

Annex A – Response Form

Number of members

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)

No, there needs to be some flexibility to ensure third sector organisations who represent patients will have plenty of opportunity for representation, the minimum number should be based on a formula that incorporates a representative proportion of organisations who would like to be considered for nomination to Healthwatch, which at this stage may be an unknown - perhaps based on those who have contributed to the consultation process so far.

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)

No, there needs to be some flexibility to ensure third sector organisations who represent patients will have plenty of opportunity for representation, the maximum number should be based on a formula that incorporates a representative proportion of organisations who would like to be considered for nomination to Healthwatch, which at this stage may be an unknown - perhaps based on those who have contributed to the consultation process so far.

Suitability for membership

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?**

No, it should'nt be a matter for the Chair, but for the Board of Healthwatch England working collaboratively with the CQC and other stakeholders should set the criteria.

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?

Yes

Process for appointing members

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?**

It should be transparent, of course, criteria should be a part of this consultation, it is hoped there will be further consultation on the criteria. Removing potential conflicts of interest by members of Healthwatch being separate from commissioning boards and bodies such as NICE who set guidelines should be taken into consideration.

Commissioning, setting guidelines and policy should be kept separate from the regulatory role that Healthwatch and the CQC have.

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)*

Yes, nominees should be sought, and where there are specialisms, self-nomination from organisations should be included. Criteria for appointment must be transparent, doing this at a local level may prove difficult where organisations with expertise are national (by local we assume this is geographical), however these should be able to be overcome.

Evidence based reports can be used to bring about improvements in policy, and if there are areas of concern where it is evident that changes on policy and practice could significantly improve the health and social care of patients, there will need to be a mechanism to raise this through Healthwatch England for those not on the Board, and where necessary call in the CQC. The consultation isn't clear on this. Would third sector organisations have a route to Healthwatch or the CQC. Section 5.1.2 in the narrative alludes to this but doesn't set out a mechanism, will we be invited to participate in Board meetings bringing recommendations - we wouldn't want third sectors' knowledge diluted and would want some form of representation, as patient organisations are numerous and very diverse.

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)**

No, the membership should be reviewed biannually. The contribution the organisation's member is making should be reviewed. If at the end of the 2 year term the contribution is still of great significance and if there is no suitable alternative candidature then there should be room for flexibility, again this relates to the specialisms involved.