The Health and Social Care Act 2012 is a weighty document running to more than 450 pages. As the Health and Social Care Bill it had a bumpy passage through Parliament beginning in 2010, but did not receive Royal Assent until March 2012. Shadow health secretary, Andy Burnham, committed to repealing it at the recent Labour Party Conference. Billed (excuse the pun) as the most extensive reorganisation of the structure of the NHS in England to date, the Act abolishes PCTs and Strategic Health Authorities.

Here, I’ll concentrate on Part 5 of the Act – Public Involvement and Local Government.

Paragraph 181 amends the Health and Social Care Act 2008 as follows: A committee of the [Care Quality] Commission known as the ‘Healthwatch England committee’ is to be appointed in accordance with regulations. Further on, under a heading of Local Healthwatch organisations, the Act makes amendments to the Local Government and Public Involvement in Health Act 2007.

Essentially, these changes flow from the Coalition Government’s desire to give more power and control over public services to members of the public – often categorised as ‘no decision about me without me’. The White Paper Equity and excellence: Liberating the NHS said that the NHS would ‘be genuinely centred on patients and carers’ and give citizens a greater say in how the NHS is run’. Hence Healthwatch – to strengthen the collective voice of local people.

**Healthwatch England**

Launched on 1 October 2012, this organisation styles itself as ‘your national spotlight on local services’. It is an ‘independent consumer champion for health and social care in England’. Healthwatch England is an independent committee of the CQC and the Chair of Healthwatch England, Anna Bradley, formerly Chief Executive of The National Consumer Council, also sits on the board of the CQC. This is recognised as a potential conflict of interest but we are assured that ‘robust governance’ is in place to deal with this.

Essentially, Healthwatch England is a national body which will coordinate feedback from a network of local organisations and use the information to influence national policy. It promises that the voices of people who use health and social care services will be ‘heard’ by the Secretary of State, the CQC, the NHS Commissioning Board (the independent regulator of NHS trusts) and every English local authority.

Healthwatch England will also help local Healthwatch organisations to be set up in every local authority.

**Local Healthwatch bodies**

There must be local Healthwatch organisations in every English local authority area able to start on 1 April 2013. These Healthwatch organisations are to be commissioned by local authorities with help and advice from Healthwatch England.

Local Healthwatch organisations will have a number of the following roles and responsibilities. They will have a seat on local health and wellbeing boards – which were also set up under the Health and Social Care Act 2012.

Of critical concern to dentists in my view is the bullet point on the Healthwatch website which states that local Healthwatch organisations will:

- have the power to enter and view services.

Turning to the DH document Local Healthwatch: A strong voice for people – the policy explained, the above statement is nuanced somewhat. It states that the legislation will allow for, and in some cases require, regulations to be made covering [among other things]:

- the duties on services providors to allow entry to authorised representatives of local Healthwatch.

In many ways Local Involvement Networks – LINks – (see below) are the forerunner of local Healthwatch organisations. LINks representatives have what is commonly called ‘enter and view’ authority in terms of visitaing premises where health and social care activities are carried out. The use of this authority has been mixed across the country. In some cases the CQC and LINks have coordinated inspections and ‘enter and view’ visits. It is anticipated that Healthwatch England will produce advice for local Healthwatch organisations and the CQC to maintain similar liaison.

Importantly, the 2007 Health and Social Care Act stated that only the following services-providers are required to enter an authority:

- A National Health Service trust;
- A NHS foundation trust;
- A Primary Care Trust;
- A local authority; or
- A person prescribed by regulations for, and in some cases require, inspections made by the Secretary of State.

Healthwatch England would have to draw up specific regulations to add to this list. At this stage, it’s probably best to assume that authorised representatives of local Healthwatch organisations will act in a similar way to...
LIKNs representatives - have no right of ‘enter and view’ to dental practices.

Seventy-five local authorities were chosen to be ‘pathfinders’ for local Healthwatch. In one exercise, nine of these were surveyed for their experiences. Some stated that before April 2015 they intend to build a profile for local Healthwatch within their local authority and NHS organisations to embed local Healthwatch as a significant partner in the planning and commissioning processes [for health and social care]. It was also thought that local Healthwatch organisations might develop a quality certification mark.

The Local Government Organisation has published a document entitled Supporting Healthwatch Pathfinders – Building successful Healthwatch organisations. This includes 15 case studies for pathfinder local authorities with the broad finding that many intend transitioning from LIKNs to local Healthwatch. Indeed, back in March 2011 the DH produced a HealthWatch (before it became Healthwatch) Transition Plan explaining how the work, community and structures of LIKNs could be built up.

LIKNs

If local Healthwatch organisations sound familiar, you may be thinking of Local Involvement Networks (LIKNs). These are local individuals and community groups who work together to improve health and social care services. There have been problems with LIKNs which is why they’re being replaced by local Healthwatch organisations. LIKNs have rarely involved a wide cross-section of their local communities, few people know about them and they are not brought together under a national umbrella.

While local Healthwatch organisations will be commissioned by their local authority and accountable to them, Healthwatch England will provide consistent advice and information from a national viewpoint. It will also develop partnerships with other national bodies to raise awareness of local Healthwatch and hopefully increase involvement by a wide range of local people.

I should also mention Local Professional Networks (LPNs), which will be an integral part of the national NHS Commissioning Board (NHS CB) and the 27 local NHS Clinical Commissioning Groups (CCGs) – also due to come into effect from 1 April 2013. LPNs will be embedded into CCGs to provide local intelligence and expertise as part of the local commissioning infrastructure and into the quality improvement work for primary care.

How will Healthwatch affect you?

You could, if you choose, have nothing to do with local Healthwatch and may never be directly affected by it. I suggest this would be a mistake. More so than LIKNs, local Healthwatch organisations will likely have considerable influence over local health and social care provision. As (an independent) part of the CQC, Healthwatch England will also have influence at national level – informed by feedback from local Healthwatch organisations. Particularly active local Healthwatch organisations may, in time, arrange with the CQC to visit yours and other local dental practices to ‘enter and view’. And who’s to say they won’t develop local health service quality standard marks?

I believe you should look out in the coming months for news of the development of your local Healthwatch organisation. The Local Government Association is leading the implementation of local Healthwatch and there is much useful information, including briefings, publications and events on its website www.local.gov.uk (search for ‘healthwatch’).

Healthwatch is less ‘Big Brother’ and more vox populi (voice of the people).

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About the author

Amanda Atkins runs Atkinspire Ltd and offers practice support, training and consultancy on information governance, CQC compliance, National Minimum Standards and required standards within their daily routines – to ensure a high quality service and patient safety at all times.

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