

NHS Mandate Refresh 2016

In December 2015, the Department of Health published its Mandate to NHS England setting out the Government's strategic ambitions for the health service for the next five years.

As part of this, the Mandate outlines a number of key deliverables which are refreshed on an annual basis.

In our role as a statutory consultee on the NHS Mandate, the following document outlines three key areas where the work of the Healthwatch network suggests there are opportunities to strengthen these deliverables and drive improvements that meet the wants and needs of both patients and the wider public.

1) Improving public involvement in changes to local services:

Given the pace and scale of change across the NHS and social care sector, it is important that the Government takes every opportunity to underline its commitment to ensuring communities have their say in the future of their local services.

2) Using discharge as a success indicator for integration:

We welcome the increased attention being given to reducing the number of delayed transfers of care. However, looking more broadly at the patient experience of discharge offers an opportunity to track how well services are working together, the extent to which they are patient-centred and how efficient they are - a perfect metric for assessing integration.

3) Learning from feedback:

The Mandate outlines a desire to see the NHS become the world's largest learning organisation, including from feedback and complaints. The refresh presents an opportunity to set deliverables that require NHS England to show what the system has learnt, how it is sharing this learning with key partners and how it is facilitating learning amongst staff - giving patients confidence that their feedback is making a difference.



1. Improving public involvement in changes to local services:

As in previous years, we continue to acknowledge it is not the purpose of the Mandate to specify the way in which NHS bodies involve the public in decision making.

However, given the pace and scale of change going on across the NHS and social care sector, the refresh of the Mandate provides the perfect platform to reiterate the importance the Department of Health places on involving people in the change process.

In particular, the introduction of Sustainability and Transformation Plans and the continued drive towards devolution are shifting decision making from a local to a more regional level, creating a whole raft of new challenges around engagement.

The Mandate could therefore set a clear ambition for the health and care sector to minimise unwarranted variation in public engagement and provide assurance that consumer insight is used to inform change.

The refresh also presents an opportunity to move away from set piece engagement over particular issues and shift the focus to support the idea of continual engagement - making broader use of consumer feedback, provided either directly or through organisations such as local Healthwatch, to shape service development.

- **Assurance processes for public involvement**

In early March 2016 NHS England published a new Improvement and Assessment Framework for CCGs (CCG IAF).

Amongst numerous other areas of activity this revised approach was designed to give improved assurance that CCGs are fulfilling their duty to engage with their local communities and involve them in decision making processes.

To assess this, each year there is an independent survey conducted to seek the views of key local stakeholders on how their CCG is performing.

We were pleased to see the 2016 survey report high levels of engagement with local Healthwatch and other patient groups (88% say they have a positive relationship compared with 85% last year).

We also note that local Healthwatch are one of the groups who feel most positively that their CCGs have listened to their views and taken them on board.

This is supported by Healthwatch England's own analysis of local relationships which shows 95% of the Healthwatch network feel they have had a positive impact on their CCGs in 2015/16.

However, the IAF survey also shows that satisfaction with how CCGs have engaged with the wider public has fallen slightly, from 71% in 2014 to 68% in



2016. Given the increasing level of change going on across the NHS and the rising need to involve people in these important discussions, we would have hoped to see this going the other way.

There is also clearly room for improvement in how CCGs communicate about commissioning decisions, with only 53% of local Healthwatch and patient groups agreeing that their CCG handles this effectively.

The 2015 NHS Citizen Assembly also highlighted this lack of transparency, pointing to limited information on CCGs' activities and opportunities to engage with decision-making processes creating barriers for local residents.

The way forward on patient engagement:

We were pleased to see the 2016/17 CCG IAF clearly state NHS England's intention to introduce new indicators over time to drive improvement, including the development of a suitable indicator for 2017/18 that can better measure how CCGs are focusing on patient and public engagement.

We were also encouraged by the new guidance from NHS England published in September setting out the level of public engagement expected of the STPs.

However, it is vital that NHS England are encouraged to continue prioritising engaging with the general public as well as service users, particularly as we enter an important development phase for the STPs. Including the new CCG IAF patient engagement indicator in the Mandate deliverables would be a significant step to reinforce public engagement as one of NHS England's core deliverables.

2. Using discharge as a success indicator for integration:

In the Summer of 2015 Healthwatch England published 'Safely home: What happens when people leave hospital and care settings?'

Bringing together more than 3,000 patient stories from 101 local Healthwatch, it highlighted both the human and financial cost when discharge processes don't work properly.

The year-long investigation found and celebrated examples where providers and professionals are getting discharge right, but too often we found that this best practice was not replicated. This was being compounded by a confusing plethora of guidance and lack of consistent understanding of what makes a good discharge from a patient point of view.

We were therefore encouraged to see the NHS Mandate 2016/17 deliverables call on NHS England to agree a system-wide plan for reducing Delayed Transfers of Care (DTOCs) - a key problem highlighted by those we spoke to.



