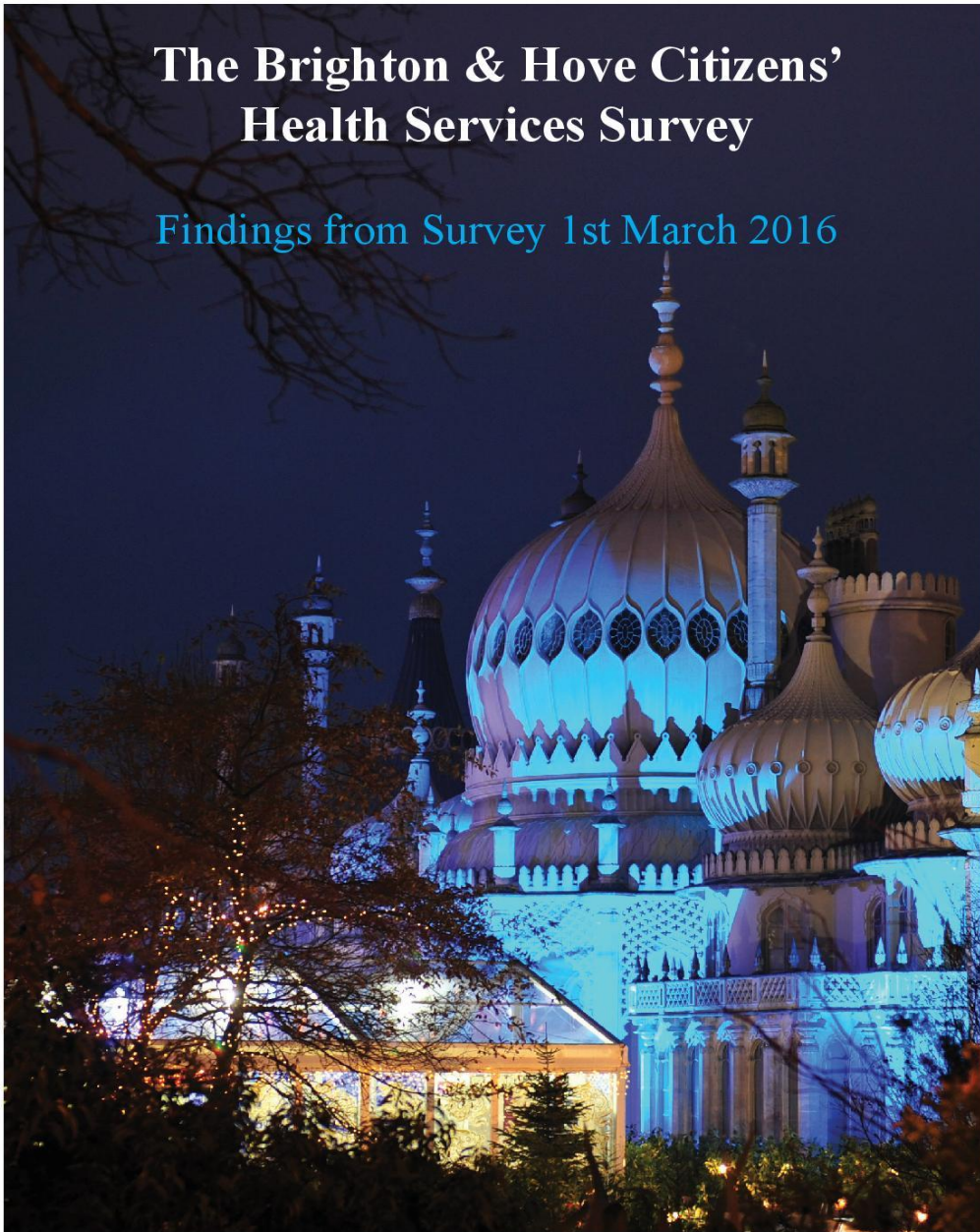


The Brighton & Hove Citizens' Health Services Survey

Findings from Survey 1st March 2016



Report developed by the Brighton Citizens' Health Services Survey team

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Executive Summary

- The recent research on the functioning of local healthcare commissioning since the passing of the Health and Social Care Act (2012) (HASC) reveals a number of problematic issues. Many of these concern the constitution and activities of the Clinical Commissioning Groups (CCGs).
- In key guidance documents issued to CCGs on governance, it is recommended that CCG's have a responsibility to ensure that patients and the public are actively involved in the commissioning arrangements. However CCGs are also accountable to multiple other agencies.
- Recent reports from clinicians across England, documented in the British Medical Journal, describe dysfunctional commissioning processes in areas undergoing competitive tendering, with compromised patient pathways and where cost-efficiency seems to be the overriding quality.
- Patient participation groups, the current prominent feedback mechanism, are considered fragile and variable, poorly defined and with no evidence to suggest they have been effective in securing engagement at practice level. As such there is a need to look for additional ways through which to engage with the public, beyond the traditional set-piece consultations.
- Very recent research suggests that, for a second year in a row, health care professionals, including commissioners, do not feel CCG policies reflect their own views and that they have very little chance to impact CCG's policy decisions.
- There is strong evidence that patient participation is linked to better treatment results, higher patient satisfaction and more responsive services.
- The first Brighton Citizen's Health Services Survey (BCHSS) was conceived by academics at the University of Brighton to hold regular 6 monthly independent public consultations with thousands of people of Brighton and Hove to explore some of the broader questions about healthcare commissioning that often get missed during traditional consultation.
- These consultations are not about patients' experience of their local services directly but rather seek to capture rich data representing the voices of the people of Brighton and Hove on important topical health issues like funding cuts, privatisation and the broader link between local commissioning and national funding policy directives.
- 1,300 residents of Brighton and Hove were asked to take a survey of 8 questions based on key current and upcoming commissioning issues. These focussed on core values on health commissioning, current commissioning issues and future commissioning plans.

