



A consultation to inform an update of the NHS Constitution

We are consulting on how to strengthen the NHS Constitution.

The main changes proposed cover:

- the changes recommended by Sir Robert Francis QC, in his Inquiry Report following the terrible failings at Mid-Staffordshire NHS Foundation Trust;
- giving greater prominence to mental health;
- weaving in some of the new Fundamental Standards;
- making reference to a more transparent and accountable NHS; and
- making reference to the Armed Forces Covenant.

The questions below seek your views on the proposed changes. When answering each question, there are four options available to you;

- Yes, and I have no further comments
- Yes, in principle, but I have some comments
- No, and I would like to explain why
- No, and I have no further comments

If you completely agree with the proposed wording, and have no further comments, please respond 'Yes, and I have no further comments'. Similarly, if you completely disagree with the proposed wording, but have no further comments, please respond 'No, and I have no further comments'. If you select either of these two options, please move on to the next question.

If you agree with the proposal in principle, but would like to comment on the proposal, please respond 'Yes, in principle, but I have some comments'. Similarly, if you disagree, and would like to comment on why, please respond 'No, and I would like to explain why'. Please then explain your reasons in the space provided below the options.

All responses will be analysed, and used to inform an update of the Constitution later in 2015.

The closing date for comments is 11th March 2015

Question: **What is your name?**

Jakob Stenkvisst and Alan Torbet

Question: **What is your email address?**

Jakob.stenkvisst@the-ncha.com and chiefexecutive@bshaa.com

Question: **What is your organisation?**

The National Community Hearing Association represents community hearing providers in the UK. NCHA members are committed to good hearing for all. We are responsible for the majority of adult community hearing care services in England and have an excellent record of outcomes, safety, and patient satisfaction¹.

BSHAA is the professional body for hearing aid audiologists providing hearing care to NHS and self-funding clients. They practise in large, medium and small companies and as sole practitioners; and they provide a professional, convenient and local service to people with hearing concerns in every community in the UK.

Question 1: **Mental Health**

We would like to rephrase principle one of the NHS to read: '***The service is designed to improve and prevent, diagnose and treat both physical and mental health problems with equal regard***' (Annex 2, Change 1). Do you agree?

We would also like to rephrase an existing right to read: '***You have the right to drugs, treatments and psychological therapies that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you***'. (Annex 2, Change 7). Do you agree?

- | | |
|---|--|
| Yes, and I have no further comments | ☒ |
| Yes, in principle, but I have some comments | ☐ |
| No, and I would like to explain why | ☐ |
| No, and I have no further comments | ☐ |

Further Comment

¹ <http://www.the-ncha.com/data/>

Question 2: **A patient-centred NHS [Recommendation 4]**

We would like to change the current wording to: '***Patients will be at the heart of everything the NHS does***' (Annex 2, Change 2). Do you agree?

Yes, and I have no further comments ☐

Yes, in principle, but I have some comments ☒

No, and I would like to explain why ☐

No, and I have no further comments ☐

Further Comment

Clinical Commissioning Groups (CCGs) need to understand that this is not optional, but fundamental to fulfilling their duties. NHS England should hold CCGs to account if they fail to meet this goal. NHS leadership should actively tackle local decision-makers who put their own, providers' and institutional interests ahead of the best interests of patients.

Question 3: **Protecting patients from avoidable harm [Recommendation 5]**

We would like to include the following wording for staff: '***You should aim to provide all patients with safe care, and to do all you can to protect patients from avoidable harm.***' (Annex 2, Change 12). Do you agree?

Yes, and I have no further comments ☒

Yes, in principle, but I have some comments ☐

No, and I would like to explain why ☐

No, and I have no further comments ☐

Further Comment

Question 4: **Helping patients find assistance [Recommendation 5]**

We would like to include the following wording for staff: ***‘You should aim to help patients find alternative sources of assistance, when you are unable to provide the care or assistance a patient needs’*** (Annex 2, Change 14). Do you agree?

Yes, and I have no further comments ☐

Yes, in principle, but I have some comments ☒

No, and I would like to explain why ☐

No, and I have no further comments ☐

Further Comment

Alternative sources of assistance should be consistent with recommendation 13 (see below, question 7) – i.e. this must be patient-led and based on individual patient preferences and not because of lobbying pressure from groups that represent a relatively small and non-representative sample of patients.

Question 5: **Complying with guidance and standards [Recommendation 10]**

We would like to include the following wording for staff: ***“You should aim to follow all guidance, standards and codes relevant to your role, subject to any more specific requirements of your employers”*** (Annex 2, Change 13). Do you agree?

