaigned for the Bill by encouraging members to write to their MPs to support the Bill. Unfortunately, it failed to complete its passage through Parliament before the end of the session. This means the Bill will make no further progress unless Maria Caulfield MP reintroduces the Bill. HAPIA has written to the MP asking her to reintroduce it but it may be some time before that is done.
https://services.parliament.uk/bills/2017-19/defibrillatorsavailability.html
Defibrillators (Availability) Bill 2017-19

The Bill aims to save hundreds of lives each year by requiring provision of defibrillators in schools, leisure, sports and other public facilities, provision for the training of persons to operate defibrillators and funding the acquisition, installation, use and maintenance of defibrillators.

Defibrillators give high energy electric shocks to the heart, through the chest wall, to someone who has collapsed following a cardiac arrest. Sudden cardiac arrest (SCA) is a leading cause of premature death, but immediate CPR and defibrillation saves many lives. SCA occurs because the electrical rhythm that controls the heart is replaced by a chaotic disorganised rhythm called ventricular fibrillation (VF). Seconds count, and ambulance services may not arrive quickly enough to resuscitate most victims. Bystander use of a defibrillator can save many lives.

- Estimated annual deaths from cardiac arrest around 60,000/year in the UK
- Fewer than 1 person in 10 survives when the SCA occurs out of hospital.
- CPR and the use of an automated external defibrillator (AED) significantly increases survival chances if performed promptly.
- AEDs provided in public places can be safely used by untrained members of the public while waiting for an ambulance.
- Maria Caulfield is unable to reintroduce the Bill as she is currently a Whip but believes that other back-benchers are keen to do so.

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REAL LIFE CARE HOME EXPERIENCE

HAPIA was contacted by a concerned care worker at a care home run by Care UK. The staff member told us that a test fire drill had gone off at 6am one morning leading residents to leave their beds and struggle to get to the fire exit. As a result, one elderly woman fell and suffered severe bruising to her face.

HAPIA contacted Care UK, shared the report but received no reply about how it was possible for residents to be scared into rushing to the fire exit and how it was possible for a resident to suffer injuries as a result of this poor practice. We requested a copy of Care UKs policy on Fire Drills.

We received no reply, so wrote to Andrew Knight the CEO for Residential care at Care UK and requested:

A) A copy of your fire drill policy.
B) Confirmation that a Serious Incident had been declared to investigate any harm caused by incident.
C) Copy of the Serious Incident report.
D) Evidence of learning from the incident.
E) Evidence of exercise of the Duty of Candour in relation to the relatives of residents who may have suffered harm because of the incident.

Richard Price, Head of Health and Safety eventually replied but was unable to share their policies. In his response he said:

- Our fire drill policy is that every colleague receives fire drill training every six months. We achieve this through annual face to face training for every colleague which is carried out by our external fire training consultants. In addition to this we carry out additional fire drills internally to achieve our policy requirement of six-monthly fire drills. Learnings from these fire drills are carried over to future drills, to help improve the quality of future drills.

- A number of fire drills have been carried out in recent months at Forrester Court Care Home.

- The Home Manager is not aware of a specific incident that may have caused harm when carrying out a fire drill at the home.

- If you are able to provide more specific details on a date or time, or the harm that you believe to have happened, I can investigate this matter further. As such at present no SI has been raised by the Home Management team and

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the Duty of Candour not exercised as we are not currently aware that residents were harmed.

The staff member declined to be identified because of fear of any consequences. It is deeply worrying that:

- The staff member was afraid to be identified
- The injuries which we understood to be severe were not recorded or investigated
- No action was taken to prevent further injuries by changing the fire alarms policy
- The duty of candour was not carried out with the resident and her family.

HAPIA reported the incident to the CQC who as far as we know took no action.

NHS CONSTITUTION AND COPYING LETTERS TO PATIENTS

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

The NHS Constitution contains rights and pledges which are defined as:

Rights

A right is a legal entitlement protected by law. The Constitution sets out a number of rights, which include rights conferred explicitly by law and rights derived from legal obligations imposed on NHS bodies and other healthcare providers.