However, for patients and their families the problems around discharge did not just include the delays they face getting home. We also heard cases where people had been discharged prematurely or without the right care in place to help them recover. In the worst examples this led to emergency unplanned readmissions. However, in many more cases we found that current practices often leave people having to rely on ill-prepared family and carers or struggling to cope at home alone.

When we asked people to tell us what they expected from a good experience of discharge or being transferred between services, they told us they expected:

- To be treated with dignity, compassion and respect;
- Their needs and circumstances to be considered as a whole - not just their presenting symptoms;
- To be involved in decisions about their treatment and discharge;
- To move smoothly from hospital to onward support available in the community; and
- To know where they could go for help once discharged.

Many of the problems ‘Safely Home’ identified are heavily linked with some of the wider systemic challenges facing the NHS in terms of the need for better integration, the implementation of seven-day services and the drive to ensure all services are delivering patient-centred care.

Gaining a better understanding of the extent to which patients are or aren’t currently experiencing a good discharge and measuring their recovery rather than their individual interactions with different services has the potential to do far more for the NHS than just help free up bed days.

The way forward on discharge:

The current Mandate deliverables, supported by the work of the Department of Health Discharge Programme Board, demonstrate a commitment to providing the national level leadership needed to get to the bottom of this problem.

We welcome the focus on delayed transfer of care as the experiences people shared with us show how frustrating this can be for patients. However, when focusing on reducing DTOCs the NHS needs to also watch other indicators, such as emergency readmissions, to ensure patients are being discharged safely.

Using the Mandate to set out the development of specific patient experience metrics around the discharge and recovery process would provide an opportunity to measure and track how well services are joining up, the extent to which they are patient-centred and ensuring the system is making the most efficient use of the resources available.



Learning from feedback:

The Mandate sets out the Government's aim for the NHS to become the world's largest learning organisation, drawing on all available sources of intelligence including feedback from staff, patients and their families. Thanks in part to the input from Healthwatch England, this ambition now includes a desire to see the NHS learning specifically from concerns, complaints and other forms of feedback.

We recognise that there has been much partnership working by NHS England with the CQC, the Parliamentary and Health Services Ombudsman, NHS Digital and the Department of Health. This has done much to improve the way the NHS handles complaints and uses complaints data, and there is more to come.

There is still work to do to inform patients and the wider public about how the NHS is learning from the complaints it receives, both across the system and specifically at a local level. This could also be said for building wider public understanding and confidence in how feedback is more generally being used to drive improvement, both at a local and national level.

NHS England does report on this to some extent in its Customer Contact Annual Report. On complaints specifically, each individual provider is also required to produce its own annual report outlining the number of complaints they have received, the type of complaints and whether or not they were upheld. These reports also summarise any matters of general importance arising from complaints and, importantly, any matters where action has been taken or is to be taken to improve services as a result of complaints. Individual providers are also required to provide details of the number and type of complaints to NHS Digital as part of their quarterly and annual returns.

However, this doesn't yet constitute a coherent approach, similar to the 'you said, we did' principle, of informing the public about the changes made following feedback and concerns raised by patients and their families. There is also little triangulation of data that links patient feedback with staff feedback and reported incidents, and no mechanism for ensuring the system as a whole is learning.

It should be noted that the responsibility to learn from feedback and complaints should not just sit with NHS England (after all they have commissioning responsibility only for primary care and specialised services, not for secondary care.) This is a system wide issue, but one where NHS England, along with key partners such as NHS Improvement (which was not formally operating at the time of drafting of the last Mandate), have a key leadership role and can really help to drive widespread change in cultural attitudes.



The way forward on learning from feedback and complaints:

Starting with general feedback, the Mandate refresh could be used to set out a requirement on NHS England to improve national and regional complaints information sharing (within defined information governance rules) with partners. This could provide a platform for NHS regions to collectively reflect on feedback from patients and their families, local Healthwatch, other advocacy organisations and the wider voluntary sector. This could include a responsibility to work with organisations such as local Healthwatch to regularly and clearly report back to the public on what action has been taken as a result, helping to embed a 'You said, we did' culture across the sector.

Looking at NHS England's specific remit around complaints in primary care and specialist services, the Mandate could set a requirement for NHS England to increase transparency around how it is bringing together intelligence, incorporating system-wide learning into its own annual report, and demonstrating how this form of feedback has been linked to staff feedback and reported incidents. This might also include some form of assessment of the extent to which the reality of complaints handling in primary and specialist care reflects the aspirations set out in 'My Expectations', and how NHS England is supporting wider culture change through staff training and education.

Given NHSI's role in driving improvement across the sector, the Department could also look to include a requirement in the Mandate for NHSE and NHSI to work together to jointly lead on driving culture change around the use of feedback and complaints. Alternatively, the Department could adopt the approach that whatever requirements are placed on NHS England in the Mandate should be reflected in the strategic objectives set for NHSI to ensure the same approach is applied in secondary care as in primary care. This national level leadership would help set an important precedent for local NHS Chief Executives, Boards, commissioners and others, to follow and help drive culture change around feedback at a local level.

