



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 2017

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 2017 and their PORTFOLIOS

RUTH MARSDEN Yorkshire and Humberside Trustee, Vice Chair	Information and communications lead
MICHAEL ENGLISH London	President of HAPIA
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

WWW.HAPIA2013.org

**REPORT AND FINANCIAL STATEMENT FOR THE YEAR ENDED
31st DECEMBER 2017**

The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31 December 2017.

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 (re-elected 29 November 2017)
- 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) was formed under its original name of National Association of LINKs Members (NALM) as 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.

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 2017 websites were as follows:

- **www.hapia2013.org**
The main HAPIA website.
- **<http://www.healthwatchdevelopment.net>**
Details HAPIA's research into the development of LHW and its funding.
- **<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

HAPIA ACHIEVEMENTS IN 2017

A. Providing a voice for Healthwatch and Healthwatch Members

SHAPING THE NHS LEADERSHIP FOR THE FUTURE – HAPIA’S ROLE

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.

HEALTHWATCH IS A CAMPAIGNING ORGANISATION

Despite clear statements in Parliament, from Healthwatch England and the Local Government Association, many Healthwatches believe that campaigning is not permitted as a means of changing local health and social care policy. **We therefore produced a Healthwatch Campaigning Briefing Note to explain the situation clearly.**

Ministers have made clear that local Healthwatches have the right to campaign on issues of concern to the communities they represent, and that they can do this locally, regionally and nationally. Being able to demonstrate that the issue being campaigned on is of concern to the community is essential. There is no prohibition on Healthwatches working with politicians and political parties if this furthers the campaigning objectives of Healthwatch, but they must not act on behalf of, or promote the activities of, political parties. Campaigning activities must not dominate the work of Healthwatch, but they can be amongst a number of high level objectives. There is no prohibition on campaigning that seeks to improve local services. HAPIA was active in ensuring that the right of Healthwatch to campaign was well publicised in Parliament and with voluntary sector organisations.

The Regulations which facilitate campaigning activities are: The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations (2012). They were poorly written, which is a

serious failure for Regulations written to promote public involvement. The fact that nobody outside Whitehall was content with the way the Regulations were written serves to demonstrate the failure of the Government to appreciate for whom Regulations are written. Numerous members of the House of Lords agreed that the Regulations were poorly written, which served to strengthen our case for the Regulations to be written for the public, not for lawyers and Ministers.

The House of Lords 'Secondary Legislation Scrutiny Committee' reported that: "The Regulations may imperfectly achieve their policy objective", i.e. they were badly written. Health Ministers Lord Howe and Norman Lamb refused to rewrite the Regulations, despite pressure from the House of Lords, HAPIA, Healthwatch England and numerous other organisations. They did agree however to produce a document with the Local Government Association, which clarified the meaning of the Regulations. Healthwatch England produced clarification and committed to getting the Regulations rewritten, but this has never happened.

Lord Howe confirmed the Government's commitment made during the passage of the Health and Social Care Act 2012, that LHW would be free to conduct campaigns in relation to its statutory (s221) activities. He added that: "The ability of LHW to speak out publicly is an absolutely critical part of its role ... LHW has to ensure it is indeed reflecting a body of local opinion". He made it clear in the House of Lords that Healthwatch campaigning activities were lawful and should be encouraged, provided they were for the purpose of improving services.

Local Government Association Guidance

www.local.gov.uk/sites/default/files/documents/local-healthwatch-regulat-1b7.pdf

House of Lords Debate:

<https://publications.parliament.uk/pa/ld201213/ldhansrd/text/130205-0002.htm#13020573000440>

Regulations relating to the right of Healthwatch to campaign

The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012

http://www.legislation.gov.uk/ukxi/2012/3094/pdfs/ukxi_20123094_en.pdf

HEALTHWATCH ENGLAND Briefing note on Healthwatch Campaigning
www.healthwatch.co.uk/response/2013-03-25/highlighting-our-concerns-about-local-healthwatch-regulations

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

Public Involvement in the NHS: Legislation, Regulations and Duties

HAPIA's publication '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 at the centre of NHS planning, organisation and services' provision, wherever and whenever changes are planned for our services.

"We must put every citizen and patient voice absolutely at the heart of every decision we take in purchasing, commissioning and providing services"
National Director of Patients and Information at NHS England

There have many publications produced by NHS England and other bodies to highlight the importance of public involvement, but very often at a practical level patients and the public are excluded from real decision making. One of the best publications on PPI is called Real Involvement (DH 2008) which described the importance of users being involved in the consideration of proposals to change services and in the development of any proposal that will change the way in which a health service is provided and the range of services available. Very often consultation on major service changes are avoided by NHS Trusts and commissioners. They exclude the public and patients instead of involving them when proposals are at the formative stage.

The NHS Act (2006), which applies to all NHS Trusts and Foundation Trusts, requires health bodies to involve the public in service developments and changes. It requires involvement to be either direct or through representatives, and includes planning the provision of services and the development and

consideration of proposals for changes in the way services are provided (DH 2006, s242). Our publication also emphasizes the importance of the pledges and promises made in the NHS Constitution, a document which is often ignored and forgotten by NHS leaders.

Amongst the most important duties laid on the NHS by the Constitution is 3a - the right to be involved in the development of NHS services, and to receive information to enable patients and the public to influence and scrutinise the planning and delivery of NHS services.

HAPIA - STATUTORY DUTIES TO CONSULT ENGAGE AND INVOLVE NHS AND LOCAL GOVERNMENT-Legislation-Regulations - Duties

<https://www.hapia2013.org/>

REAL INVOLVEMENT WORKING WITH PEOPLE TO IMPROVE HEALTH SERVICES OCTOBER 2008

<https://tinyurl.com/ybmm22k4>

CASE LAW ON PUBLIC INVOLVEMENT

The most famous case law dealing with the duty to involve the public is Gunning v Brent Borough Council (1985) where it was agreed the decision-maker's discretion is not unbounded and cannot consult on a decision already made, because the outcome of the consultation is pre-determined and the process pointless (Sheldon 2012). The following 'Gunning principles' must be adhered to:

- (i) Consultation must take place when the proposal is at a formative stage;
- (ii) Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
- (iii) Adequate time must be given for consideration and response;
- (iv) Outcome of consultation must be conscientiously taken into account.

