

Putting patient voices at the heart of the NHS

Our submission on the joint NHS England and NHS
Improvement accountability framework 2019/20

March 2019

Background

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

As part of this, the Mandate outlines a series of expectations around performance which are refreshed on an annual basis. This year, the Department of Health and Social Care intends to align these expectations with the NHS Long Term Plan, which was published in January.

Healthwatch England has been asked by the Department to continue in our role as a statutory consultee on this process, and extended our remit to cover the new joint accountability framework that will set the priorities for both NHSE and NHS Improvement (NHSI).

Using the insight we have gathered from thousands of patients, care users and staff, the following document outlines how the expectations of NHSE and NHSI being set for this year could be strengthened and ensure services are delivering what people want. This work builds on both:

- Our **submission** to the development of the Mandate to NHSE 2015 - 2020.
- Our input into the refresh of the Mandate deliverables in **2017/18** and **2018/19**.

Five areas of focus in 2019/20

We understand the Department plans to approach this year's process as an interim year, primarily focused on NHS England and NHS Improvement putting implementation plans in place.

With this in mind, we have identified five areas where it would be useful for the new joint accountability framework to give a clear additional steer to the NHS at this stage:

- **Send a strong message about involving people in NHS decision-making**
Healthwatch brought 85,000 people's experiences to the table during the development of the Long Term Plan. However, this level of involvement needs to become part of the DNA of the NHS, helping to both shape plans and enable services to track progress.
- **Make NHS targets more meaningful for people**
We urge the Department to back the work of the Clinical Standards Review and outline a clear expectation that new performance measures will need to be fully tested with service users to ensure they improve people's experiences of care.
- **Reassert the focus on the NHS being the world's largest learning organisation**
Whilst we support the alignment of the joint accountability framework with the NHS Long Term Plan, it is vital that we do not lose important direction set by the existing Mandate about the importance of learning from feedback and complaints.
- **Build public confidence in new technologies**
We fully support the Long Term Plan's commitments to grow the use of technology across the NHS, and this is very much in line with what people want. To ensure these initiatives have the trust of the public and achieve the maximum impact in improving care for everyone, they need to be fully user tested. They must also be continually refined in response to user feedback. There is a significant opportunity to develop this approach by ensuring public engagement is put at the heart of the way NHSX works with NHSE/NHSI.
- **Listen to what people want from the future of the NHS workforce**
As the NHS finalises its workforce strategy, we encourage the Department to ensure those in charge take on feedback from people about the different types of professionals and peer support services they would like to access. This will be important if the health service is to address people's concerns about continuity of care and the level of empathy which services are able to offer.

Champion the value of patient voice

To inform the development of the Long Term Plan, in August and September last year Healthwatch brought together and analysed 85,000 people's views on a range of issues, from their experiences waiting in A&E to how they think services could better support people with mental health concerns. A summary of this has been included in Appendix A.

It's encouraging to see that many of the points which people raised with us have been addressed in the Long Term Plan. This should be acknowledged as an important shift in how feedback from people is seen by the NHS.

At a strategic level, it was good to see an increased focus on prevention and more resources for community care. These are two things people have consistently told us they want to see.

People's concerns were also picked up in some of the Plan's more detailed proposals. For example, addressing some of the current gaps in care, such as the lack of oral health support for people living in care homes.

It is also very positive that NHSE has recognised the continued need for public involvement in the Long Term Plan. It has commissioned our network of 152 local teams to conduct engagement to support implementation of the Plan locally. This will ensure communities are able to work with health and care leaders to design services to meet their specific local needs.

This work is being coordinated at a Sustainability and Transformation Partnerships (STP) and Integrated Care Systems (ICS) level by 44 lead local Healthwatch. They have been appointed to ensure the evidence gathered locally is translated into insight that is meaningful to support decisions being made across larger areas. This ensures we are maximising our unique links in local communities but also ensuring we bring people's voices and views to the heart of big decisions.

But this is just the start. We need public engagement to become part of the very DNA of the NHS, used not just to inform plans at the beginning, but also to shape things as they develop and help services track whether or not the core objectives are being met.

In this transition year, it is important that the new joint accountability framework is used to send a strong message to NHSE and NHSI on the importance of engaging patients and the public at all stages in the decision-making process. It should recognise the good work done to date and set a clear direction of travel that will give people a strong say in local decisions over the decade ahead.

This is important in light of the legislative changes being proposed by the NHS. It is vital that these help to reinforce Healthwatch's local roots and put in place mechanisms that will give people a strong voice across an increasingly regional decision-making infrastructure. This is vital not only to reinforce the effectiveness of changes in the way services are provided for the people who need them, but in maintaining the understanding, trust and confidence of the public in their services.

Help people understand how the NHS is doing

In our submission to the Mandate consultation processes last year we called for NHS England to explore making key targets - such as 4 hour A&E and 18 week RTT - more meaningful for patients.

Years of Healthwatch [research](#) suggests that although guaranteed waiting times are important, people value time to triage and diagnose, communication with staff and quality of treatment above this single measure.

We are therefore pleased to see progress on this in the Clinical Standards Review [interim report](#), and have welcomed NHSE's invitation for us to help support this as it develops.

Whilst we have made a positive case for change, and welcome the response to it, we also recognise that the existing targets are seen as useful both across the sector and by those from outside the sector looking to compare and scrutinise performance. Our view is that new targets must be tested extensively before being rolled out, with specific assessment of any impact on people's experiences of care.