The key findings were as follows-

- When asked who they would prefer to be treated by, almost **88%** of the respondents said the NHS. This compared with **9.1%** who had a preference for a private healthcare company.
- When asked whether people believed that "health companies should not make financial profit from people's health problems", **92%** strongly agreed or agreed with this statement.
- Participants were asked whether, in light of Optum's international legal difficulties, there should have been a full public consultation on Optum. **93%** said that there should have been.

- Over **93%** of people said that they were concerned or very concerned about the award of the Optum contract locally.
- The council recently revealed an intention to cut £21.9 million over the next 4 years from the Adult Social Care budget. Over **97%** of people were either very concerned or concerned about these cuts.
- **97%** of people either strongly agreed or agreed with the following statement, ‘The council should be actively resisting these latest cuts by evidencing their impact and sending the messages back to central government’.
- In 2016 and 2017 the Brighton and Hove Clinical Commissioning Group (who buy in local health services) are considering inviting health providers to bid to run a primary care mental health service. **93%** of people would be very concerned or concerned if this contract was given to a private provider.
- Similarly, regarding the potential contract for NHS 111 service for non-emergencies, **85%** of people would be very concerned or concerned if this contract was given to a private provider.
- The Public Health contract for Health Visiting, School Nursing and other children's community health services is due for renewal by the end of March 2017. **90%** of people said that they would prefer that this stayed with the NHS.

There were four key conclusions-

1. This report shows that the public in Brighton and Hove hold clear and compelling values on the way that they want their health services to be commissioned.
 2. It restates that CCG's have a very clear constitutional remit to ensure that these views are appropriately reflected in their decision making.
 3. In the city of Brighton & Hove, a vast majority of the public are against the use of private companies in the local health economy and very concerned about some recent decisions that have been made to commission private companies to undertake certain services.
 4. Thus further work is needed on the part of the CCG to reflect the public needs and values in their commissioning decisions.
- New guidelines very recently developed and published by NICE on community engagement suggest the development of collaborations and partnership approaches to encourage and support alliances between community members and statutory, community and voluntary organisations, particularly involving people in peer and lay roles and making it as easy as possible for people to get involved.
 - As a result of the findings above and recommendations from NICE, it is intended that the Brighton Citizens' Health Services Survey will continue.
 - It will also act as the beginning of a broader project seeking to recruit various local stakeholders and members of the public to use the University of Brighton as a platform through which to host innovative ways to address the disparity that has arisen between some current CCG commissioning decisions and public values.

Background

Recent research on the functioning of local healthcare commissioning since the passing of the Health and Social Care Act (2012) (HASC) reveals a number of problematic issues. Many of these concern the constitution and activities of the Clinical Commissioning Groups (CCGs) who hold 65% of the NHS budget (Checkland, 2013). Under the HSCA 2012 they are responsible for planning, agreeing, procuring and monitoring a full range of services. However, the exact nature of CCG accountability relationships remains ill-defined and under-specified (Checkland, 2013).

In one of the key guidance documents issued to CCGs on governance, it is recommended that CCG's account to the patients and population they serve as well as being accountable to the NHS Commissioning Board (NHSE). This requires a comprehensive and effective patient and public engagement strategy whereby "they will have a responsibility to ensure that patients and the public are actively involved in the commissioning arrangements" (ref. 7, p4) (Cited in Checkland, 2013). NHS England published an interim CCG assurance framework which states that 'the approach will focus heavily on the role of CCGs in securing patient and public engagement' (Hudson, 2015). However CCGs are not only under a legal duty to consult with the public. They also have a legal duty to break even financially. Moreover they are accountable to multiple others including NHS England, The Secretary of State for Health, Monitor, Health and Wellbeing Boards, and the Local Authority via Oversight and Scrutiny Committees (Checkland, 2013).

A potential problem is that complex accountability arrangements often lead to confused commissioning (Checkland, 2013). And this may be a contributory factor in explaining recent reports from clinicians across England, documented in the British Medical Journal. These describe 'dysfunctional commissioning processes in areas undergoing competitive tendering, with compromised patient pathways and fragmentation' and where 'cost-efficiency seems to be the overriding quality' (BMJ 2015; 350:h149). Dieth suggests that in the arms race between commercial providers, there is much secrecy about how contracts are awarded and performing, with real difficulties in gaining public access to tender documents (Dieth, BMJ, 2013). Moreover this issue of CCG commissioning may have clinical implications. In a presentation to the Royal College of Surgeons just before the release of Lord Carter's recent review of hospital productivity, Professor Tim Briggs, discussed unacceptable variation in infection rates¹, costs and the impact of privatisation. Specifically his presentation made reference to the fact that 'CCGs don't know what they are buying'.

