HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Patient and Public Involvement in Health and Social Care

HAPIA CONFERENCE REPORT 2014

Primary Care – Beyond Chaos and Complexity

A Report By: Catherine Gleeson and Mary Ledgard

Healthwatch and Public Involvement Association
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HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

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STEERING GROUP 2014-5

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CHAIR	Malcolm Alexander
VICE CHAIR	Ruth Marsden
EAST OF ENGLAND	Mary Ledgard
MIDLAND	Elsie Gayle
LONDON	Malcolm Alexander and Michael English
NORTH WEST	Catherine Gleeson
SOUTH EAST/CENTRAL	Len Roberts and Anita Higham
SOUTH WEST	Elli Pang
YORKSHIRE-AND HUMBERSIDE	Ruth Marsden

With special thanks to Action Against Medical Accidents (AvMA) and Polly Healy for their outstanding work in ensuring the success of our Conference

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AIMS AND OBJECTIVES OF HAPIA

1. Support the development of Local Healthwatch 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, challenging and influencing 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 the 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.

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Primary Care
Beyond Chaos and Complexity

INTRODUCTION

The focus of the 2014 HAPIA Annual Conference was on the importance of Primary Care fully serving the needs of patients and communities - and the further development of a proactive public involvement movement within primary care.

We also wanted to explore and investigate some of the practices that have developed in primary care following the introduction of CCGs, for instance, the chaotic system for investigating complaints, and the sham approaches to public involvement where GPs are now formally the representative and voice of the patient.

The outstanding speakers gave critical insights into all of the major components that determine the safety and effectiveness of primary care, and looked in detail at some of the associated areas of best practice that enable patients and the public to dig deep into critical area of decision making in the NHS and social care.

HAPIA is a lay organisation established to support the development of effective public involvement in health and social care services; encouraging effective, influential, democratic and accountable systems.

The Conference presentations illustrated ways in which genuine empowerment by patients, care receivers and carers can influence planners, commissioners and providers.

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Conference Speakers

Malcolm Alexander … HAPIA … In the Chair – Morning session
Elsie Gayle … … … HAPIA … In the Chair – Afternoon session

REDEVELOPMENT OF PRIMARY CARE … … … Dr. Marc Bush

Director of Policy and Intelligence, Healthwatch England

IS PRIMARY CARE SAFE? … … … … … Peter Walsh
Director of Action Against Medical Accidents (AvMA)

REFORMING THE NHS COMPLAINTS SYSTEM … … Kevin Holton
Deputy Director of Patient Experience, NHS England

EMPOWERING THE COMPLAINANT AND
DEVELOPING THE ROLE OF THE OMBUDSMAN … … Mick Martin
Managing Director, Health Service Ombudsman

THE CRISIS IN PRIMARY CARE … … … Dr. Jackie Applebee
East London GP

HEALTHWATCH AND THE LEWISHAM HOSPITAL
CAMPAIGN … … … … … … … … Miriam Long
Healthwatch Lewisham

COMMUNITY INVOLBEMENT IN PROMOTING
HEALTHIER VISION … … … … … … Roger Clifton
East London Vision

MEDICAL JUSTICE Dr. Hilary Pickles
HEALTHWATCH BEYOND THE BARBED WIRE … …Dr. Kristine Harris

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SUMMARY OF SPEAKERS PRESENTATIONS

All presentations are available at: http://www.hapia2013.org/2014.html

Malcolm Alexander, Chair of HAPIA

Malcolm gave an overview of Primary Care, acknowledging that GPs and their teams have improved in many ways, but that there are significant problems with the primary care system. These include:

- Inadequate capacity to meet patients' needs and expectations
- The need for better planned, accessible and more effective primary care services
- Funding cuts for many Practices
- Regulatory lack of focus on safety, for example, NHS England not requiring Primary Care to respond to 'Patient Safety Notices' in the same way as hospitals
- CQC reports not putting patient safety as top priority in determining how well organisations are working
- The complaints systems not working – posing the question 'what is the problem with designing a good complaints system?
- Lack of confidence in the accuracy of national data on complaints by the Health and Social Care Information Centre (HSCIC) – e.g. there is a paucity of data on complaints against primary care practices and confusion about the percentage of complaints that were upheld.

