



CARERS FEDERATION  
LIMITED  
Research Forum

# Public opinion on the proposed advocacy function of HealthWatch: Executive Summary

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A report prepared by Carers Federation Ltd

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Carers Federation Limited has achieved ISO9001 quality accreditation.



## Background

In 2005, the Carers Federation Ltd, a carer-led charity, was one of three organisations awarded five year contracts to deliver the Independent Complaints Advocacy Service (ICAS), a free, confidential and independent service that supports people through the NHS complaints pathway. Since its inception, ICAS has helped more than 30,000 people navigate their way around the NHS complaints procedure, and has been recognised for its achievements within the Department of Health (DH) high performance recognition scheme.

The government Health White Paper '*Equity and Excellence: Liberating the NHS*' contained within it proposals<sup>1</sup> for the creation of a new body, HealthWatch England, with additional proposals for Local Involvement Networks (LINKs) to become local HealthWatch. Local HealthWatch will be funded by, and accountable to, local authorities, who in turn will be able to commission local HealthWatch or HealthWatch England to provide advocacy and support. A companion document '*Liberating the NHS: Local democratic legitimacy in health*', aimed to guide public consultation on the White Paper proposals, included the following question<sup>2</sup>:

“Should local HealthWatch take on the wider role outlined in paragraph 17, with responsibility for complaints advocacy, and supporting individuals to exercise choice and control?”

## Methodology

To answer the above question, ICAS clients and stakeholders (professionals who interact with ICAS, such as NHS complaints managers) were surveyed to gauge public opinion on the proposals for HealthWatch to provide advocacy services in the future - 837 ICAS clients and 287 ICAS stakeholders responded to the survey. A consultation event was also held at the Leeds Royal Armouries on 21<sup>st</sup> September 2010, with 70 ICAS staff, clients and stakeholders in attendance.

## Results

Many concerns were raised about local HealthWatch assuming responsibility for advocacy services, including:

- (a) *Concerns about loss of expertise*: Respondents feared a loss of professional relationships, person-centered care, consistency, local knowledge base and good practice from the existing ICAS service.
- (b) *Concerns about the evolution of LINKs into HealthWatch*: Respondents had concerns about:
  - *Consistency* – each LINK is run differently;
  - *Professionalism* – LINK members are volunteers;
  - *Bias* – danger that volunteers may have too many personal opinions, and may unfairly target certain services;
  - *Representation* – feelings that LINKs only reflect ‘white, middle-class views’, and focus on groups of interest to them, rather than the wider population;
  - *Viability* – no formal evaluation of LINK effectiveness and suitability to take on the envisaged role of HealthWatch.

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<sup>1</sup> Department of Health. 2010. *Equity and excellence: Liberating the NHS*, pages 19–20.

<sup>2</sup> Department of Health. 2010. *Liberating the NHS: Local democratic legitimacy in health*, pages 4–5.

- (c) *Concerns about loss of independence:* Respondents felt strongly that complaints advocacy would not be perceived as independent if provided by HealthWatch. 99% of clients and stakeholders felt it important that advocacy is seen to be independent.
- (d) *Concerns about conflict of interest:* 51.6% of stakeholders thought that HealthWatch staff could be placed into a conflict of interest if asked to provide impartial advice as well as provide advocacy services; 65.9% of clients believe that HealthWatch staff providing complaints advocacy need to be different to those providing information; 55.10% of stakeholders believed that advocacy services should be provided independently of HealthWatch.
- (e) *Cost implications:* Respondents questioned the wisdom of creating a new service from scratch in an era of vast public spending cuts.

## Recommendations

These recommendations are made in the light of serious misgivings, from both ICAS clients and stakeholders, about the responsibility for advocacy services to be moved to local HealthWatch organisations.

1. Local authorities should consider commissioning advocacy services from organisations outside of HealthWatch;
2. If HealthWatch (either local or national) are commissioned to provide advocacy, HealthWatch should consider sub-contracting a specialist advocacy provider to deliver the service;
3. If HealthWatch seeks to deliver advocacy under its own guise, consider creating a visible division between staff that provide advice, complaints, and advocacy services to avoid conflict of interest;
4. If HealthWatch seeks to deliver advocacy under its own guise, consider employing previous ICAS employees, so that a sound knowledge of the NHS complaints system and advocacy skill base are retained.
5. Consideration is given to retaining ICAS, and expanding its remit to include social care complaints advocacy, to retain equitable national provision of a consistently high quality.
6. A formal evaluation of LINKs to determine effectiveness to date, and ability and willingness to take on the proposed remit of local HealthWatch.

## Further details

To request a full copy of this report please e-mail [info@carersfederation.co.uk](mailto:info@carersfederation.co.uk), or telephone 0115 9621776. Hard copies are also available upon request.