

Make the NHS work for us – not big business

A guide to the NHS's new structures

The Health and Social Care Act is now law.

This Act of Parliament outlines the basic policy that will underpin the NHS, but it does not give the detail. The detail of the policy will be determined through secondary legislation and how these regulations will be carried out will be determined locally.

This is where you can get involved: join the organisations that are being set up and volunteer your time to make the NHS work for our benefit and not for the benefit of big business.

Foundation Trust Members and Governors

All NHS acute and mental hospital trusts will have to be a Foundation Trust (FT) by April 2014. **Anyone over the age of 16 and living in the catchment area of an FT can become a member.** Membership costs nothing, it confers no privileges and it imposes no obligations, but it does allow you to stand to be elected a governor. Your local trust will define what “catchment” means: some are local, but others have national, or sub-national, memberships. Socialist Health Association have collated a list of Foundation Trusts that have a national membership (www.sochealth.co.uk/national-health-service/foundation-hospitals/foundation-trust-membership). As a member you will be able to speak at members meetings and attend trust board meetings.

An FT governing body will have some appointed governors, but the majority will be elected. Governors approve the trust strategy and they appoint the non-executive directors (NEDs, including the Chair of the trust) who sit on the trust board. NEDs are accountable to governors. Governors can also change the FT's constitution, and the board of directors have to abide by these changes.

Health and Wellbeing Boards

If you are a councillor then you can stand to be a member of the local Health and Wellbeing Board. The HWB will be able to challenge local commissioners (Clinical Commissioning Groups, CCGs) on their commissioning decisions, including those that involve transferring NHS services to private companies. If you are candidate in local government elections, then in your election leaflets indicate that if elected you will protect local NHS services. Make the NHS a local election issue and use the local authority to protect local services.

FALSE ECONOMY is the website for everyone concerned about the impact of the government's spending cuts on their community, their family or their job.

FalseEconomy.org.uk

HealthWatch

Local HealthWatch have a mandate to inspect local health and social care services. HealthWatch will be hosted by local councils and will be largely toothless. However, HW will report on local services, and their concerns can be escalated to the national HealthWatch and Care Quality Commission. A HW member will also sit on the local HWB and can challenge commissioning decisions. The toothless nature of HW is disappointing but the local knowledge they collate make HW influential when advising local authorities about services.

Patient Involvement

The Act says that there has to be patient involvement in commissioning. **Your local GP will have a patient participation group and this will enable you to be involved in the delivery of care at the GP.** Commissioning decisions will be carried out by the CCG, and you may find that the GP group will give you access to the CCG patient involvement group.

CCGs have to have a policy on patient involvement. Right now, pathfinder CCGs will be formulating these policies, so approach your local CCG and ask about what patient consultation they are carrying out, and ask to be involved. If you are involved in the formulation of the CCG policy you can ensure that patients are consulted at all stages, on all commissioning decisions. You should also ensure that there is a defined route for patients to raise concerns to board level.

(See also Éoin Clarke's post, <http://eoin-clarke.blogspot.co.uk/2012/04/most-practical-way-that-you-joe-bloggs.html>)

Patient Choice

The government says that they are changing the NHS to give patients choice. Hold them to their word and choose NHS providers. **If you are not offered an NHS provider then complain.** The Act says that commissioners should not give any sector – private, public or voluntary – preference. So if a CCG decides to privatise a service, assert your right to choose and choose the NHS.

Non-executive Directors

Foundation Trusts and CCGs will have non-executive members. FT non-executive directors will be appointed by the governors. CCG lay members of the board will be appointed by the CCG. The role of non-executives is to hold the executive board to account and to provide an independent voice on the board. In general, they will be professionals: people with experience of running a business or a large public organisation. As a NED or lay member you will be able to scrutinise the board's decisions, and challenge them if the board intend to use the private sector.

By getting involved now you can influence the direction your local health service is taking. This is the most important time in the history of the NHS to get involved.

This guide is extracted from Richard Blogger's post for False Economy: <http://falseeconomy.org.uk/blog/where-to-now-with-the-nhs>
Richard Blogger writes about the NHS and social policy at NHS Vault: <http://nhsvault.blogspot.co.uk>

NHS structures: the old and the new