Pledges

This Constitution also contains pledges which the NHS is committed to achieve, supported by management and regulatory systems. The pledges are not legally binding because they express an ambition to improve, going above and beyond legal rights. There are 20 Pledges (see Appendix One) which include:

- **To share with you any correspondence sent between clinicians about your care (pledge).**

When patients are referred by their GP to another service, e.g. for a consultation with a specialist at a hospital, the Consultant should write back to the GP and simultaneously copy the letter to the patient.

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The good practice guidelines for sharing clinical letter with patients or their representative are called: ‘Department of Health - Copying letters to Patients - Good Practice Guidelines’ which for some reason were archived by the Department of Health, but can be found at :https://tinyurl.com/y6eue2zs

This is the only guidance available in the NHS, on the requirement in the NHS Constitution, to share letters with patients about all consultations and treatments they have received.

NHS UK (formally NHS Choices) initially refused to put information about access to letters from doctors on their website. Their staff denied this information should be put on their site, until they **discovered** the **Pledge** in the NHS Constitution to make this information available.

HAPIA requested they provided information about sharing doctor’s letters with patients, and they eventually complied, but changed the wording of the Pledge to make it weaker. They converted a requirement into an aim.

“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.”

Even this watered down version is impossible to find on the NHS website, because none of the key words in the Pledge produces any way of finding out about the duty to copy letters and the sentence: “Copying Letters to Patients” produces nothing at all on the NHS UK search engine. Neither do the words: NHS Constitution.

A search of the standard NHS Constitution is unlikely to reveal that a duty to share doctor’s letters exists, but the good news is that if you can find the ‘interactive version’ of the Handbook to the NHS Constitution (155 pages) the Pledge is well described and easy to find:

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FROM THE INTERACTIVE VERSION OF THE NHS CONSTITUTION
https://tinyurl.com/y3o9hn22

"The NHS commits to share with you any letters sent between clinicians about your care." There is evidence that, when patients receive copies of letters between clinicians about their care, it improves their understanding of their condition, enabling them to take control of their own health and to make decisions about their treatment. It also allows them to correct any errors.

The relationship between patient and clinician works best when it is based on trust, openness and understanding: copying letters helps to achieve this. Copies of letters sent between clinicians should be shared with patients. Patients can ask for, and should receive copies of, letters about their care, including letters on referral, letters following outpatient appointments and discharge letters that are routinely sent between clinicians as part of patient care.

The NHS Plan committed the NHS to provide copies of letters to patients, and the Department of Health issued guidance to support NHS trusts in delivering this policy. The NHS is making progress in copying letters to patients, and every year more and more patients are receiving copies of letters as part of their care.

The Care Quality Commission has tracked delivery of this commitment by NHS trusts through its national patient survey programme. Trust-by-trust results are available at www.cqc.org.uk/public/reports-surveys-and-reviews/surveys.

Hello HAPIA, we have added information to key pages on the NHS website as you requested to make it clear that patients can expect to be copied in on correspondence between clinicians. We have chosen the pages on which this information appears carefully, so that it will be visible at the most relevant points within our content. The information appears on the following pages:
https://www.nhs.uk/using-the-nhs/nhs-services/hospitals/about-nhs-hospital-services/

https://www.nhs.uk/using-the-nhs/nhs-services/hospitals/outpatients-and-day-patients/
https://www.nhs.uk/using-the-nhs/nhs-services/gps/referrals-for-specialist-care/

However: Good Practice from the Academy of Medical Royal Colleges

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www.aomrc.org.uk/reports-guidance/please-write-to-me-writing-outpatient-clinic-letters-to-patients-guidance/

The Responsible Officer and Appraiser Network (**ROAN**) has produced an **Information Sheet 23, called: Quality improvement: best practice for clinical letters: Write 'to', not 'about'. It includes the following guidance:**

"Good written communication is essential to good clinical care. For a Doctor looking for a suitable quality improvement activity, an Appraiser may consider suggesting a review of clinical letter-writing practice. The Academy of Medical Royal Colleges has published guidance on this topic: Please write to me: Writing outpatient clinic letters to patients. It promotes the practice of writing to the patient, copying in the receiving clinician, compared with the traditional habit of writing to the clinician and copying in the patient.

