



wandsworth voluntary sector development agency
enabling voluntary action

White Paper team
Room 601, Department of Health
79 Whitehall
London SW1A 2NS
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Wandsworth, 5 Oct 2010

Dear Madam/Sir,

Please find enclosed a response to the proposed changes to the NHS drafted by Wandsworth Voluntary Sector Development Agency following a consultation meeting with 40 people – including care service users, providers and GPs – from the following organisations:

Alzheimers Society
Bridge Lane Group Practice
Disability Advice (DASCAS)
Furzedown Project
Holmleigh Court Residents' Association
Keep Our NHS Public
NHS Wandsworth
Notting Hill Housing Trust
Odyssey Care Solutions
Peabody Trust
Somali Community Advancement Organisation
Wandsworth Care Alliance
Wandsworth Carers
Wandsworth Community Empowerment Network
Wandsworth Community Transport
Wandsworth LINK
Wandsworth Older People's Forum
Wandsworth Voluntary Sector Development Agency
West Wandsworth Provider Group

Although we have drafted this response on the basis of feedback from the groups, WVSDA alone is responsible for the contents.

Kind regards,

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Consultation response

What are we being consulted on?

A lot of people are wondering why they are being asked 'how should this be done?' rather than 'should we do this?'. There is confusion as to why the sweeping changes to the NHS outlined in the white paper are necessary and people would like to have a say regarding whether they should be implemented at all.

There is a genuine fear that this is an ideological/political agenda rather than evidence driven approach; how did an election manifesto promise to cut NHS management costs and bonuses (widely supported) turn into disbanding Primary Care Trusts and giving commissioning power to private practices?

Why is GP commissioning better?

We have read the reasons provided for a switch to GP commissioning, particularly the one stating the local GPs have better knowledge of health needs and inequalities in their area, but we don't see how it will guarantee better health outcomes compared to the current way of commissioning services.

GPs provide clinical services to their patients who make appointments at their surgeries. How does that equate to expertise about health needs and inequalities in the local area? For example, what outreach do GP surgeries undertake in order to build a local picture of health inequalities? GPs themselves say that they do not have the capacity to commission extended services at the moment and that they would need to hire skilled staff, create a multitude of partnerships and essentially build numerous commissioning bodies. Is this likely to save costs? Is it feasible to implement in two years and what effects will there be on service delivery in the meantime? Some organisations felt unsure how outcomes and funding for services would be managed over the next two years by an organisation that was winding down.

Many organisations expressed concern at the payment by results approach which would effectively exclude a large number of voluntary and community organisations from delivering services due to limited resources and financial controls. There is a worry that smaller providers will be at a disadvantage against the larger providers and lack the skills to effectively compete in such a market driven environment.

Building strong relationships with communities

Voluntary and community organisations that have developed close working relationships with the NHS over a long period of time are keen to understand how the relationship between grassroots organisations and the new commissioning bodies will be maintained. We would like to be part of the process of developing the capacity and skills of GP consortia to ensure that links with the community are established. Local organisations want to be involved in the formation of the consortia from the beginning to ensure focus on the community is embedded in the organisations culture.



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These efforts need to go beyond the current level of engagement between the NHS and local people as it does not include all relevant communities and sections of society, nor does it enable joint design and delivery of services.

Expanding and improving the approach to working with communities could improve the way information about health inequalities is approached and how these inequalities are tackled via carefully commissioned, specialised services. We would like to see more community based pilots and a strong focus on research into methods that really work to overcome micro barriers to achieving good standards of health.

Checks and balances between Local Authorities, GPs and the Public Health Services

If Local Authorities are responsible for the intelligence used to commission health services, how will frontline clinicians a) gather and b) feed information into Joint Strategic Needs Assessments?

We understand that local public bodies could be better placed to understand and devise local health services and we would very much welcome the establishment of a well-functioning system that is more responsive to local needs.

However, if Local Authorities don't have a well established way of working with the most disadvantaged communities in terms of assessing and addressing health outcomes and inequalities, this could present health issues in the future if Local Authorities are getting more power over finances, data gathering/intelligence and commissioning priorities for health services.

Many organisations expressed concern over the fact that private businesses will assume responsibility for public spending and the lack of clarity on what checks would be in place to monitor this. There were also great concerns over the lack of clarity about governance structures within the proposed consortia.

Healthwatch

If Healthwatch is going to have a health and social care remit, it would perhaps make sense to reflect that in the name, e.g. CareWatch...

If the local Healthwatch is going to take on the role of providing personal advocacy services to individual users of health and social care, how will this be reconciled with a) the fact that LINKs are volunteer run and b) often have no advocacy expertise.

Specialised services

Two particular areas were highlighted as needing clarification and particular attention: mental health services and services for children. With regard to mental health, it was felt by some that GPs may not have the expertise to commission mental health services and that it would be particularly vital to develop some way of linking up with existing structures.

With regard to children's health services, it was noted that to achieve better health outcomes it would be desirable to enable children to be helped on the basis of their individual needs and the needs of their family – but that this would require integrated working between several departments (Housing, Education, Health, Children's Services). How would such holistic perspectives fit with the new commissioning arrangements?