Malcolm said that the provision of Primary Care for people with mental health conditions is often particularly poor. Patients are being told by acute providers to get their mental health care from their GPs, but many Practices are not competent to provide effective mental health care.

Primary care often suffers from a lack of systematic training and expertise of GPs in mental health care.

In addition A&E departments are not usually appropriate and adequate places for people who are acutely ill with mental health problems.

Other major threats to the future of the NHS, include the Government's support for Transatlantic Trade and Investment Partnership (TTIP), currently being negotiated between the United States and the European Union. This will enable American and European companies to take over and shatter primary and acute NHS services … and further undermine effective patient and public involvement.

Dr. Marc Bush, Former Director of Policy and Intelligence, Healthwatch England

The title of the presentation, "Putting people back into the reforms of health and social care" emphasised the key role of HW the consumer's' champion', in ensuring that the patient and public voice is at the centre of NHS and social care reforms.

Attention was drawn to the scale of reforms in the pipeline, in addition to the Health and Social Care Act, i.e. the Care Act 2014 - the Children and Families Act 2014 - and the Consumer Rights Bill (2015).

Marc gave a detailed exposition of the role of GP services, the problems GPs face and the factors that colour the public's views of the services they receive. He said LHW has the tools and community engagement experience to support communities to improve primary care, and HWE the statutory clout to support the necessary improvements.

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Marc acknowledged that the multiple layers of statutory changes made it difficult to hold primary care service providers to account. He added that there are numerous escalations from LHW to HWE concerning problems in Primary Care.

- Healthwatch needs to develop effectively at local level. The continuous abolitions of patient involvement organisations over the past 10 years have been disastrous. A commitment is needed for stability of LHW over the next five years.

Peter Walsh, Director
Action against Medical Accidents (AvMA)

Peter said that AvMA is the '*independent charity for patient safety and justice'*, providing advice and support to individuals who have suffered a medical accident. AvMA also works collaboratively with the NHS, Government and lawyers, and jointly with HAPIA.

He said that most Primary Care is safe, but no-one knows how safe - with estimates of patient safety incidents at between 5 and 80 per 100,000 consultations (Sanders and Esmail: FamPract. 2003: 20: 231-6). The level of reporting of incidents in both mental health settings and primary care is much lower than in acute hospitals, and only a tiny number are reported from GP Practices.

The main primary care concerns brought by individuals to AvMA are diagnosis (delay, none, or wrong) and medication errors, followed by out-of-hours services.

AvMA recommends that regulation of GP Practices by the CQC should be much tighter. Peter queried why there is no regulatory action against primary care Practices that fail to report patient safety incidents - or deal poorly with complaints.

He also asked why implementation of Patient Safety Alerts in Primary Care was not subject to reporting in the same way as in hospitals, i.e. why GP Practices were not required to demonstrate that they have implemented Patient Safety Alerts issued by NHS England.

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Kevin Holton, Deputy Director of Patient Experience NHS England

NHS England receives a range of patient specific information, including complaints data and 'Family and Friends' statistics. In asking patients: '*what do we want to achieve*?' key priorities included adequate signposting and ensuring that service users in all settings can easily give feedback.

Kevin said that transparent processes for patient feedback from patients should be easily accessible to all. Feedback has to be acted upon in order to improve local services and influence commissioning decisions. He said NHS England assumed responsibility for dealing with Primary Care complaints in 2013, and handled over 15,000 complaints during 2013-14. This is thought to be less than a third of Primary Care complaints made by patients, despite the requirement of front line practitioners to report all Primary Care complaints to NHS England.

Current barriers to resolving complaints satisfactorily include identifying who is accountable … people hiding behind bureaucratic structures - contractual issues and the challenge of complaints involving more than one organisation.

NHS England is working with a stakeholder group to improve complaints handling which includes:

- Which?
- The Patients' Association
- Healthwatch England
- CQC
- VoiceAbility.

Kevin said it would take 18 months to 2 years to get the complaints system right. They are looking at more effective signposting for people making complaints and new leaflets.

