NHS Mandate Refresh 2018/19

Recommendations of Healthwatch England

In December 2015, the Department of Health published its Mandate to NHS England setting out the Government's strategic ambitions for the health service up until 2020/21.

As part of this, the Mandate outlines a number of key deliverables which are refreshed on an annual basis.

Healthwatch England is a statutory consultee on the development of the Mandate, as well as the refresh of the annual deliverables.

Using the insight we gather from thousands of patients, care users and staff every year, the following document sets out areas where we see the Mandate deliverables could be strengthened to ensure services are delivering what people want. This work builds on both:

- Our ***submission*** to the development of the Mandate to NHS England 2015 – 2020.
- Our ***input*** into the 2017/18 refresh of the key deliverables outlined in the Mandate.

Key areas for 2018/19:

- **Improving public involvement in changes to local services**

  The pace and scale of planned transformation across NHS and social care shows no sign of changing. It is therefore important the Government and NHS England continue to send strong and repeated messages to commissioners, providers and health and care professionals reinforcing their expectations that people and communities will play a key role in shaping the future of health and care services.

- **Using discharge as a success indicator for integration**

  The new target on delayed transfers of care is an important step. However, there is significant scope to do more to understand an individual's road to recovery and use this to track whether or not services are providing people with a seamless, integrated experience.

- **Demonstrating how learning from feedback is improving care**

  Whilst significant progress has been made on complaints in terms of the data collected and internal learning within NHS England, there is still much to do to outline to people what has been learnt from their feedback and what has changed in the way services are delivered. Hardwiring complaints and feedback data into the quality improvement process is a necessary next step.

- **Increasing focus on evaluation of mental health services**

  We recognise the Mandate has supported the Mental Health Forward View and the targets set out within it. This is a positive step. However feedback suggests the proposed changes are taking time to be implemented and have an impact on

people's experiences of care. The Mandate provides an opportunity to increase focus on evaluation, in particular the importance of evaluating how the changes are affecting people, to ensure services are achieving the intended outcomes. In particular we would like to see greater emphasis on the need for physical health services to improve the way they also meet people's mental health and wellbeing needs.

- **NHS targets and the experiences of users**

  Whilst NHS targets are useful for tracking performance from a system point of view, they are not always the best way of tracking people's opinions of the care they receive. The Mandate should encourage the NHS to look at a broader set of metrics that give a rounder picture of people's experiences and create a more meaningful national conversation about how the NHS is doing.

- **Tackling access issues in NHS dentistry**

  The experiences shared with us highlight that in some parts of the country people have real trouble accessing an NHS dentist. We have also heard that there are real gaps in provision for particular groups, such as people in care homes. Yet such evidence is often overlooked in national commissioning decisions, particularly where national satisfaction surveys tell a more positive story on average. As an initial step the Mandate should look to raise the priority given to NHS dental services, but looking more broadly it could also be used to encourage NHS England to consider a wider evidence base when commissioning services directly.

1. Improving public involvement in service change

Last year we highlighted the need for government to take every opportunity to reinforce the importance of communities having their say in changes to local health services.

Indeed, we recognise that strong signals have been sent, both by NHS England in the ***Five Year Forward View Next Steps*** document in March and the Secretary of State in the ***review of NHS England's performance*** against the Mandate.

However, there is room to be stronger on this, particularly around the metrics which are being used to track the level of patient and public involvement (PPI) in major service change initiatives.

Take the ***STP progress dashboard*** for example. This was published in July to provide an initial baseline view of the STPs from which to track improvements in care. It draws on 17 performance indicators across three key themes:

- Hospital performance
- Transformation
- Patient focused change

Nowhere in the dashboard does it refer to the involvement of people and communities in local transformation and change. The section on 'Patient Focused Change' draws on seven individual metrics and does consider elements such as 'patient satisfaction with GP waiting times' and 'access to mental health and cancer services'. However, this clearly falls short of assessing whether or not people have been involved in the decision making processes behind the STPs.

We do appreciate that the dashboard is drawing on existing metrics and with no current PPI metrics in use it would have required significant additional work to include these in the baseline.

However, over the course of 2017 NHS England's Participation and Experience team have spent a significant amount of time developing a ***metric***[1] for engaging people and communities as part of the ***CCG Improvement and Assurance Framework***[2].

We understand that this work has involved a significant desk based research exercise to assess every CCG against a set of criteria, directly linked to the statutory guidance. This has included a look both at how each CCG is involving its local communities and how CCGs are using the insight gathered to shape decisions. Whilst NHS England state good practice has been identified, early findings suggest that all CCG areas had at least some areas for improvement. Following this exercise each CCG has been given a list of highlighted areas for improvement and will be encouraged to produce an improvement plan, with additional support on offer from NHS England and key stakeholders, including local Healthwatch.[3]

[1] Technical guidance on the engagement indicator begins on page 131 of the technical Annex.

