

# Appendix A

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**NHS Mandate 2020/21: Healthwatch submission**  
February 2020



Detail on each of the specific areas for future consideration set out in our statutory advisory letter:

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### 1. Setting clear expectations of NHS England (NHSE) and NHS Improvement (NHSI) on future public engagement to ensure the Long Term Plan delivers.

The Healthwatch network has played an important role in helping to ensure the Long Term Plan focuses on driving the sorts of improvements people want to see at a national, regional and local level. In total we have gathered and analysed over 125,000 people's views and experiences to support this work. You can read the summary of our findings [here](#).

NHS England have picked up on much of this, and we anticipate that the local implementation plans, now due out later in the year, will illustrate how this feedback is being acted on across the country. It was also encouraging to see the Secretary of State's appreciation of our contribution in his [annual appraisal of NHS England](#).

But this cannot be the end of the process. The Mandate should set a clear expectation that engagement with patients and the public must continue, to ensure the Long Term Plan stays on track.

Healthwatch England will be doing our part. Over the next year we will be investigating / supporting work in three key areas where we feel people's views have not yet been fully reflected in NHS England's plans to date.

- **Access to primary care** - In its manifesto the Government committed to providing an additional 50 million appointments in GP surgeries each year by 2024/25. Our work will seek to support this commitment by ensuring the NHS also tackles some of the common frustrations people experience when trying to make appointments, such as poorly designed booking systems, as well as the timing, type and length of appointments.
- **Digital NHS services and equalities** - As the NHS rolls out the digital commitments in the Long Term Plan, we will use people's feedback to help the NHS understand in more detail which services are helping different groups of people and ensure particular communities are not left behind.
- **Patient transport review** - Following [our report](#) on this issue, we will be supporting NHSE's review of transport services. We would urge the Department to also support this review and join with Healthwatch in ensuring NHSE gives full consideration to the broad range of transport issues facing NHS patients. This is in line with some of the Government's manifesto commitments around hospital parking and wider transport infrastructure.



However, for our network to contribute effectively and enable the NHS to continue working through us to reach communities all across the county, the Department needs to consider how Healthwatch can be effectively resourced to operate at Sustainability and Transformation Partnership (STP) / Integrated Care System (ICS) level. Officials will note from this year's [State of Support](#) report that Healthwatch's core funding continues to come under increasing pressure.

In the short-term, the Department could use the Mandate to encourage NHS England and Improvement to continue to support Healthwatch activity at this level. In particular, we would like to see plans for this clearly set out in the National Implementation Plan.

In the medium-term, this should also be considered as the Government develops the legislation to support implementation of the Long Term Plan. Officials may wish to refer to our [letter](#) to the Health and Social Care Select Committee's inquiry into the legislative proposals to understand more about what changes would be needed.

## 2. Refocusing NHS performance management around what matters to patients

Over the last 12 months NHS England have made important steps to look at how performance targets and metrics in the NHS can be refined to ensure they focus on what matters to people.

The Clinical Review of Standards (CRS) is the most high-profile example of this, and it is positive to see the extent to which Healthwatch evidence is being used to inform the NHS's thinking. For example, the recent decision taken to extend testing of the proposed changes to the 18-week referral to treatment (RTT) target, to take account of the complexity of the pathways involved, is a good example of how NHSE are responding to [our input](#).

Most of our involvement in the CRS to date has focused on the proposed changes to A&E targets. Across all of our quantitative and qualitative research there is a clear message that time alone does not dictate how people feel about their experience of A&E. Focusing performance measures on simply tracking time spent in department, however it is measured, will not necessarily drive the improvements the NHS wants to see in terms of patient experience.

Our research shows that overall patient experience is heavily shaped by:

- The quality of clinical care they receive
- The quality and frequency of the communication
- The attitude of staff and whether they have the time to offer empathy
- Whether A&Es are working well with other services such as NHS 111
- The quality of the A&E facilities themselves, including things that can make the experience of long waits easier on people, such as access to food and drink.



You can read more on [our research and recommendations](#) for the review here.

The Department should use the Mandate to set a clear expectation that the CRS will deliver against each of the evaluation objectives set out in the [interim programme report](#), in particular how any new targets will drive improvement in patient experience.

Looking beyond the CRS, we have also been encouraged by NHS England's development of the 'Integration Index', which will seek to assess how well services are working together through looking at people's experiences of care. We would like to see the Mandate elevate the importance of this work, helping to put patient experience on an equal footing with financial management and clinical outcomes in terms of performance management at STP/ICS level.

There are still areas where the NHS can improve how it is reporting progress to make it more meaningful to people. For example, in maternal mental health it is really encouraging to see the progress towards NHS England's target of helping 30,000 more mums by 2021. However, [as our report established](#), the individual stories behind the numbers tell a more meaningful story about how people's needs are or aren't being met. The Mandate should remind NHS England of the need to not just rely on numbers alone to assess progress against its core objectives.

### **3. Ensure the NHS is learning from complaints and feeding this back to staff, patients and the wider public**

In [last year's submission](#) we raised a concern that the aspiration for the NHS to be the world's largest learning organisation had been dropped from the Mandate. Our latest report on hospital complaints reporting highlights why we expressed these concerns.

Whilst improvements in NHS complaints have been made in recent years there is still much to do. Our research identified that very few hospitals across the country appear to be fully compliant with the complaints regulations when it comes to reporting, with publicly accessible evidence of learning from complaints very limited. You can read more about the research and recommendations [here](#).

This year's Mandate should bring back a strong message around the need for the NHS to learn from complaints and wider concerns raised by staff, patients and the public. This could be underpinned by the Department mandating NHS England and NHS Improvement to report annually on what they are learning from complaints. As pointed out in our report, this would send an important cultural signal to the wider sector.