Evidence on the issue of public accountability is also problematic. The Francis report on Mid-Staffs made the point that 'the old Community Health Councils almost invariably compared favourably with the structures that succeeded them and it is clear what replaced them failed to produce an improved voice for patients and public, but achieved the opposite' (The Francis Report, Mid Staffs, para 1.19) (Cited in Hudson, 2015). Patient participation groups, the current prominent feedback mechanism, are considered fragile and variable, poorly defined and with no evidence to suggest they have been effective in securing effective engagement at practice level (Hudson, 2015). As such there is a need to look for additional ways through which to engage with the public beyond the traditional set-piece consultations with the public (Hudson, 2015).

Very recent research suggests that, for a second year in a row, health care professionals, including commissioners, say they do not feel CCG policies reflect their own views and that they have very little chance to impact CCG's policy decisions. This is true for GPs as well as other health professionals (Murphy, 2015).

Rationale

The literature above suggests a requirement for public voice in the local health commissioning framework, both in terms of statutory responsibilities and due to the clear clinical benefits that accrue from this. There is strong evidence that patient participation is linked to better treatment results, higher patient satisfaction and more responsive services (Barker, 2015). However the literature suggests that the accountability of CCGs both to their local public and to the health professionals that

they represent, has been fraught with difficulties in recent years. It is with this in mind that the current project has been developed.

Healthwatch was developed as an accountability mechanism of the Health and Social Care Act (2012) to 'amplify consumer voice' and in so doing seek to capture the experiences of service use. Indeed there is much that patients know and can speak of regarding service use but the way that people relate to health services goes beyond simply using a given service. We suggest that people have beliefs, values and desires for their health services beyond the individual, isolated experiences of using a given service. However, these factors are rarely fed into the local and national policy making frameworks and so are often missed. This is where academics and universities could have a useful role. There is a space to link the values, needs and wishes of local people on the big, distal and potentially difficult questions regarding healthcare policy and commissioning, with those who commission services on their behalf.

With this in mind, the first Brighton Citizen's Health Services Survey (BCHSS) was conceived by academics and students at the University of Brighton, in partnership with local community organisations and academics from the University of Surrey and the University of Essex. It was developed in order to hold regular independent public consultations with thousands of people of Brighton and Hove with regard to some of the key broader questions about healthcare commissioning that often get missed in traditional consultation set-pieces. These consultations seek to bring the voices of the people of Brighton and Hove to important topical health issues like funding cuts, privatisation and the broader link between local commissioners and national funding policy directives.

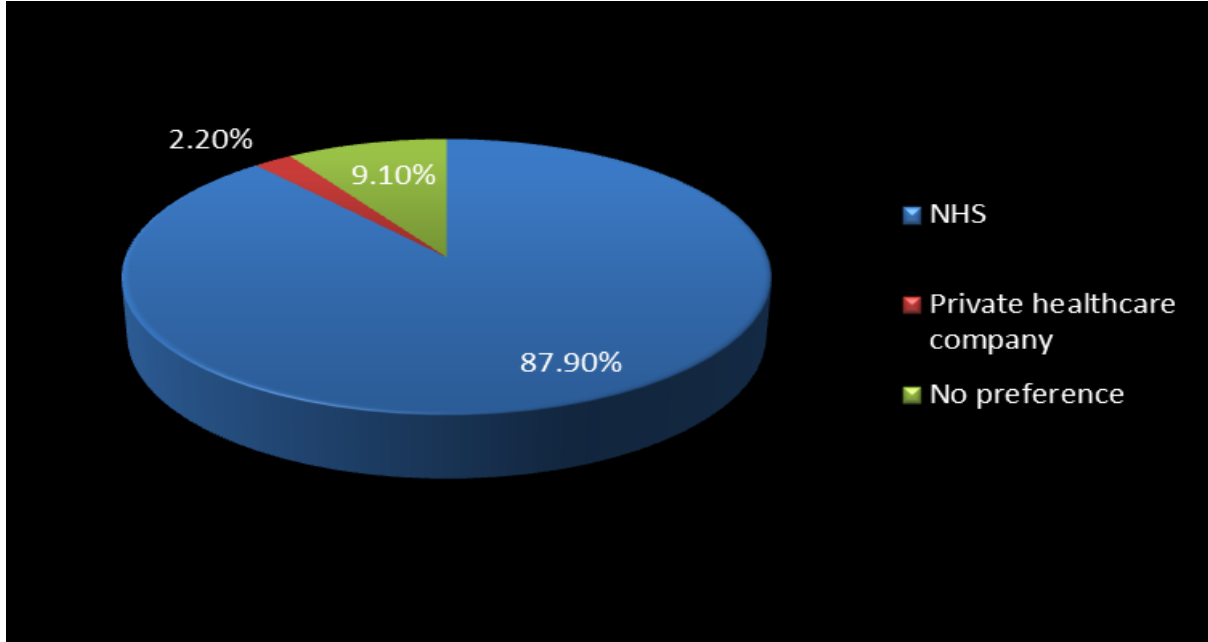
It is intended that the findings will be used to start a conversation where disparities between commissioning decisions and public needs and values can be made clear and acted upon. Where necessary, it will provide a rich and representative array of data to link commissioning decisions to local interest and to bring democratic potential to bear positively on those who commission our health services.