NHS England is also considering surveying complainants about their experience. Work to improve complaints systems is developing in tandem with the Health Ombudsman and will be further developed with the Care Quality Commission and Healthwatch England.

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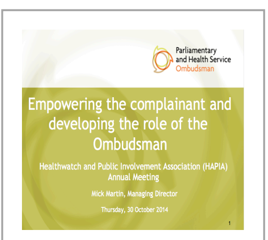
Themes that have come to light from complaints investigations include: lack of transparency by dentists when charging patients for treatment, and removal from GP lists of patients who complain.

Concern raised with the speakers:

- Safeguarding is poorly supported in Primary Care.
- Action is needed to ensure that GPs are making appropriate referrals and that safeguarding issues arising through complaints and incident investigation are properly and immediately dealt with.

Mick Martin
Parliamentary and Health Service Ombudsman



The Ombudsman service, started in 1967, is the last stop in the complaints system before Judicial Review.

A major part of the remit of the Ombudsman, is to encourage learning from complaints and to move away from the defensive culture found in some parts of the NHS: examining what has happened and what lies behind the incident or event, and to instigate systemic improvements.

The Ombudsman does some work with the Care Quality Commission and NHS England.

The Ombudsman currently receives around 27,000 individual complaints per annum. Around 4,000 complaints are investigated of the 7,000 assessed.

Key issues for the Ombudsman service as it evolves are:

- Independence and impartiality – not favouring either the complainant or the organisations complained about
- Managing expectations
- Being proactive and proportionate.

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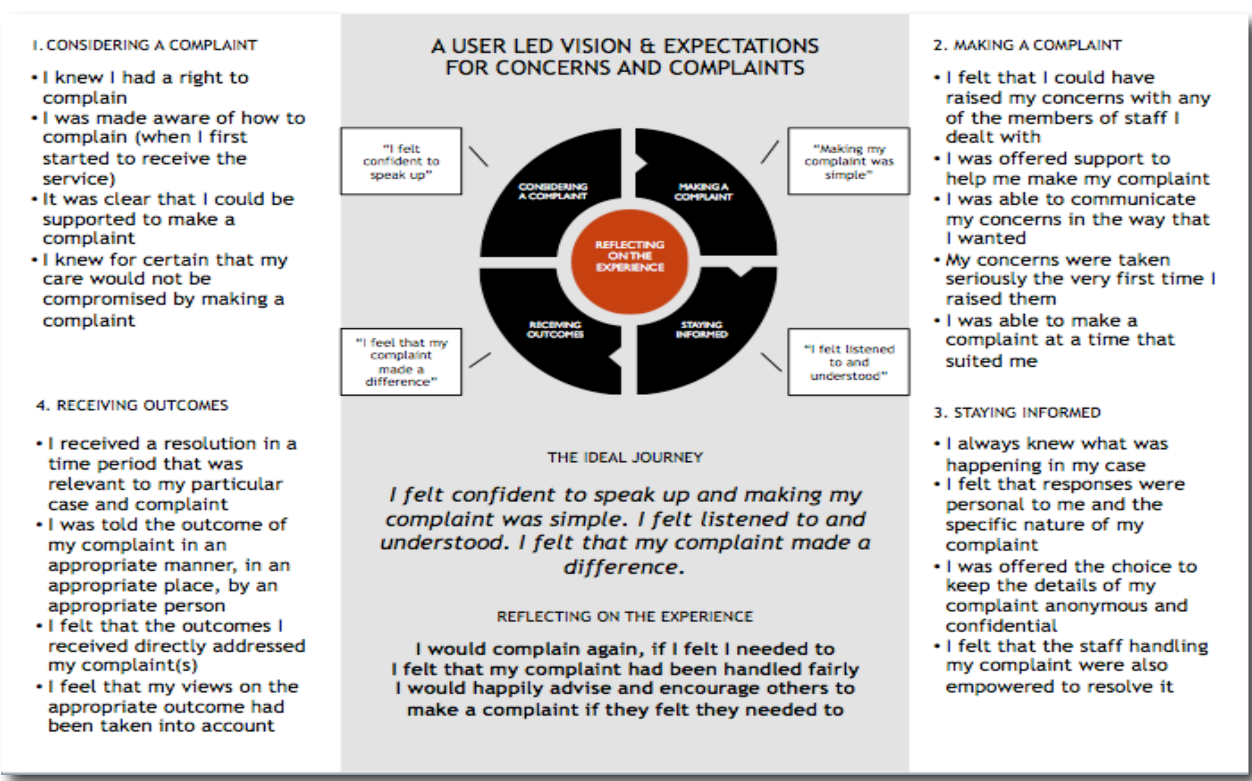
A slide of the 'Ideal Journey' for patients making complaints and getting adequate feedback about their experiences was presented as a promising model for improvement to the complaints system *(Slide 8 of the Presentation).*