[2] The engagement metric is a standalone indicator in the CCGIAF and measures CCG performance against their statutory engagement duties and the *guidelines published in April 2017*.

[3] The assessment process will be reviewed in 2018 and Healthwatch England has agreed to be part of this.

This means that NHS England now have a readymade metric to assess the involvement of people and communities which could be used to assess how STPs are engaging residents across their respective footprints.

The way forward on improving the involvement of the public in major service change

The Department should use the NHS Mandate to instruct NHS England to include the newly developed PPI metric in the STP dashboard.

In the event that the Department wishes to allow time for evaluation of the dashboard in its existing form, as a minimum interim step we would expect the Mandate to outline an expectation that the STP leadership statements include a meaningful update on how people and communities have been involved in shaping local plans and how this has informed decision making. This should be based on Healthwatch England's five steps to good engagement, referenced in NHS England's Next Steps, and the statutory guidance issued by NHS England to CCGs.

Looking more broadly we would like to see NHS England also work with NHS Improvement and other key stakeholders to ensure the newly developed PPI metric for CCGs can be applied across the rest of the NHS, such as hospital trusts.

2. Using discharge as measure for integration

Since the publication of last year's Mandate and its welcome target to reduce the number of delayed transfers of care (DTOCs), Healthwatch has continued to look at people's experiences of hospital discharge.

In October 2017 we published a report - ***What happens when people leave hospital and other care settings?*** - bringing together what 46 local Healthwatch have heard from over 2,000 people about the discharge process. It builds on our 2015 report ***Safely home*** and provides an overview of how people's experiences have changed over the last two years.

We heard numerous positive stories about people's experiences transferring between hospitals and care in the community. However, it's clear that there is still significant work to be done to ensure discharge is a good experience for everyone. In particular, we heard:

- People still don't feel involved in decisions or that they have been given the information they need.
- People continue to experience delays and a lack of co-ordination between services, highlighting specific problems with medication and transport services.
- People feel left without the services and support they need after being discharged.

The 2016/17 Mandate's target is a very positive step, and one that has continued to galvanise system wide leadership and action on this issue.

However, our findings suggest that problems go deeper than just the delayed transfers. What's more, our ***analysis*** shows there has been a potentially significant rise in emergency readmissions in recent years (22.8% over the last four years compared to a 9.3% increase in overall admissions). This clearly needs to be understood to ensure the drive to get people home faster, and to free up capacity, is not having any unintended consequences.

Developing an enhanced metric for assessing patient flow through the system would help the NHS and care services understand where and why problems occur and where to target resource to ensure everyone gets home from hospital quickly and safely. This metric would also be a useful addition to the integration score being developed by the Social Care Institute for Excellence (SCIE).

The way forward on hospital discharge

The target set in last year's Mandate to reduce DTOCs to 3.5% should be reiterated. Even though the NHS failed to meet this by the September deadline, it is important that the clear ambition behind this target is maintained.

However, to ensure the drive to reduce DTOCs doesn't result in unintended consequences the Mandate refresh should require NHS England to work with NHS Digital to develop a better understanding of emergency readmissions, including the demographics of those affected and the reasons why people are readmitted. This should also include a requirement to start publishing the data again.

Building on the work being undertaken by the CQC's local system reviews, we would also like to see NHS England develop guidance for local areas on tracking patient experience of being transferred between services. This would provide a way for NHS England to measure the extent to which local commissioners and providers are working together to provide an integrated service.

3. Demonstrating how feedback is improving care

There is broad consensus that encouraging and dealing effectively with feedback is key to quality improvement. For example, in ***The State of Care in General Practice*** the CQC found that '*practices that provide high-quality, responsive care … demonstrated that they have been proactive in engaging with their patients by "including them in the conversation" and acting on feedback, complaints and concerns.*'

Our ***submission to last year's Mandate*** refresh welcomed encouraging progress on complaints and feedback. However, there is still more to do if the NHS is to meet the ambition of becoming the world's largest learning organisation.

Whilst we are pleased to see improved collection of data on complaints, this alone will not unlock the insight that allows feedback to improve services. For example, we saw a ***rise in complaints about primary care*** this year. Without meaningful analysis of the intelligence behind the numbers, we cannot understand the reasons for the rise or know what actions should result from it.

We acknowledge that NHS England has made progress towards ensuring that it learns from feedback and complaints, including through peer review. We want to see that progress continue and provide an example for other organisations across the NHS.

The way forward on showing how feedback improves services:

Now that the mechanics of data collection and internal processes around complaints have improved, it is time for NHS England to take a leadership role in maximising the value of that data and spreading a culture of learning across the health system.