CONTINUING WEAKNESSES IN PRIMARY CARE

Retention and recruitment of GPs is an increasing problem in many areas, as is the acquisition of suitable modern premises and of appropriate management staff. Many services are heavily reliant on locum cover resulting in lack of continuity of care and increasing reliance on inadequately tested and poorly performing and monitored 'e- systems'. Deficiencies identified in the contexts of 'information governance', issues of 'consent' and 'general data protection' are being challenged by HAPIA members.

CONTRACTING OPPORTUNITIES? – LOCAL HEALTHWATCH OUT TO TENDER

Information continues to be collated and distributed by HAPIA regarding the re-letting of contracts for LHW and for Independent Advocacy Services (IAS). It is conspicuous that most bidding invitations fail to specify any value for the contracts, highlighting the long and accelerating trend for monies specifically allocated by the Department of Health to local government for LHWs and IASs being transferred 'ultra vires' to other local government services.

C. Promoting the capacity and effectiveness of HAPIA 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

ESSENTIAL INFORMATION FOR PATIENTS

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

The Department of Health Guidelines (2003) on copying letters to patients are entitled: '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 the guidelines.

- 1) NHS Choices is commissioned by NHS England and delivered by NHS Digital. Its website claims that the NHS Choices aims to be transparent, focused on user insight, measurement and outcomes, and combines objectives from both health and social care. It claims that it is committed to continuous transformation to ensure it meets evolving user needs and adapts to changing technologies. NHS Choices has an NHS Choices Commissioning Board, which defines and manages the strategic direction and priorities for NHS Choices. Members of the board include representatives from NHS England, Department of Health, GOV.UK, Public Health England, the social care sector, the NHS Choices User Council and the NHS Choices Clinical Assurance Board. We found communicating with NHS Choices very difficult. They do not readily communicate with the public.

- 2) We wrote to the NHS Choices Service Desk which is responsible for the website content and operational issues on www.nhs.uk, and asked them why the NHS Choices website contains no information about the NHS Constitution PLEDGE to share with patients all correspondence sent between their clinicians about their care. NHS Choices replied: “As the issue you have raised does not relate to the website we are unfortunately unable to advise you on this matter”.
- 3) HAPIA told NHS Choices that they are completely wrong in omitting the information and that it is essential that the NHS Choices website includes information about the NHS Pledge to copy letters to **patients**. We asked for contact with their Chief Executive.
- 4) We also provided them with a link to the Department of Health’s ‘Good Practice Guidelines’ on copying letters to patients:
<https://tinyurl.com/y7kdubew>
www.hapia2013.org/uploads/6/6/0/6/6606397/copying_letters_to_patients_guidelines_copy.pdf
- 5) We highlighted the following paragraph from the Department of Health document:
“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”.
- 6) We then wrote to Cleveland Henry, Chief Executive of NHS Choices explaining that we had received a very poor response, and when we had tried to follow up this issue got no response. We said that: “It is hard to find out who runs NHS Choices, and how to raise issues and that its governance needs to be checked, because as a public body we expect more of NHS Choices in terms of accountability. We again asked for the Copying Letters to Patients Guidance to go on their website.
- 7) Contacting the Chief Executive proved too difficult and the Chief Executive’s office therefore put us back to the Service Desk Team Leader Aaron Stoute who apologised for the confusion and was very positive about our request for the NHS Pledge on copying letters to patients to be placed on the NHS Choice website. He asked why we believe it is essential that NHS choices website provides this information and sent off

our request to the 'subject matter expert' (Aaron.stoute@nhs.net 0113 3974258).

- 8) We explained to Aaron that it is essential that patients know that they have a right to be copied into letters sent to their GPs and also have the choice not to receive them or to receive them in their own language or in a form that recognises their communication preferences. NHS Choices is the ideal place for this information.
- 9) After some delay, Aaron sent a helpful response: "I was waiting for our subject matter expert to get back to me before giving you a formal response. By way of an informal response; personally I believe this information should be on our website especially since the former publication from the DOH has been archived. Although I can't speak for the subject matter expert; I would assume that he would be trying to get a more recent iteration of the document. I will let you know as soon as I have a response from him".
- 10) The response from the "subject matter expert" truly lacked competence. The "Expert" presumably had not read the NHS Constitution and wrote as follows:

"Sharing Information with Patients, is a Department of Health publication for health professionals that appears to have been published in 2012 and since archived. We wouldn't publish that document on NHS.UK because it doesn't fall within our remit (we don't publish information for professionals on NHS.UK). I don't know if this guidance is current or aligned with Department of Health policy. So as this does not fall within our remit we will not be including this on our website". Aaron Stoute added: "Apologies; I know this is not the answer you were looking for; in all likelihood the only exception would be if we are directed to do so by the DOH".
- 11) We replied: "Perhaps you need a new subject expert. Someone with insight and understanding of patient choice, patients' rights and the duties of the NHS". We again asked to elevate the matter.
- 12) Still not quite understanding the importance of a **patient's** right to receive copies of letters about them sent to other health professionals, NHS Choices wrote: "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. **It is not intended as a document repository for clinicians as mentioned by our subject matter expert: "we don't publish information for professionals on**

NHS.UK". "If you truly believe it to be in the best interest of the public for this document (which is available elsewhere and is potentially out of date) to be on our website I would recommend contacting the Department of Health. My manager has been informed and has been given a copy of this e-mail trail. The Subject matter expert, Product owner or my Manager will be in contact with you shortly".