Concerns that were raised focussed on a range of issues including:

- Fear of complaining because of the consequences, e.g. being struck off the GPs list
- No effective national oversight of primary care complaints, and a lack of public belief that complaints lead to service improvements
- Primary care providers unaware of how the complaints system works and their responsibilities to investigate effectively
- Use of medicalised language as a barrier to communications
- Need for effective interpreting services in primary care
- Inadequacy of resources for complaints investigation
- Understanding the impact of failure to investigate on people's lives.

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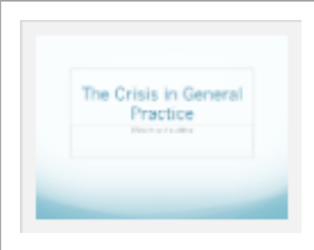
Jackie Applebee
East London GP



Jackie outlined the financial crisis in the NHS and for GPs in particular. The Government is cutting £20 billion from the NHS budget by 2015, and there is a projected gap between spending requirements and resources available, of around £30bn between 2013/14 and 2020/21

GPs receive 8.4% of NHS funding in England, and the Royal College of General Practitioners is calling for this to be increased to 11% by 2017, to achieve:

- Shorter waiting times for appointments
- More flexible opening hours
- Longer consultations for those with long term conditions
- Improved care co-ordination and planning for the frail elderly and those with complex needs
- The ability to access more services closer to home without the need to travel to hospital.

The scale of the financial crisis facing the NHS, has been laid bare by Tim Kelsey, NHS England's Director for Patients and Information - who warned that NHS England faced a £30bn funding gap by 2020.

He said: "We are about to run out of cash in a very serious fashion." (Charlie Cooper Health Reporter, Independent, Friday 05 July 2013).

http://www.independent.co.uk/life-style/health-and-families/health-news/nhs-chief-warns-service-faces-30bn-funding-gap-by-2020-8691161.html