We recommend that this year's Mandate challenges NHS England to evaluate its learning from complaints, and measure the difference that learning has made for patients.

NHS England should report on how insight from complaints and feedback has influenced its operational decisions and policies, and how it has helped to drive quality. Each Directorate and regional team should report on its own area, to show that learning from feedback and complaints is heard, shared and acted on across the organisation.

We want to see NHS England develop a mechanism for effective triangulation of enquiries, concerns and complaints –as well as other learning, such as that from Serious Incidents - to ensure that the whole health and care system learns. The mechanism would have scope to include feedback given through non-traditional channels such as social media.

We recommend that NHS England adopt a 'you said, we did' approach, so that people understand the impact that their feedback has had – and get an incentive to provide more. This would include a responsibility to work with organisations such as local Healthwatch to regularly and clearly report back to the public on what action has been taken, setting an example for the rest of the sector.

With delivery models changing through the introduction of STPs and ACOs, there is a risk that progress made on the use of complaints and feedback may slip backwards. The Mandate refresh should therefore task NHS England to monitor whether the complaints system remains fit for purpose, and what changes if any are needed.

4. Evaluating progress on mental health

Local Healthwatch set their priorities based on their engagement with their local communities, drawing on the requests they receive for signposting and advice, as well as their visits to health and care services.

Looking across the country as a whole, mental health has now featured as the network's ***number one priority*** for the last two years and looks set to retain the top spot when we publish the 2018 annual priorities list[4].

This is in part down to significant changes in national policy and in public attitudes that mean people are perhaps now more willing to speak about their experiences of mental health services than ever before.

However, mental health support still stands out as a key area for improvement for one particular reason. Unlike other areas of health and social care, the feedback (both solicited and unsolicited) people share with Healthwatch about mental health services is predominantly negative.

From external sources we know there is good practice out there but the lack of positive feedback clearly warrants further exploration.

Summary of feedback received by the Healthwatch network in 2016/17:

As outlined in our ***annual report to Parliament***, last year our network collectively heard from 6,102 people about their experiences of mental health. Their feedback highlighted four themes:

- **Lack of mental health awareness and intervention:**
  Including people reporting that they do not get the help they need early enough, with the lack of expertise among GPs seen as a particular problem.
- **Difficulty accessing effective and appropriate support:**
  In particular the young people and parent carers engaged by local Healthwatch reported significant issues with delays in diagnosis and in accessing support. In some cases we heard about children having to wait up to five years for an initial assessment, significantly affecting their lives both at home and at school.
- **Not receiving consistent care:**
  People told us about the problems created by having to see a chain of different professionals rather than having a consistent point of contact.
- **Accessing care in a crisis can be a challenge:**
  People and their families are concerned that mental health support is only available when they reach a point of crisis, and even at this critical stage, care can be inconsistent. Across services, some practitioners don't have a clear understanding of how to support people in a crisis effectively. We have also heard that crisis care teams don't always show up when they're needed, and are not available at all in certain areas.

[4] The Healthwatch Network Priorities List for 2018 is due to be published at the end of December 2017.

The way forward on mental health:

The Mandate has played a vital role in cementing the importance of improving mental health services, in particular by fully endorsing the Mental Health Forward View.

We also recognise that if successful, the initiatives put in place by the NHS to meet the new mental health targets should start to address the sorts of concerns people raised with us.

However, the evidence to date suggests that progress is taking time to have a noticeable impact on people's experiences.

We would therefore recommend that the Mandate is used to strengthen the focus on evaluation to ensure both that new initiatives are achieving the new targets and that meeting the targets is actually improving people's experiences.

It would also be useful to assess what is the key to driving these improvements, including evaluation of how new money for mental health is being spent to ensure commissioners and providers are making the best investment of limited resources.

Healthwatch will play its part in evaluating progress. In December 2017 we announced the launch of a *new multi-year programme to look at mental health* from the user perspective, bringing together people's individual experiences with deliberative research and service level data to provide a narrative of people's journey through life and how they are supported or not supported to manage their mental health effectively.

The programme will take a holistic, birth to death look at people's experience of mental health with a focus on the major transitions in life. We will also look to analyse people's experiences of these transition points by focusing on different user groups to see whether and how their care differs.

In the short-term we intend this work to inform the Secretary of State's annual review of NHS England's performance against the current Mandate targets and where this is leading to a measurable improvement in people's experiences of mental wellbeing and support. Long-term we hope the findings will help ensure future targets are actually based around people's experiences rather than just the level of service delivery.

5. NHS targets and what matters most to people

In our ***annual report*** to Parliament we highlighted the increasingly mixed experiences people are having in terms of access to health and social care services.