13) We then heard from Charles Creswell (charles.creswell@nhs.net), Care and conditions lead for NHS Choices, who wrote: "I've picked up your correspondence with our service desk on the issue of DH guidance on copying letters to patients. I'm sorry we've not so far provided you with a satisfactory response. Would it be helpful to have a direct conversation? I'd be delighted to discuss what we might most usefully do for the public on this issue".

14) The conversation took place on 18th August 2017 when Charles Creswell agreed that the information about copying letters to patients should go on the NHS Choices website because it is in the NHS Constitution.

15) **We contacted NHS Choices a year later and they said:**
"Please confirm what you mean by the 'Copying Letters to Patients Guidance' Once we have this information we will be able to advise further".

SPECIALISED CANCER DIAGNOSTICS

Input continues to be provided by HAPIA to the 'Clinical Reference Group for Specialised Services' on draft clinical commissioning policies, e.g. ¹⁸F-fluorodeoxyglucose (FDG) positron emission tomography-computed tomography (PET-CT), which is a radical radiotherapy treatment for oesophageal and rectal cancers. HAPIA is involved in the review of policy proposition and of associated evidence. Similar work is being maintained with the Radiotherapy Clinical Reference Group.

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

THE COMPLAINTS CHARTER

The Complaints Charter was originally developed through Hackney Healthwatch following a large public meeting on complaints in January 2017. Support was obtained from local hospitals, the CCG, Local Authority, Health and Wellbeing Board and the Local Pharmaceutical Committee who are all joint signatories.

Working with the Patients' Forum for the LAS, we presented the Charter to the London Ambulance Service and it was redesigned as the Complaints Charter for Urgent and Emergency Care. It was agreed by the LAS Board, has been published in NHSE accessible language format, sent to 5000 LAS members and appears on the LAS website.

LAS COMPLAINTS CHARTER FOR URGENT AND EMERGENCY CARE
www.londonambulance.nhs.uk/wp-content/uploads/2018/02/Complaints-charter-November-2017.pdf

HACKNEY COMPLAINTS CHARTER FOR HEALTH AND SOCIAL CARE
www.healthwatchhackney.co.uk/wp-content/uploads/2018/03/ComplaintsCharter-V7-2017.pdf

See Appendix Three

DUTY OF DOCTORS TO PROTECT THE CONFIDENTIALITY OF PATIENTS

We raised with the General Medical Council the duty of doctors to ensure that they did not disclose to the Home Office information about the immigration status of their patients. We asked them if the GMC had issued guidance to doctors or to the public on the disclosure of information. The Confidentiality Guidance (Confidentiality: good practice in handling patient information) can be found at: www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality/about-this-guidance

We described to the GMC the case of a patient being treated for TB in the NHS, who was an irregular migrant (did not have leave to remain), and who was told

by her GP that she would be reported to the Home Office, because she had no right to stay in the country and receive treatment for TB.

We advised that the GP was mistaken and that the patient has a legal right to receive TB treatment and that her GP was bound by GMC guidance not to disclose information about the patient to the Home Office. The GP withdrew his threat, but we decided to seek clarification on GMC guidance in case the person received any further threats. We asked the GMC Chief Executive if he would provide public assurance that doctors breaching the confidentiality of patients who are 'irregular migrants' would be subject to disciplinary procedures.

The GMC provided a detailed response but not an absolute assurance that the patient was safe. Public Health England have confirmed that they cannot override a Home Office decision to remove a person who is suffering from TB and has a right to treatment in the UK. The Home Office also failed to give an assurance on this point.

The GMC told us:

The relevant principles in the GMC guidance that every GP should be following when considering making a disclosure to the Home Office regarding deportation of a patient:

"In our guidance to doctors on *Confidentiality* (2009) we make clear that patients have a right to expect that information about them will be held in confidence by their doctors. However, whilst confidentiality is an important duty, it is not absolute, and personal information (such as your immigration status) can be disclosed to a third party (such as immigration authorities) without your consent if it is required by law or can be justified in the public interest (paragraph 22). There are some circumstances in which NHS hospitals are obliged to share information with the Home Office about patients who are classed as 'overseas visitors' (which includes people who have no legal basis to remain in the UK) who have outstanding debts to the NHS. **Our understanding is that this obligation does not apply to GP practices, but we are unable to advise you on the details of the policy**".

"If information is not required by law, then a doctor will need the patient's consent or another legal basis for making the disclosure. Some disclosures can be justified in the public interest. The framework that your GP should be applying if he is considering making a disclosure in the public interest is set out in paragraphs 36-39, 51-52 and 53-55 of our *Confidentiality* guidance. When considering the public interest, your GP must consider whether the benefits (to you or anyone else) of the disclosure outweigh both the public and your interest in keeping the information confidential, as well as whether the

possible harms (to you or to anyone else) of not releasing the information outweigh the possible harms of doing so, both to you and to the overall trust between patients and doctors”.

“At paragraphs 53-55 of the guidance we advise doctors that disclosure of personal information without consent may be justified in the public interest if failure to disclose:

- may expose others to a risk of death or serious harm, or
- would be likely to assist in the prevention, detection or prosecution of serious crime, especially crimes against the person.

There is no agreed definition of ‘serious crime’. *Confidentiality: NHS Code of Practice* (Department of Health, 2003) gives some examples of serious crime (including murder, manslaughter, rape and child abuse; serious harm to the security of the state and public order and ‘crimes that involve substantial financial gain or loss’ are mentioned in the same category). It also gives examples of crimes that are not usually serious enough to warrant disclosure without consent (including theft, fraud, and damage to property where loss or damage is less substantial”).

“Whether or not a disclosure can be justified in the public interest is a matter for a doctor’s professional judgement. We would expect the doctor to take into account the principles set out in our guidance when considering the issues, and to be able to explain the reasons for the decisions he has reached”.