For an individual clinician, this may be a more challenging adaptation than it at first appears. However, it can have a big effect on the way the doctor communicates with patients in the clinic and afterwards.

VISIT TO BRIERLEY HILL AND BRISTOL 111 CENTRES

After participating in visits to the 111 Centres in South East London and producing a report with 25 recommendations to the London Ambulance Service, HAPIA members met with leaders of the West Midland Ambulance Service and Care UK in Bristol to learn about the developments at these two locations.

Reports on these visits are available from HAPIA. Care UK 111 service was the only 111 to get an outstanding rating from the CQC.

The report on our visit to the LAS 111 service and recommendations can be found at: www.patientsforumlas.net/uploads/6/6/0/6/6606397/111_report_recs-_12-12-2019_-_website_version_-_pcl.pdf

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HAPIA SLEEP CLINIC MINI PROJECT

HAPIA was contacted by a distressed member who was trying to get treatment for serious and chronic Insomnia.

Attempts to get a referral to an Insomnia Clinic were proving difficult because his GP said there was no local service. HAPIA wrote to PALS in all NHS Acute Trusts in London (including mental health trusts):

> "Can you please tell me if your hospital provides treatment for chronic insomnia, to patients who have long-term sleeplessness problems, for which medications like Zoplicone, Melatonin and Promethazine have failed to work?
>
> These patients sometimes may not sleep for several nights and are at risk of both mental and physical health problems as a result of loss of sleep. If you do run a Clinic that can provide treatment for this condition, can you please tell me what the Clinic is called and what is the name of the Consultant that leads in provision of this service?"

All PALS service responded except for the Homerton Hospital in East London.

Only two Clinics were identified:

- The Royal London Hospital for Integrated Medicine (RLHIM)
- Guy's and St Thomas' Hospital.

However, when the member was referred to General Sleep Clinic at Guy's, he was told that his sleep problems were not serious enough for the General or the Urgent Clinic (for patients who have occupations that might be adversely affected by loss of sleep, e.g. drivers or unusual sleep behaviours can cause, or have the potential to cause, serious harm to themselves or others).

Our member was, therefore, referred to the RLHIM (UCH) where he received excellent and successful care.

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Devon Health and Social Care Forum
South West Branch of HAPIA
Local Reports

James Bradley

"The current Pandemic has posed many problems for a variety of reasons, and combined with our inability to meet and maintain the membership, the South West Branch of (HAPIA/Health and Care Forum) has had to totally rely on virtual connectivity. Notwithstanding the limitations, members are still participating in a range of co-productive and collaborative meetings.

Regional HAPIA representative Elli Pang always ensures that members in the South West receive the latest high-quality information to enable informative discussion. The daily bulletins enable us to better collaborate with and participate in organisations including NHS England's 'specialised services', Devon CCG, Devon County Council, NHS Foundation Trusts, the Local Hub Advisory Group, West Devon CVS and my own GP Practice PPG".

Richard Bowes

"The daily circulation I receive from HAPIA is extremely helpful. As Chairman of the Advisory Board at the Hub at Budleigh Salterton, I find this a relevant and helpful back-up in my discussion with colleagues.

The Budleigh Health Hub serves as an example of a community-led health project, being developed by Westbank Community Health, the League of Friends of Budleigh Salterton Hospital, Northern, Eastern and Western CCG, the Royal Devon and Exeter NHS Foundation Trust, NHS Property Services and local GPs.

The Budleigh Hub provides health, wellbeing, social care and voluntary sector services in one place, enabling collaboration and integration among them. The principal role of the board is to champion the Hub for its users".