Method

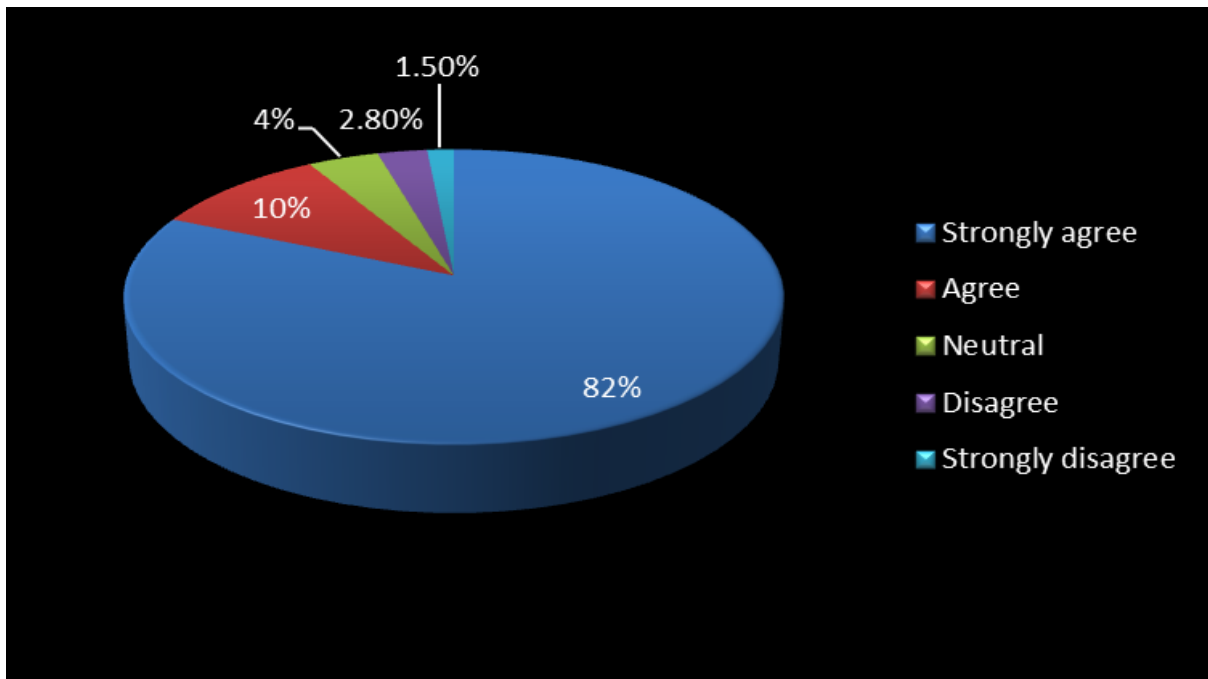
1,300 residents of Brighton and Hove were asked to take a survey of 8 questions based on key current and upcoming commissioning issues. These focussed on core values on health commissioning, current commissioning issues and future commissioning plans. The sampling frame included convenience sampling in the city centre, sending the questionnaire to residents associations, church groups, all political parties, students at both universities and disseminating it as widely as possible on social media.

Findings

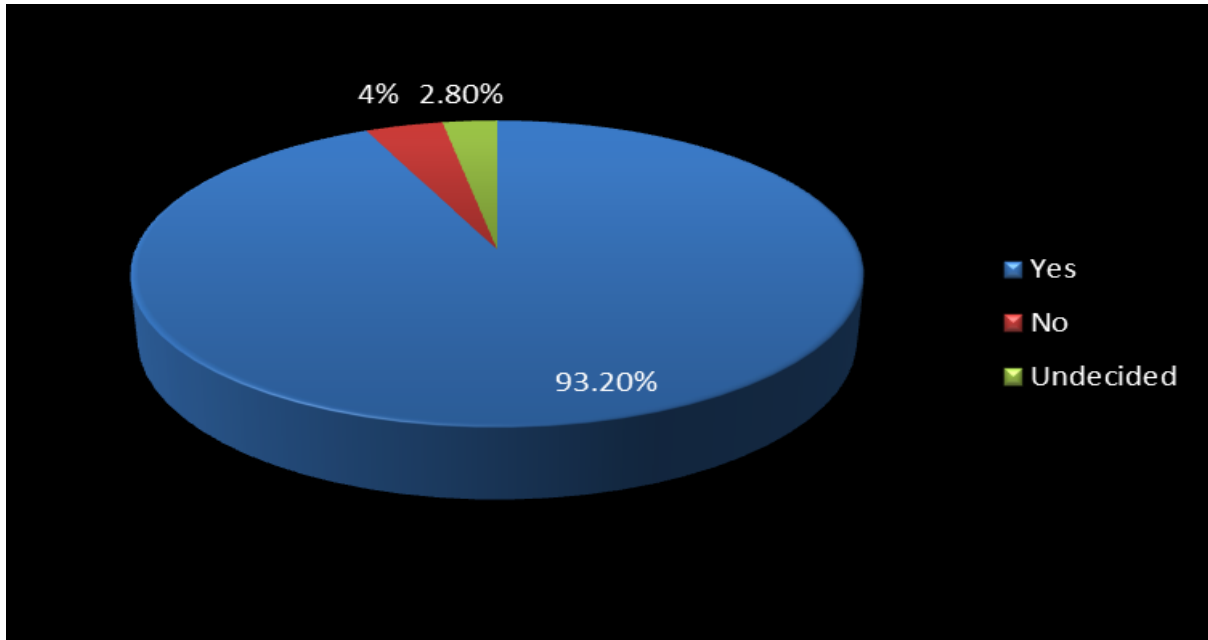
A. When asked 'who would you prefer to be treated by', almost 88% of the respondents said the NHS. This compared with 9.1% who had a preference for a private healthcare company.