“Turning next to your question as to whether there is anything that you can do to prevent your GP informing the immigration authorities of your immigration status. I would suggest having a further discussion with your GP so that you can bring our guidance to his attention and explore further his reasons as to why he considers disclosing your immigration status to the authorities without your consent can be justified”.

“If following your discussion, your GP still decides to make a disclosure and you continue to disagree with his reasons then you can of course make a complaint under the local complaints process. Your GP should be able to provide you with more details on this”.

We are continuing to seek assurances from the GMC regarding disciplinary action against doctors who disclose information to the Home Office, without the consent of the patient, and have asked them to produce advice to doctors and patients on this issue. The deportation of a person with TB who is not treated may cause the person to suffer actual harm and cause harm to others through infection.

TRAINING OF GPs IN IDENTIFICATION & TREATMENT OF TUBERCULOSIS

We contacted Clinical Commissioning Groups across the country to seek information on their training in relation to the diagnosis and treatment of TB. We were trying to establish whether there was a link between the competence of GPs in the diagnosis and treatment of TB and local incidence of the disease.

We put the following FOI questions to 30 CCGs:

- a) How many GPs in your CCG area received training to develop strategies in their practice to improve the prevention, diagnosis and management of TB?
- b) How many GP practices in your CCG area employ staff who have received training to develop strategies within their practice to improve the prevention, diagnosis and management of TB?
- c) How many health care professionals other than GPs, within your CCG area, have received training to develop strategies within their practice to improve the prevention, diagnosis and management of TB?
- d) What TB services are there in your CCG area, how many staff in each team, the profession of each person in each team and the location of each team?
- e) How many outreach workers are there in your CCG area responsible for TB case finding/ and contact tracing in the community?

The results from the CCGs were often disappointing, but there were some outstanding replies. See the table that follows:

CCG	EXAMPLES OF RESPONSES TO OUR FOI ON TB TRAINING FOR GPs
Central Manchester	<p>NHS Central Manchester CCG does not hold this information. NHS England does. To make a Freedom of Information request to them, please follow this link: http://www.england.nhs.uk/contact-us/foi/.</p> <p>NHS North, South and Central Manchester CCGs do not hold this information. You will need to contact NHS England as NHS England commissions TB under specialist commissioning and Public Health England which has overview of all other TB services and are responsible for collecting all data related to LTBI/TB Services.</p> <p>NO INFORMATION HELD ON GP TRAINING</p>

Sandwell and West Birmingham	Regarding the number of GPs practices with staff who have received training to develop strategies within their practice to improve the prevention, diagnosis and management of TB, 64 practices have signed-up to the LTBI programme, engagement has been via LTBI programme implementation.
Slough	<p>Twenty one GPs came to training on 6th October 2016 including two locums. Two practice nurses and one pharmacist also attended.</p> <p>13 of 16 practices have already received a visit from the TB Project Manager who was appointed on 22nd August 2016 to work until Easter to support this work. Some visits were just with the practice manager and some involved training of the whole practice team including administrative staff. We have just appointed two GP Clinical Leads on a part-time basis for six months to continue with training and support for these practices.</p>
South Reading	<p>16 GPs have been trained.</p> <p>14 practices where staff training has taken place.</p>
Bradford City	All practices across Bradford City have received instruction on the management of both TB and Latent TB Infection screening (LTBI) and refer patients as appropriate. We also use the Flag 4 data which acts as a safety net to ensure all appropriate patients are referred into the LTBI screening service.
Bristol	<p>A) Latent TB specific training was delivered to 5 GPs</p> <p>B) 8 practices for Latent TB specific training</p> <p>C) 3 admin/managerial staff in General practice for Latent TB specific training</p>
Coventry/Rugby	NO RESPONSE OR ACKNOWLEDGEMENT
Leicester City	A protected learning time (PLT) session was delivered in January 2016 by Dr Manish Parikh (Senior Clinical Lecturer in Infectious Diseases) and Dr Pranab Halder (Senior Lecturer (Respiratory Medicine)) to approximately 60 GPs and approximately 50 Practice Nurses on the identification and diagnosis of Latent TB Infection and Blood Borne Virus Infections (LTBI) in migrants. A separate session on the Latent TB Infection screening programme was delivered by Fiona Pimm, Lead Nurse Clinical Care to Practice Nurses in March 2016 to approximately 50 practice nurses
North Kirklees	The number of GPs in your CCG area who have received training to develop strategies within their practice to improve the prevention, diagnosis and management of TB.

	<p>We have a Kirklees wide TB Strategy Group (Kirklees Council, NHS Greater Huddersfield CCG, NHS North Kirklees CCG, Local Community Partnerships, Mid Yorkshire Hospitals NHS Trust, Calderdale & Huddersfield NHS Foundation Trust), which includes our community TB nursing team (from our community provider Local Community Partnerships) and Respiratory Consultants from both Acute Trusts, along with representation from Public Health England.</p> <p>On this basis strategies to improve the prevention, diagnosis and management of TB are discussed, explored and developed by this group. This assures a standardised approach and also makes it more streamlined in the direct support and implementation of approach across the 67 GP practices of both CCGs (29 in North Kirklees CCG and 38 in Greater Huddersfield CCG)</p> <p>NO INFORMATION HELD ON THE NUMBER OF GPs TRAINED</p>
Sheffield	<p>In April 2016, the CCG TB lead provided a workshop on TB and 301 GPs signed up. This was a general update regarding the TB strategy.</p>

Slough CCG advised us of the following event: How can we prevent Tuberculosis (TB)? Thursday 5th January 2017, Shenai Centre 75-77 London St. Reading RG1 4QA Or Thursday 26th January 2017, Copthorne Hotel Slough SL1 2YE

They told us:

“TB incidence in Reading and Slough has remained stubbornly high over the past decade and we now have a higher incidence of TB in Slough and South Reading than in London. Three-quarters of all TB cases occur in people born abroad. The early detection of Active TB infection and tracing those who may have been in contact is very important. But we also need to identify Latent (sleeping) TB (a third of the world have this). A person with Latent TB can feel well but have a 1 in 10 lifetime chance of it developing into Active TB which is a serious illness. Latent TB is not picked up by Chest X-Ray. We also need to ensure the appropriate children receive immunisation using the BCG vaccination. Reading and slough have specialist services to test and treat TB and Latent TB”.