Roger Trapani

"Daily HAPIA updates are extremely useful. I am a lay advisor to Devon County Council on Adult Services and for the two NHS Commissioning Groups for Devon".

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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** **Improving doctor's performance**	This Good Practice Guide has been prepared by HAPIA, to enhance an understanding of the principles and benefits of sharing information with 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

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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 2019, 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 _____2020

and is signed on their behalf by:

_____

Malcolm Alexander
Director/Chair

John Larkin
Director/Company Secretary

_____

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INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 DECEMBER 2019

	2019 Unrestricted Funds	2019 Total	2018 Total
	£	£	£
Incoming Resources			
Donations	-	-	-
Membership and Conference Fees	225	225	120
Payment for use of HAPIA resources	-	-	-
Total Incoming Resources	225	225	120
Resources Expended			
Hire of Conference Halls and Events Management	-	-	-
Steering Group Expenses (including hire of rooms/travel)	28	28	135
Stationery, websites and other administrative expenses (including data analysis)	76	76	63
Companies House fees expenses	40	40	80
Total resources expended	144	144	278
Net Income (expenditure) for the year	81	81	(158)
Total funds brought forward	822	822	980
Total funds carried forward	903	903	822

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BALANCE SHEET
31 December 2019

CURRENT ASSETS	2019 £	2018 £
Cash in hand	-	-
Cash at bank	903	822
Debtors	-	-
CREDITORS		
Amount falling due within one year	-	-
Total assets less current liabilities	903	822
Total net assets	903	822
RESERVES		
Unrestricted funds	903	822
Total Charity Reserves	903	822

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 2019 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

_____2020 and signed on their behalf by:

_____

Malcolm Alexander — Director/Chair

John Larkin — Director/Company Secretary

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GLOSSARY

AvMA	...	Action against Medical Accidents
BHA	…	Black Health Agency
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
MHCC	…	Manchester Health and Care Commissioning
NHSE	…	NHS England
NHSI	…	NHS Improvement
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
PoS	…	Place of Safety
PPI	…	Patient and Public Involvement
RAG	…	Red Amber Green
STP	…	Strategic Transformation Plan
TB	…	Tuberculosis
URL	…	Uniform Resource Locator

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APPENDIX ONE – NHS CONSTITUTION 20 PLEDGES

Pledges

This Constitution also contains pledges which the NHS is committed to achieve, supported by management and regulatory systems. The pledges are not legally binding because they express an ambition to improve, going above and beyond legal rights. There are 20 Pledges which include:

The NHS pledges to:

1) Provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution.

2) Make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered.

3) Make the transition as smooth as possible when you are referred between services, and to put you, your family and carers at the centre of decisions that affect you or them.

4) Identify and share best practice in quality of care and treatments.

5) Provide screening programmes as recommended by the UK National Screening Committee.

6) Ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively.

7) Ensure if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS Constitution.

8) Anonymise the information collected during the course of your treatment and use it to support research and improve care for others.

9) Ensure where identifiable information has to be used, to give you the chance to object wherever possible.

10) Inform you of research studies in which you may be eligible to participate.

11) Share with you any correspondence sent between clinicians about your care.

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12) Inform you about the healthcare services available to you, locally and nationally.

13) Offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the range and quality of clinical services where there is robust and accurate information available.

14) Provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services.

15) Work in partnership with you, your family, carers and representatives.

16) Involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one.

17) Encourage and welcome feedback on your health and care experiences and use this to improve services.

18) Ensure that you are treated with courtesy and you receive appropriate support throughout the handling of a complaint; and that the fact that you have complained will not adversely affect your future treatment.

19) Ensure that when mistakes happen or if you are harmed while receiving health care you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again.

20) Ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services.

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APPENDIX TWO – 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 THREE – 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

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- Lay people involved in Patient Participation Groups, Clinical Commissioning Groups, Specialised Commissioning Groups, Local Area Teams (NHS England) and Quality Surveillance Groups

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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