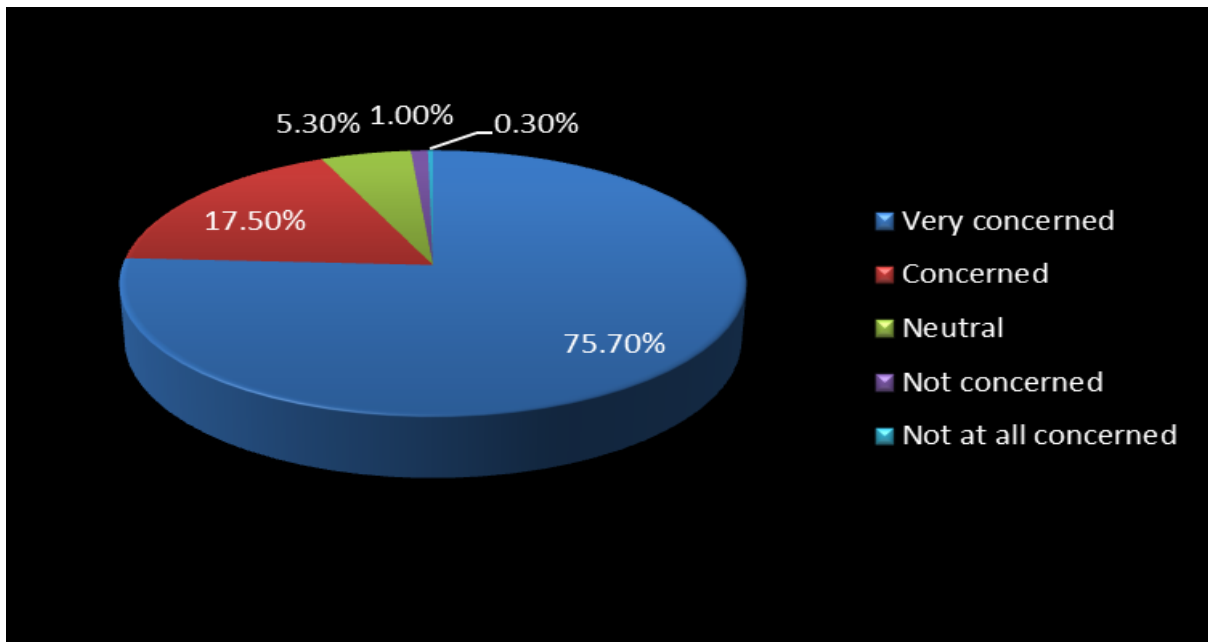
B. When asked whether people believed that 'health companies should not make financial profit from people's health problems', 92% strongly agreed or agreed with this statement.



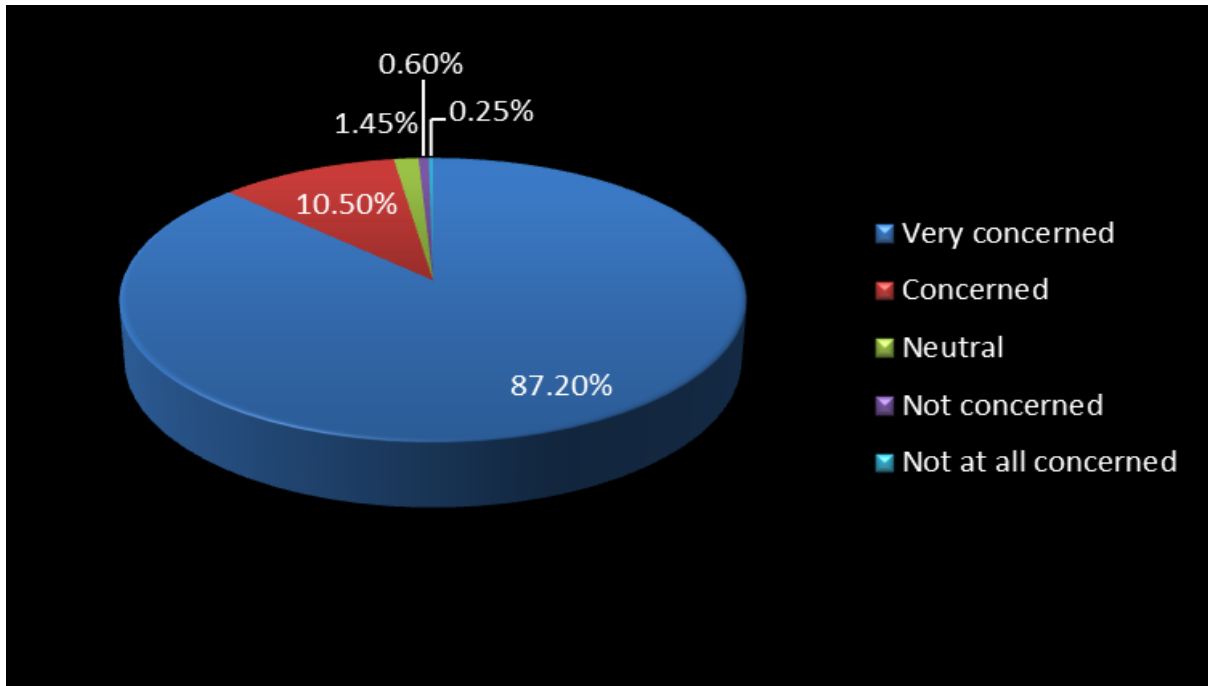
C. Optum are a private company who recently won a £1.5m contract from Brighton and Hove CCG for referral management services. Recently Jamie Reed, a shadow health minister, said in reference to Optum: “Ministers need to explain how it can be right that companies that are being pursued for poor care standards abroad could possibly enter the NHS.”² Participants were asked whether, they in light of these legal difficulties, there should have been a full public consultation on Optum. 93% said that there should have been.