RESPONSE FROM MANCHESTER PUBLIC HEALTH DEPARTMENT

The Protection Team will look at questions regarding GP training. Questions on GPs and Practices receiving training are difficult to answer, as record keeping on courses attended is done by individual practices (90 +) in Manchester. This is true for Q.(c) as individual organisations (i.e. 3 Manchester hospitals) will send staff on courses in Manchester and further afield. However we will be able to look at numbers attending specialist courses provided by our main TB treatment centre in Manchester and also answer questions d) and e). There is not a programme of training for GPs to routinely receive training via the TB units.

Many CCGs we contacted could not answer our questions, despite the fact that they are the commissioners for healthcare in their area, e.g.

“The CCGs are responsible for commissioning services, not providing them, CCGs are not responsible for providing primary care and as such do not train GPs and as such the providers are responsible for making sure that their service is provided by well-trained professionals”. NHS GREATER MANCHESTER COMMISSIONING SUPPORT UNIT

CCGs which could provide no information on TB training for GPs were: Birmingham Cross City, Bolton, Cambridgeshire & Peterborough, East & North Herts, Gloucestershire, Greater Huddersfield, Herts Valley, Leeds South & East, Liverpool, Luton, Manchester, Nene, Newcastle and Gateshead, North Kirklees, Nottingham City, Oldham, Oxfordshire, South Derbyshire, Walsall, Wolverton.

CCGs, local public health services and PHE were often unable to answer our questions; see for example the response from Manchester public health above. Despite the UK having the worst TB rates in western Europe, no NHS, local authority or PHE body requires GPs to be trained in the diagnosis of TB.

We anticipate that HAPIA’s detailed analysis in relation to training of GPs and incidence of TB will follow and be available on our website.

DISPROPORTIONATE REFERRAL OF BME REGISTRANTS TO NMC

HAPIA is represented on the NMC BME Advisory Committee which guided research and ongoing remedial support to the higher numbers of BME registrants being referred for fitness to practice investigations. This led to the publication of: ‘Progress and Outcomes of Black and Minority Ethnic (BME) Nurses and Midwives through the Nursing and Midwifery Council’s Fitness to Practise Process’ and a number of recommendations relating to comparative international studies on the regulation of nurses and midwives; induction programmes for new BME staff; the training of NHS managers in racism and discrimination; introduction of ‘unconscious bias training for NHS staff at an early stage in training in cultural awareness, discrimination and communication skills.

www.nmc.org.uk/globalassets/sitedocuments/other-publications/bme-nurses--midwives-ftp-research-report.pdf

Consultation Principles 2017 – Cabinet Office

A. Consultations should be clear and concise

Use plain English and avoid acronyms. Be clear what questions you are asking and limit the number of questions to those that are necessary. Make them easy to understand and easy to answer. Avoid lengthy documents when possible and consider merging those on related topics.

B. Consultations should have a purpose

Do not consult for the sake of it. Ask departmental lawyers whether you have a legal duty to consult. Take consultation responses into account when taking policy forward. Consult about policies or implementation plans when the development of the policies or plans is at a formative stage. Do not ask questions about issues on which you already have a final view.

C. Consultations should be informative

Give enough information to ensure that those consulted understand the issues and can give informed responses. Include validated impact assessments of the costs and benefits of the options being considered when possible; this might be required where proposals have an impact on business or the voluntary sector.

D. Consultations are only part of a process of engagement

Consider whether informal iterative consultation is appropriate, using new digital tools and open, collaborative approaches. Consultation is not just about formal documents and responses. It is an ongoing process.

E. Consultations should last for a proportionate amount of time

Judge the length of the consultation on the basis of legal advice and taking into account the nature and impact of the proposal. Consulting for too long will unnecessarily delay policy development. Consulting too quickly will not give enough time for consideration and will reduce the quality of responses.

F. Consultations should be targeted

Consider the full range of people, business and voluntary bodies affected by the policy, and whether representative groups exist. Consider targeting specific groups if appropriate. Ensure they are aware of the consultation and can access it. Consider how to tailor consultation to the needs and preferences of particular groups, such as older people, younger people or people with disabilities that may not respond to traditional consultation methods.

G. Consultations should take account of the groups being consulted

Consult stakeholders in a way that suits them. Charities may need more time to respond than businesses, for example. When the consultation spans all or part of a holiday period, consider how this may affect consultation and take appropriate

mitigating action, such as prior discussion with key interested parties or extension of the consultation deadline beyond the holiday period.

H. Consultations should be agreed before publication

Seek collective agreement before publishing a written consultation, particularly when consulting on new policy proposals. Consultations should be published on gov.uk.

I. Consultation should facilitate scrutiny

Publish any response on the same page on gov.uk as the original consultation, and ensure it is clear when the government has responded to the consultation. Explain the responses that have been received from consultees and how these have informed the policy. State how many responses have been received.

J. Government responses to consultations should be published in a timely fashion

Publish responses within 12 weeks of the consultation or provide an explanation why this is not possible. Where consultation concerns a statutory instrument publish responses before or at the same time as the instrument is laid, except in very exceptional circumstances (and even then publish responses as soon as possible). Allow appropriate time between closing the consultation and implementing policy or legislation.

K. Consultation exercises should not generally be launched during local or national election periods

If exceptional circumstances make a consultation absolutely essential (for example, for safeguarding public health), departments should seek advice from the Propriety and Ethics team in the Cabinet Office.