http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf#page=15

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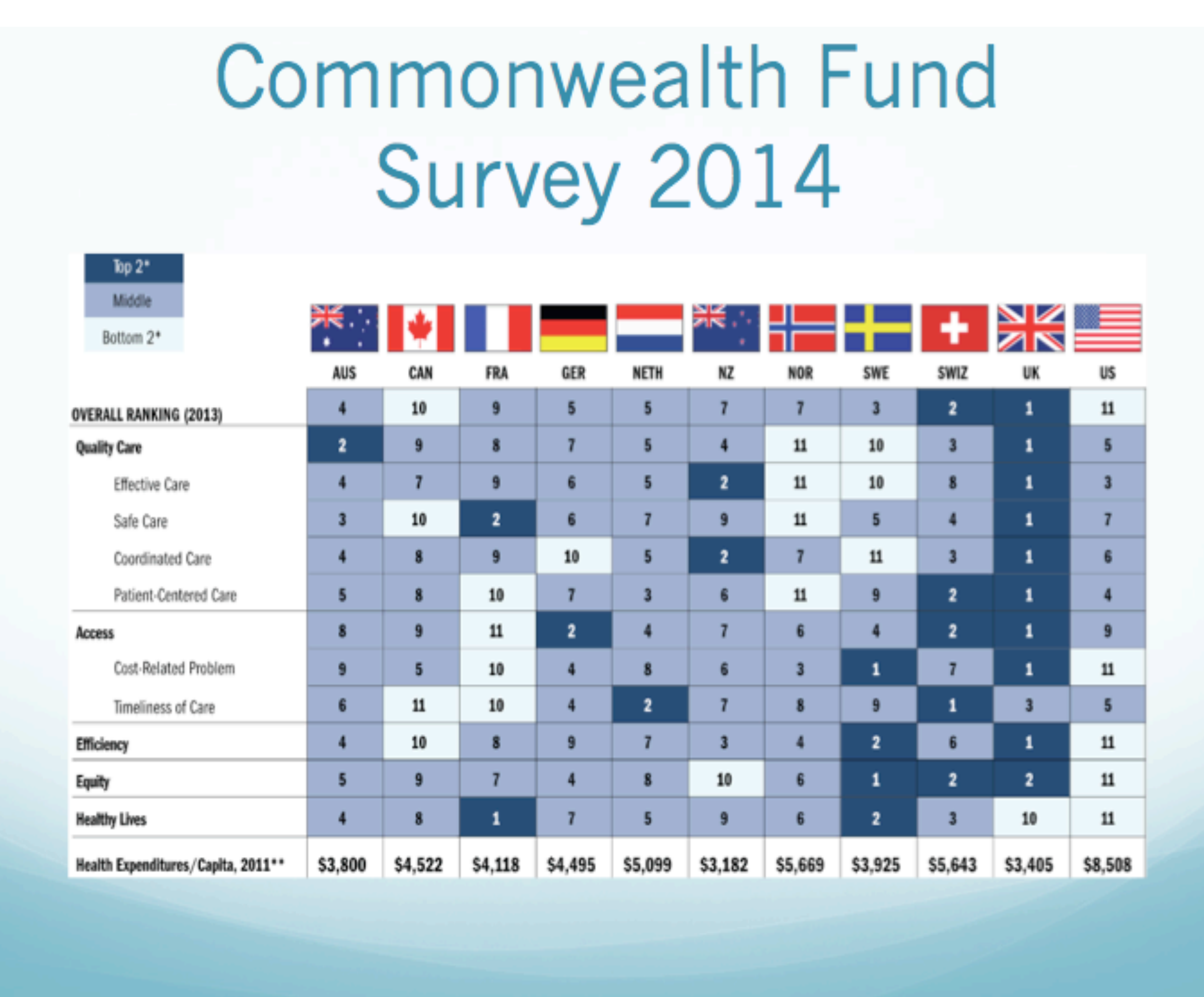
Changes to GP contracts have resulted in inner city Practices losing money needed for the care of older people. Rural areas have also suffered significant cuts in income. As a consequence of these cuts some practices have reduced services and some may even close. This will put even more pressure on neighbouring practices and A&E departments.

The private sector may well swoop in and take over services – destroying the high quality of primary care that many patients have access to.



	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	$3,800	$4,522	$4,118	$4,495	$5,099	$3,182	$5,669	$3,925	$5,643	$3,405	$8,508

Slide 5 of the Presentation

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Jackie said a Commonwealth Fund Survey carried out in 2011, illustrates the low level of health funding per capita in the UK, compared with 11 other countries. The UK was second lowest in terms of funding - 9.4% of GDP (OECD Health Data 2013), with the USA spending almost double that spent on health services in the UK.

Nevertheless, the NHS provides significant levels of satisfaction to patients, scoring highly on care being:

- Effective
- Safe
- Co-ordinated
- Patient-centred

The GP workforce is struggling to meet patients' needs, and the situation is likely to deteriorate if current trends continue, i.e. GPs retiring early or emigrating.

Applications for GP training places are down 155 in 2014, and there were 451 training places unfilled. The North of England and Scotland were particularly affected.
http://www.gponline.com/patient-care-risk-third-gp-training-posts-unfilled-parts-england/article/1298690

Pressures on GPs lead to significant problems in hospitals and create major problems with discharge back to the community.

GPs have also taken on significant levels of care and management of patients with chronic diseases. Jackie said that health is an election issue and politicians are keen to claim that they will save the NHS – Ed Miliband has promised 8,000 more GPs and £2.5 billions to the NHS budget, while David Cameron has promised to ring-fence NHS funding.