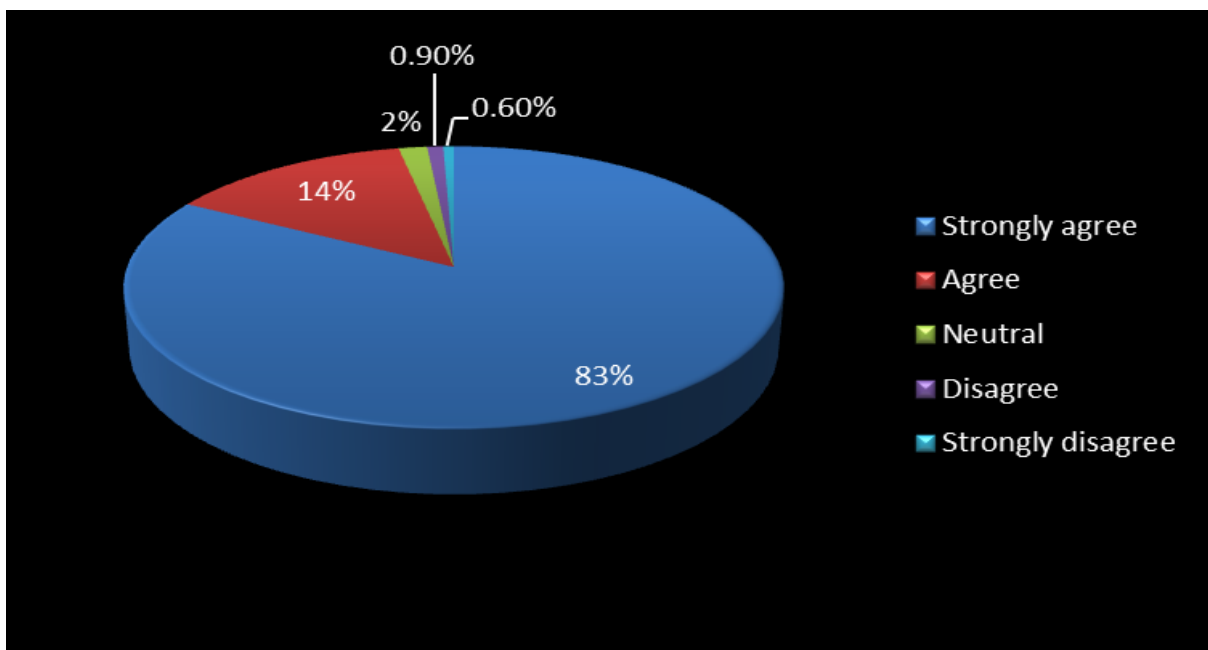
D. Over 93% of people said that they were concerned or very concerned about the award of the Optum contract locally.



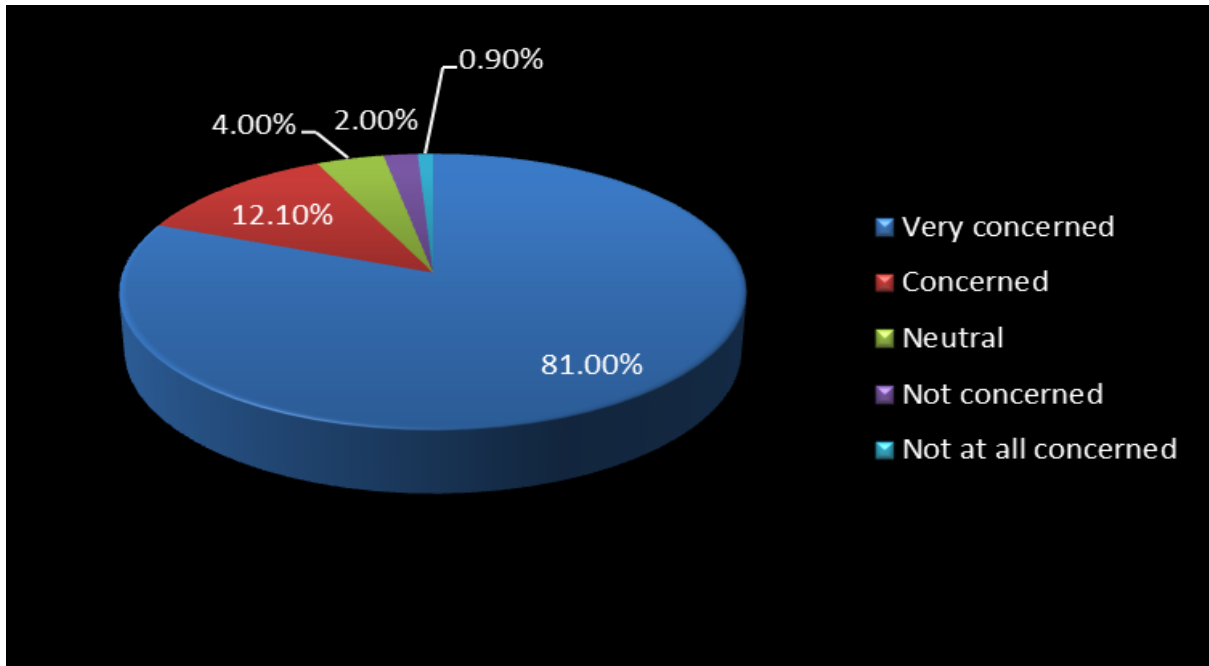
E. The council recently revealed an intention to cut £21.9 million over the next 4 years from the Adult Social Care budget. Over 97% of people were either very concerned or concerned about these cuts.



