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14 June 2023

By Email

Rt Hon Steve Barclay MP
Secretary of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street
London SW1H 0EU

Dear Secretary of State,

As you will know, Healthwatch England is a statutory consultee to the NHS mandate, and has previously issued yearly advice to the Department of Health and Social Care on key points which should be included when the Department sets its mandate to NHS England.

For this year's mandate refresh process, we have once again drawn on the evidence the public has shared with us to outline key issues the Department should consider when setting the mandate to NHS England and its objectives.

However, we recognise that the mandate process has changed. In previous years, the mandate has been produced at annual intervals and set out detailed yearly objectives for the NHS. In light of the changes brought in by the Health and Social Care Act 2022, the mandate will now be produced at less regular intervals, to provide high-level strategic direction for the NHS. We understand that this year's mandate will be a more succinct and strategic document than we have previously responded to.

In response, we have similarly tailored our advice to focus on high-level strategic priorities in the NHS. However, we reiterate the concern we shared in our advice regarding the 2022 NHS mandate, that the Department should consider how it will regularly inform the health system's strategic priorities with patient and public views. Since the mandate is now set to span an indefinite period until a new mandate is produced, we would welcome further assurance and clarity on how the Department intends to measure progress to the mandate's objectives, and to ensure that the NHS can respond to public concerns to flex and adjust its priorities over the lifetime of the mandate.

We are aware that the NHS Constitution is due for consultation and renewal in 2025 and suggest that this process should be aligned with a wider public consultation process taking stock of whether the NHS is delivering its key strategic priorities, and a wider conversation with the public about the promise that the NHS can make to patients.

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Strategic priorities for the NHS in 2022/23

There is wide agreement across the health sector that the NHS is facing unprecedented pressures, due to post-covid backlogs, demographic challenges, and workforce shortages. In the coming years the NHS will need to continue to focus on its long-term objectives to **return to pre-pandemic levels of service**, **improve access**, and **reduce health inequalities**.

• **Primary care**: We know that people are still experiencing many of the same barriers to access we identified during the pandemic. We hear particularly often about people struggling to book appointments via phone systems. We were encouraged to see the primary recovery care plan respond to many of our key recommendations on short-term improvements in access. In particular, the commitments to improve digital telephony and reduce the number of people struggling to contact their practice, to make better use of pharmacies to free up GP capacity, and to enhance the NHS App and two-way digital communication to allow better communication between patients and practices, all correspond to patient priorities.

However, this is a challenging time for all areas of the NHS. While this plan tackles the issue of access to GPs, we are also aware that hospitals and pharmacies are also dealing with significant issues, including staffing. The funding to support pharmacies to free up GP services will also be vital. Additionally, some pharmacies may not be able to provide the privacy that people will need when they are seen, so there may be some challenges in implementation. NHS England will need to consider the impact of those issues across the system before implementing the plans. The mandate should set out the importance of addressing these wider systemic issues to facilitate the implementation of the primary care recovery plan.

• **Urgent and emergency care**: While the urgent and emergency care recovery plan set out clear ambitions for improving ambulance response times and waiting times to access A&E, public confidence that people will be able to access emergency care in a timely fashion remains low. The mandate should reiterate that improving access is the key priority in urgent care, and we suggest that the mandate instruct NHS England to consider how to communicate clearer expectations with patients and the public about what they can expect from emergency care. This could be done through revised or new access targets which focus on patient experience, or through a clear, simple set of patient rights to supplement the patient rights in the NHS Constitution, which currently include targets that have not been met for years.

We would also urge a renewed focus on speeding up hospital discharge. Despite various initiatives to provide centralised direction and funding to support 'home first' discharge models, the number of delayed discharges remains stubbornly high. We have heard that delays in accessing discharge funding, as well as a lack of clarity on the continuity of this funding, has meant that hospitals have not been able to make the most efficient use of it to

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increase post-discharge support capacity. We would suggest the mandate sets out an intention to take a longer-term, strategic approach to easing winter pressures on hospital beds and ensuring continuity in hospital discharge funding initiatives.