Yes, and I have no further comments ☒

Yes, in principle, but I have some comments ☐

No, and I would like to explain why ☐

No, and I have no further comments ☐

Further Comment

Question 6: **Duty of candour [Recommendation 178]**

We would like to include the following wording for patients: ***‘You have the right to an open and transparent relationship with the organisation providing your care. You must be told about any safety incident which has caused, or could still cause, significant harm or death. You should be given the facts, an apology, and any reasonable support you need, in relation to the incident.’*** (Annex B, Change 11). Do you agree?

- Yes, and I have no further comments ☒
- Yes, in principle, but I have some comments ☐
- No, and I would like to explain why ☐
- No, and I have no further comments ☐

Further Comment

Question 7: **Fundamental standards [Recommendation 13]**

We would like to include the following wording for patients:

- ***‘You have the right to receive care and treatment that is appropriate for you, meets your needs and reflects your preferences.’*** (Annex B, Change 4)
- ***‘You have the right to be cared for in a clean, safe, secure and suitable environment.’*** (Annex B, Change 5)
- ***‘You have the right to receive suitable and nutritious food and hydration to sustain good health and wellbeing.’*** (Annex B, Change 6)
- ***‘You have the right to be protected from abuse, neglect, and care that is degrading.’*** (Annex B, Change 8)
- ***‘You have the right to be involved in planning and making decisions about your health and care with your care provider, including your end of life care, and to be given information to enable you to do this. Where appropriate this right includes***

your family and carers. This includes being given the chance to manage your own care and treatment.’ (Annex B, Change 10). Do you agree?

Yes, and I have no further comments ☐

Yes, in principle, but I have some comments ☒

No, and I would like to explain why ☐

No, and I have no further comments ☐

Further Comment

We would suggest amending to “*You have the right to be fully involved in planning and making decisions etc*”

Clinical Commissioning Groups (CCGs) need to understand that these fundamental standards are not optional but fundamental to fulfilling their duties. When challenged, CCGs should have to demonstrate how their procurement decisions meet these goals and if they fail to do so NHS England should act – i.e. NHS leadership should actively tackle local decision-makers which put their own, providers’ and institutional interests ahead of the best interests of patients.

Question 8: Transparency

We would like to include the following wording for patients: ***‘You have the right to transparent, accessible and comparable data on the quality of local healthcare providers, as compared to others nationally’*** (Annex B, Change 9). Do you agree?

Yes, and I have no further comments ☐

Yes, in principle, but I have some comments ☒

No, and I would like to explain why ☐

No, and I have no further comments ☐

Further Comment

We would propose amending to “*You have the right to transparent, accessible and comparable data on the quality and outcomes delivered by local healthcare providers, as compared to others nationally*”

We support the right to transparency but, again, NHS England and Clinical Commissioning Groups (CCGs) need to show leadership and work with

providers to deliver this – in hearing care the block is with commissioners not asking for data, not providers

The NCHA has collected and published data² and supports patients having access to better information at the point of referral.

Monitor, the sector regulator, has also recommended that high quality comparative data for different providers should be available to help patients make informed choices.

This should already be happening nationally but it is not. The barrier to change is that many commissioners duck their responsibilities for hearing care by hiding behind block contracts and not showing any interest in quality or outcomes other than waiting times breaches. Without a defined minimum dataset, comparing data nationally is unachievable.

We would welcome intervention by NHS England and/or Government to set up a national contract framework for hearing care and define minimum standards and data reporting requirements so that this right for patients can become a reality in our sector. Failing this intervention the Constitution will grant 8 million people with hearing loss a right that the NHS does not have the will to deliver.

Question 9: **Armed Forces Covenant**

We would like to include the following wording ***‘As part of this the NHS will ensure that in line with the Armed Forces Covenant, those in the Armed Forces Community are not disadvantaged in accessing health services in the area they reside’*** (Annex B, Change 3). Do you agree?

Yes, and I have no further comments ☒

Yes, in principle, but I have some comments ☐

No, and I would like to explain why ☐

No, and I have no further comments ☐

Further Comment

Question 10: **Do have any other comments about the NHS Constitution?**

Evidence-based procurement decisions and ongoing vigilance by Clinical

² <http://www.the-ncha.com/data/>

Commissioning Groups (CCGs) is essential if the NHS is to meet the principles, values, rights, pledges and responsibilities in the NHS Constitution.

Without good commissioning, the NHS will continue to fail patients with hearing loss – e.g. we know from Monitor's recent authoritative report ³ that the vast majority of people with a hearing loss want a choice but do not get one. It is time to hold commissioners and GPs to account for not delivering what we know patients want, especially when – as Monitor's report shows – choice can deliver higher standards for between 20-25% less cost per patient.

You can either email or post responses to the consultation, using the details below:

contact

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If you have any questions at all regarding the consultation process, please email consultations.co-ordinator@dh.gsi.gov.uk

Many thanks for taking the time to complete this consultation. Your response will be analysed, and used to inform an update of the Constitution later in 2015.

³ *NHS adult hearing services in England: exploring how choice is working for patients*
, Monitor, 5 March 2015