DH consultation on the regulations for Healthwatch England Membership

1. I write with regard to the DH consultation on Regulations for Healthwatch England Membership.

2. The Royal College of General Practitioners is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 44,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient–centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we maintain close links with other professionals working in General Practice, such as practice managers, nurses and physician assistants.

3. The College welcomes the opportunity to respond to this consultation and our responses to the questions posed are as follows:

   1. The Department’s recommendation is to have a minimum membership of 6. Do you agree? If not, what would be your view? (please provide examples of best practice where possible).
The College finds it is better to avoid possibility of split votes so an odd number may be appropriate unless this number excludes the Chair.

2. **The Department’s recommendation is to have a maximum membership of 12 Do you agree? If not, what would be your view? (please provide examples of best practice where possible).**

As we say in our answer to question 1 above, we believe that it can be preferable to have an odd number.

3. **The Department’s position is that the setting of any criteria on the skills and expertise that are required for a person to be a member of Healthwatch England should be a matter for the Chair of Healthwatch England, working collaboratively with CQC (and other stakeholders), do you agree? If not, what would be your view?**

Yes.

4. **The Department’s recommendation is that some individuals may be automatically disqualified for reasons such as:**

   - People who have received a prison sentence or suspended sentence of 3 months or more in the last 5 years;
   
   - People who are the subject of a bankruptcy restrictions order or interim order;
   
   - Anyone who has been dismissed by an NHS body or local authority within the past five years, other than by reason of redundancy;
   
   - In certain circumstances, those who have had an earlier term of appointment terminated;
   
   - Anyone who is under a disqualification order under the Company Directors Disqualification Act 1986;
   
   - Anyone who has been removed from trusteeship of a charity.
   
   - Anyone who fails to comply with the Healthwatch England Code of Conduct and Conflict of Interests.

   *Do you agree with these conditions? If not, what would be your view?*
In general we support this, but we note that “automatic disqualification for anyone having been dismissed by a NHS body or local authority since 2007” might exclude people who have been dismissed after acting as a whistleblower and may, therefore, possess valuable insights. These rules may therefore need some qualification or exemptions.

5. The Department’s position is that members will be appointed to Healthwatch England according to a transparent appointment criteria – do you agree? If not, what would be your view?

The College is not enthusiastic about members being ‘appointed’ to an organisation that is set up to represent patient interests as appointing is a very ‘top-down’ solution. We believe that the members of a patient organisation ought, if possible, to have some sort of democratic accountability. To start an organisation with appointed members, except for a strictly limited period, would set the wrong tone.

6. An alternative may be for nominees for Healthwatch England to be elected at local level, potentially led by local Healthwatch, a certain number of whom would be appointed according to a transparent appointment criteria – do you agree? If not, what would be your view? (please provide examples of best practice where possible) (please note this would not be a possible option until the establishment of local Healthwatch in April 2013)

The College believes that proposing people from a local level who fit the specified criteria would add to the ownership of Health Watch England by its constituency members. However, election may not be the best option as this tends to favour very confident people who choose to put themselves forward. We sought views on a third model, which was well supported: this embraces the principle of democratic process via local adverts with nominations supported by local Healthwatch and CVs, from which HWE could shortlist and invite applications. Up to half the seats could be filled from such a process, which would lead to some candidates with regional credibility, with others recruited for other capabilities.

7. The Department’s position is that the maximum tenure of a member should be 4 years, do you agree? If not, what would be your view? (please provide examples of best practice where possible)
We agree that tenure should be time limited to no more than four years.

Yours sincerely

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Honorary Secretary of Council