

NHS Mandate 2020

Consultation Response from Healthwatch England

This document outlines Healthwatch England's feedback on the new NHS Mandate framework.

As we understand it, because this consultation exercise is only looking at the top level aims and objectives we have provided only top level feedback.

However, as a statutory consultee, we expect to be given an opportunity to provide more detailed comment on the full Mandate document once drafted, using the evidence we have collected from patients and social care users over the last year to provide a unique insight into what the public want from the NHS.

Overview

Fundamentally the framework sets out the development of a new relationship between the NHS and the public - giving people more power and control over their care and ensuring services are arranged around them.

We wholeheartedly support this objective, because, through our research, this is what people tell us they want from the future of health and social care. It is therefore very much in line with the development of our own five year strategy, and is absolutely vital for the success of the Five Year Forward View and the long term sustainability of health and social care services across England.

We support the principle of setting the Mandate to cover a longer term, extending it from one year to a three to five year term. This should provide the NHS with greater stability in terms of its priorities and finances, and ultimately enable more effective long-term planning. However, we are pleased to see that the Mandate will undergo a refresh process on an annual basis to ensure it continues to be fit for purpose in what is a rapidly changing area of public service.

We also applaud the Department of Health for its efforts to turn the Mandate into a more streamlined and increasingly public facing document through the use of a high level framework. However, we would strongly recommend that the annual milestones (mentioned in para 2.1 of the consultation document) are made available to the public in a way that ensures full transparency.



Two Opportunities

As it stands the current framework document misses an opportunity to strengthen the role of patients and achieve its overall objective in two key areas:

1. Improving public and patient involvement in changes to local services:

In our letter to Earl Howe, dated 6 October 2014, providing Healthwatch England's formal feedback on the 2015/16 NHS Mandate, I highlighted two areas where the 2020 NHS Mandate could also be expanded to improve the way the NHS involves patients and the public in the decision making process. These are:

- Addressing inconsistency regarding assurance of public and patient involvement in Clinical Commissioning Group (CCG) decisions about service change and redesign locally.
- Ensuring meaningful involvement and engagement of the public, including people using NHS services, their families and carers, in national commissioning decisions.

It remains our position that the Mandate should not specify involvement and engagement mechanisms. However, it should set clear expectations around involving the public in decision making and outline a transparent method for assuring the quality and consistency of engagement across the country. For example, this could be included as part of the development of the proposed CCG scorecards. Crucially this has to be about outcomes for patients as well as the level to which they have been involved in decision making processes.

2. Reform of the complaints system:

The last time the Department consulted on the Mandate there were discussions about the inclusion of a strategic objective concerning the NHS's duty to engage with, respond to and resolve people's complaints.

Given one of the ambitions of the Mandate is to drive improvement through transparency, it would mark a real commitment to embedding a new culture around complaints handling to include something specifically on complaints.

Earlier this year, we wrote an advisory note to the Secretary of State outlining a 7 point action plan for creating a complaints system that gives people what they need and helps the system learn from its mistakes. There are three elements of this plan that are of specific relevance for the Mandate and could be included:

- Create a 'no wrong' door policy for people looking to make a complaint.
- Embed a clear responsibility for learning from complaints across the NHS.
- Require NHS England to set an example for others by recording and reporting all complaints it receives, including verbal and non-formal complaints, to the HSCIC.



Feedback on proposed strategic objectives for NHS England:

- ***Preventing ill health and supporting people to live healthier lives***

We know from our research that people are aware clearly of the pressures on the NHS and that they want to help ease the burden by taking on more responsibility for managing their own health and wellbeing.

This is encouraging, but to do this they are going to need support. In order to deliver this support, NHS England will have to work closely with a range of other organisations. It will need to look beyond the standard prevention methods such as promoting a healthy diet or smoking cessation. It must look at health inequalities and how the health and social care system can work with partners in other sectors to collectively address some of the wider determinants of health - such as employment and housing.