Once the testing is complete, NHSE will need to consider how it reports the evaluation and how this compares with existing performance measures. This will help to provide reassurance that any changes to targets represent an opportunity to improve clinical outcomes, patient safety and people's experiences of care. It will also be important for NHSE to track public understanding and perceptions of performance against the new targets. This will help to ensure the targets are supporting public accountability and will facilitate better conversations about the balance between access and financial targets.

The Department should use the new joint accountability framework to set clear expectations around the testing of the new targets. Healthwatch stands ready to help with the testing and evaluation.

The Department should also set out a direction for the proposed 'Integration Index' referenced in the Long Term Plan. The plan mentions that this will be based on people's experiences of care. The creation of this metric has been a long running policy ask from Healthwatch and has been raised in previous Mandate submissions. If it is to have sufficient influence in driving the way the system operates, it needs to be seen as a core performance measure which all parts of the system are jointly accountable for.

Make the most of every piece of feedback

Learning from feedback, including complaints, was a strong focus of the previous Mandate. However, we understand the alignment process with the Long Term Plan means this learning culture is now implicit rather than explicit in the new draft joint accountability framework.

We would urge the Department to consider this point to ensure that positive progress made around feedback and complaints in recent years is not lost. As recent findings from the Care Quality Commission (CQC) point to, there is still a long way to go before we have a system that is consistently making the most of every opportunity to use feedback, both positive and negative, to learn and improve.

In terms of specific actions, it would be encouraging to see NHSE and NHSI tasked with supporting their accountable bodies and those they commission, such as CCGs, NHS Trusts and Primary Care providers, to learn from feedback and complaints. Organisations should be able to demonstrate what has been learnt from local feedback and what has changed as a result. It would be a very positive step if NHSE and NHSI were tasked with sharing insight about how the NHS as a whole is learning from user experience - whether positive or negative - and what has changed as a result. This would not only provide practical support in helping spread learning, but would also send a strong cultural signal, nudging the response to complaints away from the often adversarial and defensive attitude they often engender at the moment.

We would also encourage the Department to use the new joint accountability process to think long term about how NHSE and NHSI can work with other ALB partners to improve the way qualitative feedback is collectively analysed and used by the sector. For example, NHSE has been undertaking a review of the Friends and Family Test (FFT), which has been supported by Healthwatch. Currently, around 5 million pieces of feedback are gathered annually via the FFT, with headline scores used in a number of ways. However, many completed FFT forms also contain free text comments, which are often more illuminating. Under current arrangements, these are supposed to be acted on at a local level, but there is limited accountability around this or shared learning. Whilst Healthwatch would not want to stop local level analysis, as this is likely the best way of seeing immediate improvements in care, making arrangements for the comments to be analysed more broadly could offer a range of additional benefits. Healthwatch is very interested in having access to this data to compare with our own insight, helping us identify where best to target our modest resources and explore issues that matter most to people.

The joint accountability framework could start to put in motion plans for greater sharing of qualitative insight gathered by different parts of the system including NHSE and NHSI. Whether this is a piece of feedback or a complaint, the data would help create a single and incredibly powerful source of insight to support the NHS in achieving its goal to become the world's largest learning organisation. Healthwatch would be keen to support this.

Put users at the centre of the tech revolution

The emphasis on the increased use of technology in the Long Term Plan will be greeted positively by the public. Many of the proposed changes are a direct response to what people have told us they want from the future of the NHS, and will bring their interactions with the service more in line with how they currently engage with other sectors.

While there is significant appetite for greater use of technology, we urge the Department to use the joint accountability framework to stress the importance of the NHS starting by consulting with people to find out what their needs actually are. Technology developed to meet the needs identified should then be developed in partnership with users and properly tested before they are introduced more widely. This will help to make sure technological solutions meet real life needs and expectations without conflicting with other broader shifts in policy.

One example is access to appointments in primary care. People consistently tell Healthwatch they like the idea of being able to see a greater range of health professionals via their GP practice, particularly where this offers greater continuity of care and the potential for direct referral to primary care specialists in supporting things like diabetes or mental health conditions. Yet current feedback suggests online booking systems only allow people to book GP appointments. The online systems have therefore not been set up to meet people's full needs, or support the policy push to make greater use of the broader primary care workforce.

We've included more examples of the challenges people face using new technology in the NHS in Appendix A.

There is significant opportunity to ensure the NHS technology revolution works for people by building public engagement into the heart of the way the new NHSX will operate. Healthwatch is more than happy to support this and looks forward to working with all levels of NHSX as it develops and supports NHSE and NHSI in the roll-out of new technologies. The joint accountability framework could be used to signal the importance of joint working between these organisations over the year ahead.

Let patients shape the future NHS workforce

We understand from the Long Term Plan that the NHS workforce strategy is due out later this year.

We have already mentioned above that people want to make greater use of the broader primary care workforce, especially where they feel this provides access to specialist expertise.

In our evidence submission on the Long Term Plan we also highlighted the opportunity presented by the growth of services like social prescribing and peer support. These were referenced in the Long Term Plan but did not feature as strongly as we would have liked, especially as the NHS shifts towards a model of helping people to stay healthy and be empowered to do more to manage their own conditions.

Peer support in particular offers an opportunity to address some of the growing concerns around a lack of empathy from current services. This was highlighted in [Healthwatch England's October - December 2018 quarterly report](#).

It will be important for the joint accountability framework to acknowledge what people are saying about their current experiences of the NHS workforce. It should set a clear expectation that plans will address what patients and the public say they want from the future.