



Edward Argar MP
Minister of State for Health
Department of Health and Social Care
39 Victoria Street
London, SW1H 0EU

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Dear Minister,

Earlier in the year [we wrote to you](#) setting out our view on the proposed Mandate to NHS England and Improvement for 2020/21.

Given where we were at the time, it was absolutely right that the Government instructed the NHS to focus its energies on fighting the coronavirus. As a result, we fully supported the Department in issuing a streamlined list of objectives for NHSE/I as a result.

As we write to you now, with the country coming out of another lockdown but cases of Covid-19 still high, it would be logical for the Department to continue with a primary focus on tackling this relentless virus.

However, as has been well established by others and in Healthwatch England's own [evidence](#) to the [Health and Social Care Select Committee](#), the NHS cannot afford to continue to reduce care for other conditions while focusing on Covid.

Whether it be people staying away from GPs and hospitals in order to "protect the NHS" or appointments and procedures being postponed, it is clear the pandemic has had a huge impact on people with non-Covid-related conditions.

It was encouraging to see Sir Simon Stevens [set out plans in July](#) to accelerate the return to near-normal levels of non-Covid care. It is also clear that services and staff made herculean efforts during the 'quieter' summer months to try and achieve this. But the grim reality is that the country still faces a significant and growing backlog of care, covering everything from screening and diagnostics to orthopaedic surgery and cancer treatments. This is not to mention the still unquantified impact of the pandemic on people's mental health.

Principles for the 2021/22 Mandate

Healthwatch England recognises that setting the Mandate in the current context is incredibly challenging, but based on our engagement with the public and service users over the past eight months there are number of areas we would urge the Department to cover:

- Ensure the NHS is sufficiently focused and resourced to manage the short and medium-term pandemic response. This should include a strong emphasis on the Covid vaccine programme, making sure that NHSE/I has robust plans in place for recording and managing the roll-out effectively.
- Require NHSE/I to develop and publish their plan on how, and over what period, they intend to return to pre-pandemic levels of care for all non-Covid-related conditions. This should include how they will identify and eliminate the backlog of care that has developed and how they will ensure health inequalities will not be allowed to widen.



- Provide the NHS with the right performance management framework to manage care flexibly so that those with urgent needs are always treated in a timely way and that any delays in non-urgent care that would result in adverse health outcomes are not tolerated.
- Set clear expectations around how the NHS should communicate with those seeking care to ensure people are fully aware of what support is available and where. Similarly, clear direction should be given to ensure those awaiting care are provided with direct and personalised reassurance about how their cases are being managed. See this [important research from National Voices](#) which supports this point.
- Encourage the NHS to work more closely with partners in social care and in the voluntary sector to develop additional interim support options to help those who are on waiting lists control their symptoms and manage their health whilst they wait.

Specific issues emerging from people's experiences of care

As in previous years, it is our statutory duty to point to key themes coming out in people's experiences of care which the Department should consider when setting the Mandate to NHSE/I and the subsequent annual objectives.

In 2020, our engagement with well over 750,000 patients, care users and members of the public highlighted the following areas:

- **Accessible communication -**
As pointed to in our [Quarter 1 report](#), the way in which the NHS has communicated the impact of the pandemic to those with language barriers or sensory impairments has been well below what patients and the public should be able to expect and in many cases has not been compliant with the Accessible Information Standard (AIS). Considering the [impact of the pandemic on Black, Asian and Minority Ethnic communities](#), as well as [people with Learning Disabilities](#), we would strongly urge the Department to use this year's Mandate to stress the importance of the AIS, especially in times of crisis. Practical changes could include national commissioning of things like British Sign Language interpreters and translator services for foreign languages to complement local and face-to-face support.
- **A&E and NHS 111 First -**
In February, Healthwatch England [recommended](#) that the NHS trial pre-booked appointments in A&E to enable those in need of urgent care to wait at home rather than in crowded A&E departments. In light of the pandemic, and to minimise the risk of infection, this policy suggestion has now been tested in a number of areas and has been rolled out nationally from 1 December. This represents a significant shift to the 'front door' of the NHS and it is essential that patients have their say on how this change is working for them.

Once a successful vaccine for Covid has been deployed, the Department should encourage NHSE/I to carry out a full evaluation of the 111 First programme. This review should include a comprehensive assessment of the impact on equality issues.
- **The roll out of digital and remote consultations**
The pandemic saw an almost overnight transformation in the way care is delivered by primary care and outpatient secondary care services, with mass adoption of both telephone and video consultations. Our report, [The Doctor will Zoom You Now](#), found many positives of this rapid change but also showed significant problems for



some people. One of the biggest issues is that people were simply not being asked for their feedback about this remote care, so it would be difficult for the NHS to identify where things are working well and where they are not.