In some cases this is now resulting in individuals struggling to get the care they need, including reports of people not being able to get a GP appointment, waiting too long in A&E or experiencing delays to social care assessments.

We also know that people recognise the huge pressure services are under at the moment. They are realistic about what to expect and they are willing to do their bit to help ease the strain by using care differently. People also tell us they recognise that as services change there may need to be certain trade-offs, but they want to be involved in deciding what these should be. We were therefore pleased to see NHS England reference the Healthwatch network priorities list as a key source of insight in the Five Year Forward View Next Steps document. This priorities list is built directly from what communities across England collectively tell local Healthwatch they want the NHS and care services to focus on.

However, a broader conversation around NHS prioritisation is currently being prevented from taking place because the focus of existing NHS targets and monitoring systems doesn't allow for adequate consideration of the experience of patients. Indeed, what is currently measured in the NHS is not always what matters most to people.

Take for example the 18 week referral to treatment target (RTT). People who provide negative feedback to Healthwatch about waiting times don't frame their experiences in the context of this target. They speak of waiting too long to be seen, of a lack of communication and of procedures being repeatedly rescheduled or cancelled at the last minute.

Whilst the 18 week RTT is considered useful by the Department of Health and NHS England for assessing the performance of different parts of the NHS, to create a meaningful conversation the context needs to be considered fully. For example, which of the following is likely to have a more positive experience?

- A person who waits 19 weeks for surgery but is kept informed throughout, able to schedule the treatment around other commitments, such as work and family, and has confidence that their procedure won't be cancelled last minute.
- Someone who has to wait 17 weeks for surgery but feels in the dark about what is happening to them, is given limited or no choice about when or where they will receive treatment and has their appointment moved repeatedly as the NHS tries to fit it in with all the other competing pressures.

There are of course concerns about any situations where people have to wait an excessive amount of time or are left in pain as a result of resource constraints. In particular, where bodies such as the Royal College of Physicians have already presented evidence on how increased waiting times lead to poorer clinical outcomes it is vitally important to get the balance right. However, it is still possible and important to create space for a more open conversation about how the NHS meets the needs of those it serves.

As our evidence from listening to people shows, where the NHS has to take difficult decisions these are best made in partnership with local communities and service users. This is not only the right thing to do but also the intelligent thing to do, enabling decision makers and users to work together to have honest conversations about what matters most and what is possible. The NHS should also look to better track the impact of any decisions on patient experience. This will be increasingly important in the context of accountable care where patient experience will be one of the most reliable ways of judging performance across a health and care system.

Where next on NHS targets?

If the Department intends to use the Mandate refresh process to re-set expectations around any particular NHS target, then it should require NHS England to monitor and publish the impact of this decision.

For example, if the 18 week RTT is relaxed then NHS England should be required to track any potential changes to operation cancellations or changes in satisfaction levels.

More broadly the Department should look to use the Mandate to instruct NHS England to think more broadly about NHS targets and capturing more contextual information to help create a more balanced conversation how people's care needs are met with the resources available by Parliament.

6. Tackling access to NHS dentistry

Since our submission to last year's Mandate refresh process, Healthwatch England has published a ***review of people's experience of NHS dental care***.

Broadly speaking, patients report in national surveys that they are able to book an NHS dental appointment when they try to and are satisfied with the care they receive. This is corroborated by our own independent national polling, and through the positive reviews of NHS dentists left on local Healthwatch websites.

However, the more in-depth conversations that local Healthwatch have with their communities suggest that the national surveys and online feedback mechanisms don't always tell the whole story.

Indeed there are some areas of the country where people tell Healthwatch that accessing dental care can be very difficult. Our report identified three particular patient groups are at risk of missing out:

- People living in areas where commissioning of NHS treatment has not kept up with changes in demand.
- People in particular groups who may find it difficult to access high street dentists (such as care home residents, people with physical disabilities, homeless people).
- People who don't currently go to the dentist at all, or who attend only when they are having problems.

Amongst a range of recommendations made in the report we explored the possibility for increasing the average period between attendances for those with healthy mouths to be more in line with NICE guidance. In areas where local services are struggling to make appointments available this would introduce much needed additional capacity.

Next steps on NHS dentistry

The Department should use the Mandate refresh process to reaffirm the importance of oral health and ensure NHS England is making adequate provision to ensure everyone in the country has access to an NHS dentist.

It particular it should set out a clear expectation on NHS England to draw on a wider range of evidence when commissioning dental activity. This should include working with local Healthwatch to identify and address gaps in provision as they are identified and respond more quickly. To date, where local Healthwatch have worked successfully with local NHS England teams to address access issues it has taken considerable time and effort to secure these changes with Healthwatch input sometimes having to stretch over a number of years to ensure things are actually improving for users.