Jackie revealed that £10 millions annually could be saved, by abolishing the NHS market created through the commissioner/provider split.

Concerns raised:

- Work needs to be done to determine the size and capacity of GP Practices, in relation to increasing population size and local needs.

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- The management skills of many CCGs are poor - and their role in General practice is vague and confusing.

- GPs taking on the role of commissioning the NHS, removes them from providing front line care to patients.

- CCGs rarely consult patients to ascertain their views on local commissioning, despite government rhetoric to the contrary.

Miriam Long
Healthwatch Lewisham

Miriam described a Joint Project between HW Lewisham, Carers Lewisham and the Save Lewisham Campaign, as an excellent example of core role of local Healthwatch.

The Project is an 'Appreciative Inquiry' into Lewisham's integrated community healthcare strategy, and highlighted examples of what patients and the public see as 'best practice' in health and social care. Miriam said that the strength of this approach is the opportunity to work collaboratively with six CCGs, through the Joint Commissioning Strategic Consultation for Integrated Care (2015-17).

Definition of Appreciative Inquiry from Wikipedia:

> *"…. a model for analysis, decision-making and the creation of strategic change, particularly within companies and other organisations"."It is an alternative to the often-used problem-solving approach, which can sometimes limit understanding and analysis of the issues".*

One hundred stories were collected from service users over three months, illustrating the 'magic ingredients' that create outstanding community healthcare.

A huge amount of groundwork by Healthwatch Lewisham was carried out with local groups and networks, e.g. CVS - community and voluntary sector, clinical leadership groups, social care professionals, patient involvement groups and the library service, to ensure collection of a wide range of stories from the experiences of local people.

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The themes collected from stories showed a quota of crossover with CCG priorities in health and social care. For example:

- Integrated services across whole care pathways - not fragmented
- Concerns that privatisation would increase fragmentation of services
- Holistic, person and family centred and supportive of patient-led decision making
- Accessible and flexible
- Closely connected with and in co-operation with mainstream services and voluntary sector
- Staff must be well trained, well supported and have adequate time to do their job properly.

http://www.healthwatchlewisham.co.uk/sites/default/files/appreciative_inquiry_community_health_care_report_.pdf

Roger Clifton
Chief Executive of East London Vision (ELV)

ELV is a Charity that aims to ensure that everyone living in East London - with any form of visual impairment - receives high quality services relevant to their needs. It is an umbrella organisation covering seven East London Boroughs, north of the Thames, with user-led representation in each of the seven Boroughs:

http://www.eastlondonvision.org.uk

ELV also works to implement the UK Vision Strategy:
www.vision2020uk.org.uk/ukvisionstrategy/

A key strength of the ELV is how it engages with wider health strategies and services. For example, connecting with services for people suffering strokes or falls and for people with a learning disability, where there may be an associated sight loss problem.

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Developing the potential for proactive services and support to prevent or minimise sight loss, is fundamental to the work of ELV. Roger described ELV's recommendations whenever there are public consultations about service developments. There are five stages, with the acronym SCARF:

Scope

At the pre-consultation phase, it is vital to ask the service commissioners many questions:

- Why are changes being made?
- What will be done?
- How will service users be affected?
- When is the best time to consult?

Participants to the consultation must have clear information about its purpose, where to find more information and be clear about the cut-off date. It is important to encourage all types of feedback – both positive and negative. Reassurance is needed that views and opinions will remain confidential and data anonymised. The planning phase is the most important and likely to take the longest part of the process.

Collection

Consulting bodies must listen to participants to the consultation, and not try to influence them. At the end of the consultation process, it is important to thank participants for their time and assure them that their views will have influence.

Analyse

It is really important that the consultation document is coherent and easy to understand for all people who may be affected by the proposed service changes.

The language used must be fully understandable and not easily given to misinterpretation.

All data should be compared with that available from other sources, e.g. local and national surveys. Always be aware of what has already been done on the same topic.

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Report

The outcome report must give a clear and concise description of what has been found, and should include an explanation of the methodology used. If there is a lot of data, it can be placed in an Appendix, providing that a good interpretation of the data is provided.