In recent months we have seen services increase the proportion of appointments that are being delivered face-to-face but it is clear the trajectory is not to return to the way care was delivered pre the pandemic. As with 111 First, this represents a significant change to the 'front door' of the NHS and it is important that people have their say. The Department should therefore encourage NHSE/I to evaluate the impact of these changes from the patient's perspective. This review should include a comprehensive assessment of the impact on equality issues, including how different communities are responding and how people's living circumstances impact on digital access. This engagement should then continue on an ongoing basis to support continuous improvement of new technologies and approaches.

- **Discharge from hospital**

In March, national guidance was issued to get people home from hospital faster and create spare capacity for the expected influx of Covid patients. This effectively implemented the Discharge to Assess (D2A) model across the country overnight, freeing up 15,000 beds. In July, working in partnership with the British Red Cross, Healthwatch England [investigated how well this approach was working for patients](#) and their families/carers. We engaged with almost 600 people in this research, and whilst we established that D2A is essentially the right approach there are significant gaps in how this is being implemented locally. The findings of our research have since been reinforced by the CQC in the publication of their ['Inpatient experience during the pandemic'](#) survey.

The Department should encourage the NHS to use our findings, and those of the CQC, to update relevant guidance and ensure that no-one is discharged home unless they have the care and support they need to recover effectively.

- **Dentistry**

In our [submission to the 2018 Mandate refresh process](#), we highlighted access to dentistry as an increasing issue. At the time, our evidence suggested it was a very acute problem in certain areas and for specific groups. Whilst it was not then an immediate crisis, it was something the Department needed to place greater emphasis on in the objective setting for NHSE/I to head off further problems down the road.

In our [Q1 report](#) this year, we saw an increasing number of concerns raised during the first lockdown about access to both routine and urgent dental treatment. From June onwards NHS dentistry services have been able to open albeit with certain limitations. Despite this, in Q2 (see attached) we saw feedback about NHS dentistry rise by 452%, with just 4% of people sharing positive experiences. At the same time we have also seen external organisations such as the British Dental Association warn of more than [14 million fewer appointments](#) being delivered this year compared with 2019.

Clearly this has now tipped over into a significant nationwide challenge and, even when the pandemic is over, the long-term effects to the nation's oral health to are likely to be substantial. The Department should use the Mandate process to reaffirm the importance of oral health and ensure NHSE/I is making adequate provision to ensure everyone in the country has access to an NHS dentist.

- **Complaints**



During the first wave of the pandemic, to help free up capacity across the NHS some complaints investigations in health and care were paused. Given the pressures on staff at the time this was appropriate. However, as a result there is now likely to be a backlog of investigations. Similarly, given the delays to care caused by the pandemic, and the increase we have seen in negative feedback as a result, we anticipate that there will be a rise in the number of formal complaints being submitted.

Responding to these complaints in a timely and sensitive manner will be crucial. More than this, the NHS also needs to actively show that it is learning from these incidents and is making improvements to the way care is delivered. As highlighted in our [work on hospital complaints](#) back in January, and in [section 3 of our submission](#) to last year's process, the lack of reference to complaints and the learning they can contribute to improved patient safety in the previous Mandate is a real gap.

Given the Department's broader commitment around improving complaints systems in the NHS, this year's Mandate should bring back a strong message about the need for the NHS to learn from complaints and wider concerns raised by staff, patients and the public.

The approach for setting the NHS Mandate in future

In our Mandate submission back in March, we acknowledged that it was not the right time for a full public conversation or consultation on the future direction of the NHS. However, it remains our view that the Government still needs to undertake this exercise.

The pandemic has put the health service under immense strain. At the same time the public have been asked to do their bit to help protect NHS by staying home and distancing from family and friends etc. With a vaccine on the horizon, there is hope that the initial impact of the pandemic will soon be at an end. Yet it is also clear there will be a long legacy of issues we have to confront as a nation.

It is therefore right that decision-makers engage with the public in how we address this plethora of issues together, from unprecedented waiting lists to how we ensure new ways of doing things tackle rather than exacerbate health inequalities.

Healthwatch England and our network of 151 local Healthwatch stand ready to assist the Government as it takes this conversation forward with the public.

Looking longer term, the DHSC should look to use the proposed health legislation to put in place the necessary structures and resources to enable this conversation to happen on a continual basis across the key decision-making forums in the NHS and social care. 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.

Yours sincerely

Sir Robert Francis QC
Chair - Healthwatch England