SUBMISSION TO THE PUBLIC BILL COMMITTEE ON THE HEALTH AND CARE BILL

1. In his speech opening the second reading debate on the Bill for the opposition the Honourable Member for Leicester South, Mr Jonathan Ashworth, stated.

> 'And what about patients? Patients were not mentioned very often by the Secretary of State in his speech. Patients will always come first for the Opposition. They have no mandated institutional representation, either—no guaranteed patient voice—so we have yet another reorganisation of the NHS whereby patients are treated like ghosts in the machine. It is utterly unacceptable. This is fragmentation, not integration, with a continued sidelining of social care.'[1]

2. It is this issue of the patients that I would like to address. In its response to the Health and Social Care Select Committee Inquiry into the White Paper Healthwatch England said inter alia.

> 'When brought forward, the draft Bill needs to clearly set out a non-voting, independent role for Healthwatch on the ICS governance boards.'[2]

3. This suggestion was not taken through into the Bill. Also not taken through into the Bill was a suggestion in my response to the same Inquiry I said inter alia.

> 'In keeping with the recent trend to have duties around patient and public involvement organisationally based I would propose that there is a statutory subcommittee of each ICS that will advise the Board of the ICS on issues relating to patient and public involvement.'[3]

4. In my written evidence I further go on to say

[1] Commons Hansard 14 July 2021 Column 435
[2] Written Evidence HSC0006 at paragraph 3.2.
[3] Written Evidence HSC0009 at paragraph 5.

> ‘To ensure that lip service is not paid to this committee it should have a statutory remit to advise the Board of the ICS on whether patients have been properly involved in the developing the proposals before the Board and whether the points raised during the involvement have been addressed. The Board of the ICS must have regard to this advice in coming to any relevant decision. It follows from this that no proposal should go to the ICS Board without first going through the subcommittee first.[4]

5. My proposal goes further than the proposal by Healthwatch England proposal but the two are not mutually exclusive. Indeed, in some ways they could be seen as complementary as the subcommittee could provide information for the Healthwatch representative to assist them when attending meetings.

6. A combination of my proposal and my proposal should be added to strengthen the patient voice. In my over 10 years’ experience in patient and public involvement the current wording is not sufficient to ensure that the patients are involved in how services are redesigned. Indeed, the impression I have is that in most cases any involvement is pro forma and is intended to endorse a decision that has already been reached. As a matter of fact, this was said to me when I was trying to engage people on the health4NEL proposals.

Michael Vidal
15 July 2021

[4] Ibid at paragraph 6