There is a clear role for the Healthwatch network in supporting this work - both through NHS England using the evidence and insight we collect to identify issues and a wider function promoting improved information and education for people about how to stay healthy. Local Healthwatch already have a role in signposting local services, so this would be a clear extension of this role to ensure people are able to access the right services, at the right time to help them stay well.

- ***Creating the safest, highest quality health and care service***

The suggested Mandate aims to do this by encouraging the NHS to become more person-centred, empowering patients to make meaningful choices and ensuring the NHS is both equipped and incentivised to seek, listen to and act on consumer feedback.

For this to succeed the Mandate should outline a need for the NHS to review how it captures performance data. At the moment there is too much focus on reporting on performance around individual incidents of care and specific services, and not enough on people's journeys across services or how they felt about the treatment and support they received. Policy makers need to break down the data silos so they reflect the drive to be more patient centred.

For example Healthwatch England's 'Safely Home' report into the hospital discharge process found that 69 per cent of people in England who have been discharged from hospital in the last three years would 'recommend' the hospital to a friend or family member. This compares with 95 per cent who recommend the service when responding to the friends and family test, the key difference being the point at which patients are asked to give feedback. The friends and



family test provides a guide to the satisfaction rate at the point of discharge, when people are going home, not after they have had time to reflect on their treatment and indeed the support they received during their recovery.

- ***Maintaining and improving performance against core standards while achieving financial balance***

To meet the standards set out in the NHS Constitution whilst maintaining a control on NHS spending is going to require changes in the way services are delivered.

Our work has established that the public are well aware of the pressures the NHS currently faces and are ready and willing to work with the NHS to shape the future of services together.

The Healthwatch network is supporting this by providing unique insight into what the public want and helping decisions makers reach out to the seldom heard.

However, the Mandate must seek to encourage a more open and collaborative approach to public engagement across the NHS. This should ensure, whatever service is being changed, that patients and the wider public are seen as genuine partners in the process, engaged from the very beginning.

It must also set out a requirement for service change initiatives such as the vanguards, the better care fund and devolution arrangements to work together to ensure plans are aligned and engagement efforts do not result in 'consultation fatigue'.

- ***Transforming out of hospital care***

Our annual survey of local Healthwatch identified that access to primary care was the number one concern for the public in 2015.

To find out why, we analysed the 11,000 conversations local Healthwatch have had with people about primary care and their visits to 550 practices identifying a number of themes around access, choice, quality and being listened to.

This process also revealed an understanding amongst the public about the pressures on the system as well as a clear appetite to help fix some of the problems by taking more responsibility for their own health. We commissioned some deliberative research where people told us that to do this they need:

- Better information and use of basic technology - e.g. email in place of fax.
- Flexible access to care - such as mental health services and self-referral for those with existing conditions needing to see a specialist such as a physiotherapist.



- More help navigating the system rather than relying on GPs to act as gatekeepers.

Although just the beginning of this conversation for Healthwatch, this work highlights how effective public engagement can generate new ideas about the way services can meet users' needs with improved outcomes and more efficient use of resources.

- ***Driving improvements in efficiency and productivity***

Healthwatch England is always looking hard to make our own resources go further, but where we feel we can real value to the efficiency challenge is through the mix of national and local insight we can provide.

Our remit stretches across health and social care, so we understand people's entire journey's across services, enabling us to identify bureaucratic inefficiencies.

For example, Healthwatch Staffordshire escalated local concerns about the delays between the ordering and delivery of equipment which had left a local boy in pain, unable to walk and ultimately requiring further surgery because he had to wait 17 weeks after his foot was operated on. This was by no means an isolated case and by raising concerns with NHS England at a national level we were able to kick-start a review which will hopefully see waiting times drastically fall - improving the experience for patients and potentially saving as much £390 million in wasted equipment costs and by limiting ongoing treatment needs.

The Mandate could help to ensure this kind of insight is used more systematically by ensuring Healthwatch, locally and nationally, are plugged in to the right mechanisms early enough to make a real difference.