L. This document does not have legal force and is subject to statutory and other legal requirements.

For more advice contact: Sue Gray, Director, Propriety and Ethics Team and Head of Private Office Group, Cabinet Office. Sue.Gray@cabinetoffice.gov.uk

www.gov.uk/government/publications/consultation-principles-guidance

F. Promoting accountability in the NHS and social care to patients and the public

HAPIA AGM AND ANNUAL MEETING

The AGM for 2017 was held in south London on November 29th 2017

1) ANNUAL REPORT – 2016 – was received and adopted.

2) Debate in the House of Lords on Healthwatch

Ruth Marsden was thanked for her outstanding work on this initiative.

Proposed to seek a meeting with the CE of HWE – Imelda Redmond, to discuss the motion passed in the House of Lords and its implications for local and national Healthwatch. The following members agreed to attend such a meeting: Robin Kenworthy, Elsie Gayle, John Larkin, Ellie Pang and Malcolm Alexander.

3) CQC Public Involvement Strategy 2017-21

The recent strategy document on public involvement was noted and it was agreed to distribute to members.

4) Right of Healthwatch to Campaign

HAPIA's detailed work on the right of LHW to campaign to achieve service improvements was noted. It was agreed to publish a HAPIA report on the legal right to campaign, and to challenge misleading statements made by the King's Fund on the legality of HW campaigning.

5) Monitoring of Health and Social Care

Noted that the monitoring of H&SC was becoming more complex as more services were being operated by private and voluntary sector bodies that were less subject to public scrutiny. HAPIA will consider producing a statement on this issue.

6) Maternity Services

Elsie Gayle reported that many maternity services are underfunded and considered unsafe. The transformation proposals in Cumbria had been subject to public consultation, and the outcome of that consultation has since been published (November 20th 2017). HAPIA, in collaboration with local campaign groups, reviewed the proposals and raised issues concerning the downgrading of local services. The shortage of

obstetricians is a major problem, and the funding of maternity services is inadequate and currently subject to a tariff review. A Maternity Transformation Programme Board has been established, chaired by the Chief Executive of Birmingham Women & Children's Hospital.

The most recent mortality and morbidity review of new born babies and mothers has been published, but does not show geographically focussed data. MSLCs have been abolished and Women's Voice organisations are being established instead. Agreed to progress HAPIA's recommendations and submit questions to the NMC.

7) Copying Letters to Patients – NHS CHOICES

HAPIA wrote to NHS Choices asking why the DH directions on Copying Letters to Patients were not on their website. NHS Choices replied that the document was for doctors (not patients) and therefore not relevant to the NHS Choices. NHS Choices also argued that the directions had been archived and were therefore not relevant. Following an exchange of letters NHS Choices agreed that the document was relevant, was included in the NHS Constitution and they would put it on their website – but by late 2017 it was apparent that NHS Choices had still not done so. Agreed to publicise the failure to place this document on the NHS Choices website.

8) Tuberculosis and Immigration Status

Patients may be unwilling to receive treatment because of fears of deportation if they reveal their immigration status to their GP. HAPIA has written to the GMC to clarify what action would be taken against a doctor that breached confidentiality in this way. Their answer was not unequivocal with regard to the protection of patients. Agreed that HAPIA should request the GMC to confirm that doctors who breach the confidentiality of patients should be subject to investigation.

9) Immigration Removal Centres

HAPIA attempted to work with the NHS England Health and Justice Department, but their response has been very negative. In particular they have no concept of patient and public involvement. Attempts to check on the effectiveness of Safeguarding procedures have been very difficult, but further attempts to ensure the process is consistent with the legislation would be followed up. Agreed to:-

- Raise issue with Helen Grant MP for Maidstone.
Helen.Grant.mp@parliament.uk
- Review Safeguarding procedures for prisons and IRCs
- Use the FOI to question County Councils on their Safeguarding procedures relating to IRCs and prisons

10) Domiciliary Care

HAPIA research uncovered information about 'approved' care companies in the Midlands that were exploiting staff and depriving care receivers of their full care packages. The carers were given specified time slots for personal care and then told to see the next client immediately afterwards, giving no time for travel between clients, even if they were separated by several miles. Consequently, caring time was reduced for each client. In addition, no expenses were paid, but carers were expected to have cars and told to claim expenses from HMRC. Staff were blamed if clients complained of shorter time slots.

HAPIA raised this issue with the Care Quality Commission (CQC) and Northamptonshire County Council. Both replied and promised to take action. Detailed information from care workers was requested from HAPIA for safeguarding purposes, but if such information had been given the carer would have been sacked.

11) Regulation of Health and Social Care Workers

Noted there were proposals for the HCPC, GMC, NMC and other regulators to collaborate more closely. See Promoting Professionalism, Reforming Regulation (consultation 31st October 2017).

12) Fitness to Practice Procedures

Elsie Gayle expressed concerns about the impact of Fitness to Practice procedures on staff, especially nurses and midwives against whom allegations have been made. She said that it is believed there is an increased risk of suicide whilst staff are undergoing fitness to practice procedures. **Agreed** to seek information on this issue from the NMC.

13) Reporting Registrants

There is no NMC guidance for staff who are registered, with the NMC on how to report a fellow registrant if a breach of Fitness to Practice procedures is alleged. Ask NMC to produce guidance and place on their website.

14) Regulation of Domiciliary and Care Home Workers

Noted there were proposals for care workers to be included in the regulation framework of the HCPC. Agree to raise issue with Andrea Sutcliffe, CQC and with the HCPC.

15) Revalidation of Doctors

HAPIA has been actively involved in this process since inception, but the role of patients in revalidation was still virtually nil. HAPIA has a website on revalidation of doctors with leaflets for each hospital in London.

Agreed to produce a new leaflet on public involvement in revalidation for distribution to the voluntary sector and HW.

16) Healthwatch Development Website

This is the most used of HAPIA's websites but the data was no longer up-to-date. Agreed to discuss with Ruth Marsden and Lynn Clark to see if a new set of data could be collected to update the site.

