



11 July 2010

Memorandum

I have studied this proposal with interest, and have the following observations. I am unfortunately unable to attend the meeting of the Priorities Panel on 14 July 2010.

In brief the proposals appear to replace consideration of problems generated by users of the health and social services by the Priorities Panel and replace their decision-making by both a small group of the Governors and allocation by Kent & Medway Networks Ltd (KMN) to an isolated number of lay assessors.

The effect of this will centralise all decision-making and generate an inflexible and remote body, which will not respond to local concerns.

It can reasonably be argued that the operation of the Priorities Panel has a degree of rigidity imposed by its structure and that we lack some of the required flexibility to respond to our clients concerns. However, I cannot perceive any advantage in the implementation of this proposed structure. I had understood that the Governors remit is for the strategic direction of the LINK, and that they have delegated the decision making to the Priorities Panel the members of whom have been selected for their range of experience both in the health and social services, and as customers of both services. Thus the role of the two bodies is complementary.

I had also understood that the role of KMN is to provide secretarial and administrative support for Kent LINK, not to take part in decision-making.

It worries me that the concerns of patients and social services clients have become more remote and that we are not adequately responding to their needs. There is a laudable initiative to open local offices, however we do not have the local feel for which the (now defunct) Community Health Council (CHC) organisation was known. The CHC was locally based and governed and well known to both GPs and hospitals, and understood local conditions.

I suggest that it would be most unwise to centralise these functions, especially now that the plans of the new Government are becoming clearer. Their purpose is evidently to devolve decision-making and contracts to the local GP level rather to centralise, leaving some community functions such as Public Health to the reduced Primary Care Trusts (PCT). The result will be to reduce the delivery of medical care to the local level and providers will badly need feedback from consumers.

I therefore counter propose that the Governing body set up a number of local committees distributed as were the original CHCs whose task will be to provide this local representation and to liaise with local providers to guide local services.

I regret that I cannot support the proposal for the above reasons.

Robin Ridsdill-Smith
Priorities Panel member
11 July 2010