Feedback

Feedback to the wider community, following consultation is important. Those who have contributed to the consultation must be pro-actively involved and informed of findings - and any decisions made as a result of the consultation.

Monitoring implementation of changes to services made, as an outcome of the consultation, is essential … otherwise the whole exercise is wasted.

Decisions made as a result of consultations are sometimes subject to appeal.

Dr Hilary Pickles and Dr Christine Harris
Medical Justice

There is a need for effective public scrutiny *everywhere that people receive healthcare.* This includes Immigration Removal Centres (IRCs), where asylum seekers are detained, sometimes for prolonged periods, while they are waiting for the determination of their Application for Asylum, or prior to deportation.

People detained in IRCs are amongst the most vulnerable in society. At any one time, there are approximately 4,000 people detained in England and Scotland under the Home Office's immigration powers … a quarter are detained in police cells or prisons, and the rest in IRCs. In 2012, asylum seekers accounted for nearly half of all immigration detainees.

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On 01 September 2014, responsibility for commissioning healthcare in IRCs transferred from the Home Office to NHS England. Local Healthwatch (LHW) now has the opportunity to play an important role in ensuring that healthcare and treatment for detainees, is provided with dignity - and of the same high standard as in all other centres where healthcare is provided.

Formerly, IRCs were largely closed to public scrutiny, but LHW can now work in collaboration with other organisations to promote

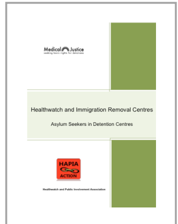
- Better and safer care,
- Full access to appropriate health and social care
- Full access to human rights and justice for detainees

The bodies Healthwatch can collaborate with in the monitoring of IRCs include:

- The CQC
- HM Inspectors of Prisons
- Independent Monitoring Boards
- Visitors' groups

In describing the state of health care in IRCs, the speakers drew an analogy with health care in prisons.

In 2014, HAPIA and Medical Justice published a report setting out concerns about health care in the Centres.



http://www.hapia2013.org/publicationspapers.html

Issues raised from the IRC session:

- Guidance is needed for LHW on how to challenge poor practices in IRCs and when legal action is appropriate

- Information is needed on the role of the Parliamentary Ombudsman in relation to IRC healthcare complaints, especially as those detained never know how long they will remain in the detention and the need to deal with their complaints may be urgent.

MALCOLM ALEXANDER

Malcolm Alexander:- Chair of HAPIA - Vice Chair of AvMA- Chair of Patients' Forum for the London Ambulance Service- A former lecturer in 'Patient and Public Involvement in Health/Social Care' and 'Power and Empowerment' at Westminster University.

He is an active health campaigner, with a special interest in acute services, complementary medicine, mental health, health care in detention centres for asylum seekers, ethnicity in relation to access to health care, opposing NHS privatisation, and working with communities to change health policy and practice.

Malcolm was member of the Department of Health's Healthwatch Programme Board and is currently a member of the English Revalidation Delivery Board and the NHSE Mental Health Patient Safety Group.

He has a Masters in both Community Development and Anthropology (culture and mental health) and is currently studying human rights law.

Malcolm was the Chief Officer of Southwark Community Health Council (CHC) and the national Director of the Association of CHCs for England and Wales.

DR. JACKIE APPLEBEE

Jackie Applebee is a GP and health activist in Tower Hamlets, East London. She Chairs the Local Medical Committee, is a member of Unite Medical Practitioners' Union, is Hon. Sec. of London Region BMA and is active in Keep Our NHS Public and Save our Surgeries campaign.

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DR. MARC BUSH

Marc was Director of Policy & Intelligence at Healthwatch England (*until December 2014*), with a diverse background in disability, employment and welfare, health and social care reform, SEN and education reform, crime and offending.

He has acted as a specialist and advisor for statutory bodies, parliamentarians, government departments, local authorities and charities. More broadly, he has an academic background in frontline research with young people on the autistic spectrum.

Marc is responsible for overseeing Healthwatch England's public policy development, intelligence architecture, consumer insight testing and programmes of special inquires and reports.

ROGER CLIFTON

Roger Clifton is the CEO of East London Vision and the Chair of the Waltham Forest Vision Strategy Group.