17) Complaints Charter

Originally prepared by Healthwatch Hackney following a public meeting on complaints resolution, the Charter has been agreed by City and Hackney CCG, Homerton Hospital, East London Foundation Trust, City and Hackney Local Pharmaceutical Committee and the London Ambulance Service. It is also being offered to GPs, Dentists and Opticians. Malcolm Alexander made a presentation to London's Healthwatches on Development of the Charter.

Agreed to distribute the Charter widely e.g. through Healthwatch, Health Overview and Scrutiny, Health and Wellbeing Boards, and add a paragraph about NHS Resolution (formerly NHS Litigation Authority).

Action: Discuss distribution with Ruth Marsden, Lynn Clark and Polly Healy and consider if the issue of rights and pledges through the NHS Constitution can be added to the Charter.

18) Defibrillator Campaign

Success with installation of defibrillators in Sainsbury's and John Lewis was noted. The campaign to persuade Boots to install has continued and has been partially successful in that they have agreed to install but not to purchase. The Boots 'Save a Life' poster was noted and it was agreed to amend it to focus on human rights, rather than a boycott, e.g. *Right to respect for private and family life*: (1) Everyone has the right to respect for his/her private and family life, his/her home and his/her correspondence.

Action: Malcolm Alexander to redesign poster.

19) Healthwatch Campaigning

Agreed to produce a publication on the law in relation to Healthwatch campaigning.

HAPIA PUBLICATIONS

<p>PUBLIC INVOLVEMENT IN THE NHS: LEGISLATION, REGULATIONS AND DUTIES 2017</p>	<p>The law on public involvement.</p>
<p>HEALTHWATCH CAMPAIGNING BRIEFING NOTE 2017</p>	<p>A collation of evidence demonstrating the right of local Healthwatch to campaign for service improvements.</p>
<p>HAPIA CONFERENCE REPORT 2014-Cath Gleeson & Mary Ledgard</p>	<p>Summary of Speakers' Presentations. Conference Speakers' Biographies.</p>
<p>PATIENT TRANSPORT SERVICES (PTS) HAPIA's recommendation for changes to PTS contracts October 2014</p>	<p>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.</p>
<p>QUALITY ACCOUNTS AND THE SCRUTINY ROLE OF LOCAL HEALTHWATCH HAPIA Briefing Note Catherine Gleeson 27 October 2014</p>	<p>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.</p>
<p>HEALTHWATCH AND IMMIGRATION REMOVAL CENTRES Healthcare for Asylum Seekers in Detention Centres August 2014</p>	<p>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".</p>
<p>COMPLAINTS AGAINST DOCTORS. SHARING INFORMATION WITH</p>	<p>This Good Practice Guide has been prepared by HAPIA, to enhance an understanding of the principles and</p>

PATIENTS AND CARERS Improving doctors performance	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
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	

MEMBERS AND AFFILIATES

During the year ended 31 December 2017, 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

_____2018

and is signed on their behalf by:

Malcolm Alexander
Director/Chair

John Larkin
Director/Company Secretary

**INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 DECEMBER 2017**

	2017 Unrestricted Funds	2017 Total	2016 Total
	£	£	£
Incoming Resources			
Donations	-	-	-
Membership and Conference Fees	297	297	490
Payment for use of HAPIA resources	-	-	-
Total Incoming Resources	297	297	490

Resources Expended			
Hire of Conference Halls and Events Management	-	-	-
Steering Group Expenses (including hire of rooms)	-	-	52
Stationery, websites and other administrative expenses (including data analysis)	161	161	-
Total resources expended	161	161	52

Net Income (expenditure) for the year	136	136	438
Total funds brought forward	844	844	406

Total funds carried forward	980	980	844
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BALANCE SHEET
31 December 2017

CURRENT ASSETS	2017 £	2016 £
Cash in hand	-	-
Cash at bank	980	844
Debtors - (outstanding payments for annual conference)	-	
CREDITORS		
Amount falling due within one year	-	-
Total assets less current liabilities	980	844
Total net assets	980	844
RESERVES		
Unrestricted funds	980	844
Total Charity Reserves	980	844

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 2017 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

_____ 2018 and signed on their behalf by:

Malcolm Alexander
Director/Chair

John Larkin
Director/Company Secretary

GLOSSARY

AvMA ...	...	Action against Medical Accidents
BME ...	...	Black and Minority Ethnic
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
HWBB ...	...	Health and Wellbeing Board
HWE ...	...	Healthwatch England
IAS ...	...	Independent Advocacy Service
ICAS ...	...	Independent Complaints Advocacy Service
IMB ...	...	Immigration Monitoring Board
IRC ...	...	Immigration Removal Centre
LA ...	...	Local Authority
LHW ...	...	Local Healthwatch
MSLC ...	...	Maternity Services Liaison Committee
NHSE ...	...	NHS England
NHSLA ...	...	NHS Litigation Authority
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 is the President of HAPIA.

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 company name changed in December 2013 to Healthwatch and Public Involvement Association.

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 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.

- (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, LGA, National Voices, 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

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.

APPENDIX THREE

COMPLAINTS CHARTER FOR HEALTH AND SOCIAL CARE



THE FOLLOWING ORGANISATIONS:

- Clinical Commissioning Group (x CCG)
- NHS Foundation Trusts (x FT)
- NHS Trusts (x NHS Trust)
- Borough Council (LBx)
- Local Pharmaceutical Committee (LPC)
- Local Dental Committee (LDC)
- Local Medical Committee (LMC)
- Local Optical Committee (LOC)

Note: x = insert local name/local details as appropriate where indicated.