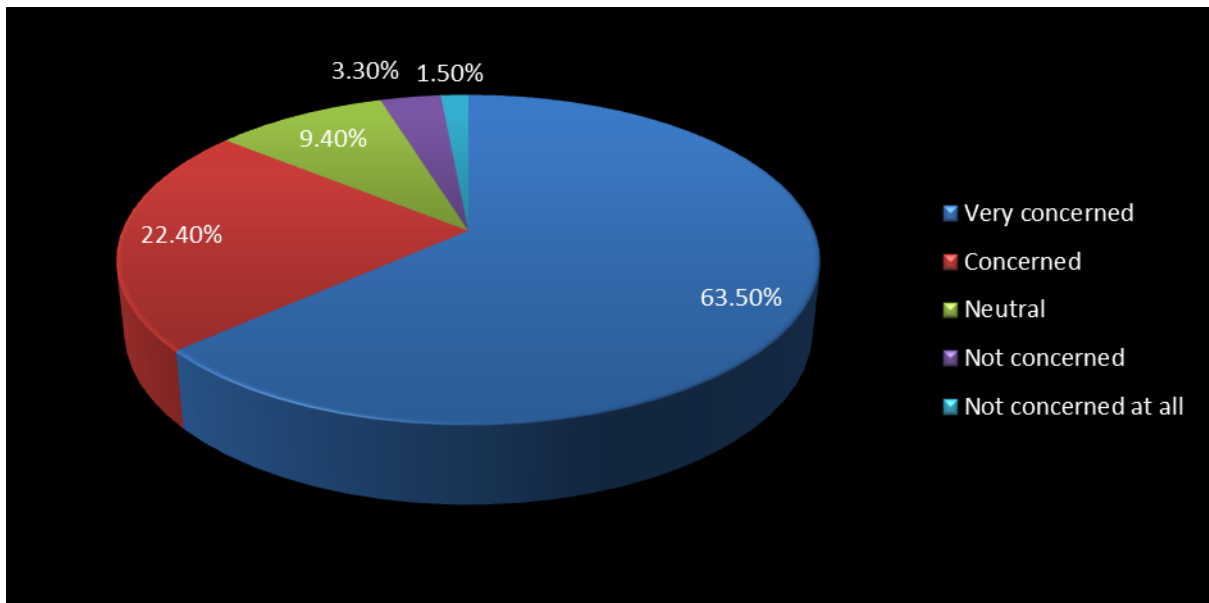
F. Recently the National Audit Office³ suggested that local councils should do more to evidence the impact of budget cuts on services and ‘push it in the face’ of central government. 97% of people either strongly agreed or agreed with the following ‘The council should be actively resisting these latest cuts by evidencing their impact and sending the messages back to central government’



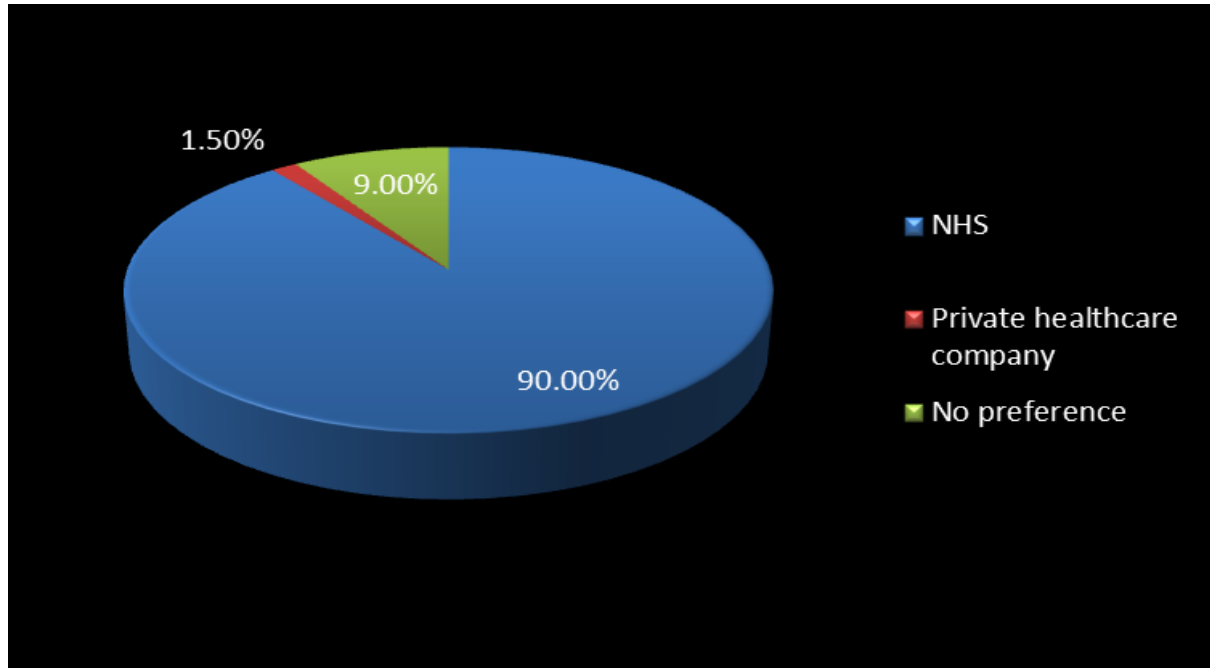
G. In 2016 and 2017 the Brighton and Hove Clinical Commissioning Group are considering inviting health providers to bid to run a primary care mental health service. 93% of people would be very concerned or concerned if this contract was given to a private provider.