As CEO, he is working to improve the quality of life for blind and partially sighted people and increase individual independence. As Chair of the Vision Strategy Group, he works with others to ensure that anyone experiencing any form of sight loss receives the relevant support at a time appropriate for them.

Prior to joining East London vision in July 2013, Roger spent a large part of his career working for a number of commercial organisations in the IT industry. He stresses that this was most definitely not in any technical capacity, as people that know him can vouch for, but was primarily in business analysis and project management roles. He then managed a lottery distribution fund programme on behalf of Sport England, which was aimed at encouraging under-represented groups to start participating in sport.

Roger has spent the last 10 years in a self-employed capacity, mainly working in the area of equality and diversity with a range of sporting organisations, as well as working for nearly 3 years as Development Worker and Project Manager for Waltham Forest vision.

In all of these roles, Roger has had to implement effective consultation processes to ascertain the views of widely differing groups. In a voluntary capacity, Roger has been Chair, Secretary and Treasurer for a number of organisations, including a School Board of Governors. His interests include most sports (he even confesses, very quietly, to being a very long-suffering Spurs supporter), going to the theatre, reading and travelling.

DR. KRISTINE HARRIS

"Dr Kristine Harris has a background in anthropology and public health. She used to run a clinic and health advocacy project for migrants in London.

She is currently working as a Research and Policy Worker for Medical Justice, the only organisation in the UK to send independent doctors into Immigration Removal Centres in order to document evidence of torture and to advocate against medical mistreatment and for access to adequate healthcare for detainees."

KEVIN HOLTON

Kevin Holton is the Deputy Director of Patient Experience at NHS England. Kevin joined NHS England in April, and one of his areas of responsibility is in relation to learning from complaints and customer feedback and he sits on the Department of Health Programme Board on Complaints.

Kevin was previously on secondment to NHS England working for the Chief Scientific Officer on diagnostics, accreditation and also Home Oxygen services in England.

Prior to that, he was the Head of Respiratory, Diabetes, Liver and Kidney programmes at the Department of Health.

Kevin has also worked at the Healthcare Commission, and has been Private Secretary to three different Ministers of Health. He has a Diploma in Health Studies.

MIRIAM LONG

Miriam has worked in the health and social care sector for over 20 years, in the statutory and voluntary sectors.

During her work in the VCS, she has developed and managed work programs including Lewisham Local Involvement Network; a deaf youth provision; and a local Mencap where she developed self-advocacy and an inclusive parent and toddler group.

Miriam has experience of Trust supporting small and emerging community action groups across London during her work as a grants coordinator for the Scarman Trust.

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MICK MARTIN

Mick Martin is the Managing Director at the Parliamentary and Health Service Ombudsman.

He joined in November 2013 following six years on the Board of a NHS Foundation Trust.

In his 25 year management career Mick has worked in both the Public and Private Sector as a director in companies such as Royal Mail, as a management consultant in the UK, and internationally, and as small business entrepreneur across several sectors.

Mick lives in Derbyshire, is married and has three children.

DR. HILARY PICKLES

Dr. Hilary Pickles has worked as an academic and clinician in the Department of Health and as district Director of Public Health. Now retired, she does occasional commissioned work as an Independent public health consultant. She has an interest in health aspects of immigration detention and has taken a close interest in the transfer of commissioning responsibility for detainee healthcare from the Home Office to the NHS.

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PETER WALSH

Peter Walsh is Chief Executive of Action against Medical Accidents (AvMA) – the independent charity that promotes better patient safety and provides information and support to people affected by a medical accident.

He took up his current position in January 2003.

Peter has extensive experience of work on patients' rights, advocacy and health policy. Before joining AvMA, he was Director of the Association of Community Health Council for England and Wales. He had been Chief Officer of the Community Health Council in Croydon, where he coordinated monitoring of local health services and took part in strategic planning – as well as supporting individuals with complaints about the NHS.

Prior to that, he worked in the voluntary sector, mainly within Councils for Voluntary Service. This included development work with voluntary and community groups, including work on user involvement, community care planning, and developing advocacy projects for different groups of people. He also has experience of working in the private sector in the advertising and publishing industry.

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