ARE COMMITTED TO:

- MAKING HEALTH AND SOCIAL CARE IN x BETTERFOR EVERYONE
- VALUING YOUR COMMENTS, SUGGESTIONS AND COMPLAINTS
- ENSURING ALL COMPLAINTS ARE THOROUGHLY AND QUICKLY INVESTIGATED AND RESULT IN ENDURING SERVICE IMPROVEMENTS
- TREATING YOU WITH COURTESY, RESPECT AND SENSITIVITY AT ALL TIMES

WHEN YOU ARE DISSATISFIED WITH HEALTH OR SOCIAL CARE SERVICES

- Tell us as soon as possible if you are unhappy with our services so that we can investigate your concerns and quickly try to put things right for you
- Let us know if you would like to try informal resolution of your concerns about our services
- Tell us if you have any particular needs that we should be aware of, e.g. an interpreter, advocate or other ways of ensuring effective communication with you

- Have confidence in our commitment to resolving your complaints and concerns, and always treat staff as you would expect them to treat you - with dignity and respect

OUR COMMITMENT TO YOU - WE WILL:

- Acknowledge your complaint within three working days and explain how we will handle your complaint/s and what information we need
- Give you the name and contact details of the person or team that will investigate your complaint
- Be happy to update you on the progress of your complaint if you contact the complaints department during the period of investigation
- Ensure that making a complaint will not adversely affect your ongoing or future treatment or care in any way
- Listen to your proposals and suggestions for service improvements and implement them if we agree your proposals will improve patient care

WE WILL FOLLOW AN OPEN AND FAIR PROCESS BY:

- Listening to you carefully and making every effort to fully understand your complaint
- Requesting all the information we need from you
- Explaining how we will investigate all of your specific concerns
- Being open and honest with you throughout the investigation, e.g. by ensuring the Duty of Candour is complied with if you have suffered harm and ensuring you get copies of any relevant investigation reports
- Sharing, evidence, findings and facts with you once the process of investigation has been completed
- Ensuring you have access to the local complaints advocacy service and other appropriate advocacy services, to support and advise you during complaints investigations

- Explaining our decisions and recommendations, and how we have reached them
- Carefully evaluating all the information we have gathered to make a decision on your complaint, and explaining how to approach the Parliamentary and Health Service Ombudsman if you are dissatisfied with our findings.

WE WILL GIVE YOU AN EXCELLENT SERVICE BY:

- Always treating you with courtesy and respect
- Providing you with a full and detailed response to your complaint as soon as possible
- Always responding fully to your complaint within 30 working days, unless there are exceptional circumstances - in which case we will explain the reasons for any delay
- Making sure our services are easily accessible to you and giving you support and help if you need it
- Ensuring the information you give us is held securely and confidentially

USE YOUR COMPLAINT TO IMPROVE SERVICES BY:

- Listening to your feedback and using it to improve our services
- Offering to meet with you to discuss your complaint
- Apologising if we have made mistakes and aiming to quickly put things right whenever possible
- Sharing with you what we have learned from investigating your complaint and telling you how we are working to improve services
- With your consent, sharing what we have learnt from your complaint with other health services, local authorities, commissioners, patients, Healthwatch and other patients' and social care groups.

WHAT YOU CAN EXPECT FROM THE ORGANISATION YOU HAVE COMPLAINED TO:

- Addressing your complaint as quickly and effectively as possible
- Giving you any information you request, which is relevant to your complaint, within a reasonable amount of time.
- Show you how we have taken action on the recommendations arising from your complaint
- Consider a claim through our normal process for reimbursement if you have suffered loss as a result of our actions

THE OMBUDSMEN

The Parliamentary and Health Service Ombudsman can investigate and make final decisions on complaints that haven't been resolved locally by the NHS. The Local Government and Social Care Ombudsmen can investigate complaints about social care providers.

The Parliamentary and Health Service Ombudsman:
Tel: 0345 015 4033.
www.ombudsman.org.uk

Local Government and Social Care Ombudsman:
Tel: 0300 061 0614
www.lgo.org.uk/forms/ShowForm.asp?fm_fid=62

THE INDEPENDENT HEALTH COMPLAINTS ADVOCACY SERVICE

The Independent Health Complaints Advocacy Service for x, will support and advise people who wish to make complaints about local NHS services and promote delivery of the Complaints Charter. Their service is free and confidential.

HEALTHWATCH x

Will promote delivery of the x Complaints Charter, by working with the organisation that has jointly signed the Charter to monitor compliance, propose service improvements and signpost you to appropriate services

ACCESS FOR EVERYONE

Please let us know if this Charter is needed in different languages or formats, e.g. Easyread, large print or any other format. We will comply with the NHS Information Standard.

TELL US WHAT WENT WELL

We want to know what went well for you so that services can be improved by learning from your experiences.

CHARTER REVIEW

This Charter will be reviewed biennially by its signatories and the Health and Wellbeing Board for x.

NOTE: Duty of Candour (DoC) is a legal duty on hospital Trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. The DoC aims to help patients receive accurate and truthful information from health providers and to achieve a wholly transparent culture in health provision – being open when errors are made and harm caused.

WHO DO I CONTACT FOR MORE INFORMATION?

If you would like to talk about your concerns with someone independent from the care team, or get detailed information about each step of the NHS complaints process, you can contact the Patient Advice & Liaison Services (PALS) at x FT/NHS Trust. PALS can also help you resolve issues and problems quickly and informally.

X NHS Foundation Trust (x FT)

Can be contacted at:

- Tel: x
- Email: **PALS@x**
- **Tel: Complaints x**
- Post: x
- Website: x

X NHS Trust (x NHS Trust)

Can be contacted at:

- Tel: **PALS@x**
- Email: x
- Tel: **Complaints: x**
- Post: x
- Email: **x**

X Clinical Commissioning Group (xCCG)

- Address: x
- Tel: x
- Email: x
- Website: x

Borough of x (B of x)

Adult Social Care Complaints: x

Can be contacted at:

- Tel: x
- Post: Adult Social Care Complaints, Borough of x, address x
- Email:x.

Children and Young People's Access and Assessment Social Work Service:

Can be contacted at:

- Tel: x (Mon-Fri 9-5pm), x (Emergency Out of Hours)
 - Post: Children Social Care Complaints, x
 - Email: x
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