• **Dentistry**: To date there has been no wider recovery plan for dentistry, despite the widely documented crisis in access to dental care. Important changes to the dental contract were made last summer, but it is not yet clear that these are translating into improvement in access. Although feedback on dentistry has fallen as a proportion of our overall feedback to Healthwatch in 2022/23 (17%) compared to 2021/22 (23%), we are still hearing much more from people about dentistry than before the pandemic, and a higher proportion of this feedback is negative than ever. We recently highlighted this in evidence given to the House of Commons Health and Care Committee.

There are ongoing reports of developing barriers to access in dental care, including an underspend in the NHS dental budget due to a shortage of dentists willing to take on NHS work, dental charges going up 8.5% this year (more than double the increase in prescription charges), and the closure of many dental practices because they are not viable under the current contract. Through the NHS mandate, the Department should set out to NHS England the need for a fundamental rethink of the dental contract, including a national assessment to understand the level of investment needed to get the standard of care back to an acceptable level.

• **Elective care**: We recognise the positive progress NHS England has made in the last year in reducing the numbers of longest waiters. We were particularly pleased to see 6,000 patients supported with travel and accommodation costs to access care faster but further from home, who would have otherwise lost out because they could not afford to travel to alternative providers. However, there is a growing concern about the rising average waiting time for elective treatment. Our work also shows that growing average waits will have a much bigger impact on women, ethnic minorities, people with disabilities and those living on lower incomes. We therefore suggest that the mandate should underline the importance of NHS England increasing the support for people whilst they wait for care and be mindful of health inequalities in how it allocates additional support.

Further, our recent work on referrals shows that thousands of people are on a 'hidden waiting list', often waiting weeks or months before their referral is accepted and they join the 'official' waiting list for elective care. It would be helpful for the Mandate to instruct NHS England to take initiatives to consider the referrals process as part of the overall elective care pathway, including publishing incomplete referrals data and making improvements in how patients can track and manage their own referrals.

• **Patient data and digital technology**: As the NHS progresses patient data initiatives such as the Federated Data Platform and the GPDPR data collection, it will be essential to have an ongoing conversation with the public to build trust in how patient data will be stored and managed, and the

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mandate should emphasise this. It is vital that public support for data-sharing initiatives is a precondition to the roll-out of new patient data programmes. As technology becomes an increasingly important part of managing health conditions, including through remote monitoring and virtual wards, the mandate should be clear about the importance of involving patients and the public in rolling out these new approaches. Patient involvement and evaluation of new tech-based initiatives – such as virtual wards – should take place before winter pressures hit to ensure these will meet patient needs and expectations when demand is high.

- **Health inequalities**: We know that waiting lists and barriers to access do not impact everyone the same way. A focus on equalising outcomes should underpin all the NHS's priorities in the coming years. Some people also have additional access needs which can determine whether they are able to access healthcare at all. The mandate should make clear the importance of implementing the updated Accessible Information Standard, due out this summer, and ensuring the ICSs fulfil their responsibilities in holding commissioners to account on implementing the Standard.

- **Workforce**: An appropriately funded and resourced workforce plan will be essential to underpin recovery plans in all parts of the NHS. Unless a workforce plan supports improved workforce capacity, there is a risk that various strategic initiatives are simply moving capacity issues from one part of the NHS to another. We know that already improvement targets in many service areas, like maternity care, have been suspended or scaled back due to workforce challenges. A national workforce plan has been long promised but repeatedly delayed. It is now an absolute necessity if the wider ambitions of NHS recovery are to have a chance of success.

On behalf of the Healthwatch network, I thank you for the opportunity to feed into this year's mandate process and look forward to working together to support strategic improvements in access and equal outcomes for patients in the coming years.

Yours sincerely,

Louise Ansari
Chief Executive
Healthwatch England