H. Similarly, regarding the potential contract for NHS 111 service for non-emergencies, 85% of people would be very concerned or concerned if this contract was given to a private provider.



I. The Public Health contract for Health Visiting, School Nursing and other children's community health services is due for renewal by the end of March 2017. 90% of people said that they would prefer that this stayed with the NHS.



Finally 422 written comments were received from the people who filled in the survey. These comments were overwhelmingly in favour of retaining services within the NHS at the expense of private health providers. The comments below provide a flavour of the feedback received-

“Profit-making companies should not be allowed to provide NHS services. The idea of market based commissioning is an expensive waste of NHS funds. “

“Having seen the appalling job done by companies providing private prisons and other public services I am very concerned about the access of private companies to health care. Provision of health services cannot be done properly by profit-motivated companies.”

“Private health care is an abomination and against everything that the founders of the NHS stood for.”

Conclusions

Any claim to represent the public voice will in all likelihood be contested. Indeed the very value of any product of public participation rests upon the capacity to legitimately make the case that the product represents the public (Martin, 2008). While we believe that the results in this report tell a compelling story about public values and commissioning in Brighton and Hove, it is not the intention of this report to provide an in-depth focus on what constitutes effective public consultation. Rather it is the intention to suggest four key conclusions

1. The public hold clear and compelling values on the way that they want their services to be commissioned
2. Local CCG's have a very clear statutory remit to ensure that these are appropriately reflected in their decision making

3. In the city of Brighton & Hove, a vast majority of the public are against the use of private companies in the local health economy and are very concerned about some recent decisions that have been made to commission private companies to undertake certain health services.
4. Thus further work is needed on the part of the CCG to reflect the public needs and values in their commissioning decision.

Very recently new guidelines have been developed and published by NICE on community engagement (Fenton, 2016). Specifically these suggest the need for NHS, local authorities and other service providers to better engage local communities in decisions that affect their health. The new guidelines suggest the development of collaborations and partnership approaches to encourage and support alliances between community members and statutory, community and voluntary organisations to meet local needs and priorities and making it as easy as possible for people to get involved.

As a result of the issues above and the recommendations from NICE, it is intended that the Brighton Citizens' Health Services Survey will continue for the foreseeable future. It is also intended that it develops as the platform for a broader project seeking to recruit local stakeholders and members of the public to use the University of Brighton to develop and hold innovative spaces where the disparity that has arisen between some current commissioning decisions and public preferences can be addressed.

During such complex and rapidly changing national and local contexts for health commissioning, we believe that there is value not only in maintaining such a large scale and independent public consultation across the city but for using it as a launch pad to explore other ways that the voice of the public can be brought more firmly into the decision making process on local health commissioning.

Bibliography

Barker, K.L. (2015). How can qualitative research be utilised in the NHS when re-designing and commissioning services? *The British Journal of Pain*, 9(11), 70-72.

Checkland, K, Allen, P, Coleman, A, Segar, J, McDermott, I, Harrison, S, Petsoulas, C, Peckham, S. (2013). Accountable to whom, for what? An exploration of the early development of CCGs in the English NHS. *BMJ Open*, 3, doi: 10.1136/BJM Open-2013-003769

Deith, J. (2013) A Healthy market? Lack of transparency raises doubts about NHS commissioning *BMJ* 2013; 347

Fenton, K. (2016) Local first: NICE guidance is clear mandate for community approaches to health and wellbeing. *Public Health England*, 4th March 2016

Hudson, B. (2015). Public and patient engagement in commissioning in the English NHS. *Public management Review*, 17(1), 1-16.

Murphy, E. (2015). Primary concerns 2015. *Cogora*. Com

Further sources

1. <http://www.rcseng.ac.uk/healthcare-bodies/docs/presentation-t-briggs-27116>
2. <http://www.theguardian.com/society/2015/feb/14/nhs-private-contractor-optum-hospice-fraud>
3. <http://www.lgcplus.com/news/nao-chief-push-impact-of-budget-cuts-in-the-face-of-government/5091012.article>