



26th March 2013

Initial response from Healthwatch England to the Francis recommendations

Introduction

The report of the full public inquiry into the serious failings at the Mid Staffordshire Foundation Trust was published on 6 February 2013. It details a harrowing catalogue of suffering and neglect of vulnerable patients and calls for fundamental changes to the culture of the NHS.

It has been a long journey from the point at which these appalling events became public to the point at which we received the final version of the Francis report. It is important for us to acknowledge that patients and their families raised many concerns about failings at the hospital, and these were not listened to. The system failed. We need to pay tribute to the determination of the families and friends of those who suffered at Mid Staffordshire. Without their tireless campaigning for the truth, we would not be where we are today.

As the consumer champion for health and social care, this is a crucial report for us because it emphasises the importance of the patient voice within the healthcare system. We therefore felt we needed to publish this, our own independent view on the Francis report.

We recognise the creation of Healthwatch is in part an early response to the events at Mid Staffordshire. The Francis report reinforces our central role as the national consumer champion for health and social care. We need to make sure the patient and consumer voice is clearly heard and that the health and social care system responds to the concerns and complaints of patients and their families in an open, honest and transparent manner. Patients and their families must be placed at the centre of the healthcare system, not sidelined or ignored. We are therefore committed to working with the health and social care system to take forward the learning outlined in the report.

This is our first response to the Francis report and represents a collation of the views expressed by the Healthwatch England committee at its meeting on 28th February 2013. The Government will publish its own response today and as the consumer champion for health and social care, we will want to reflect on their proposals.

Openness, transparency and the duty of candour

It is scandalous that we find ourselves in a position where it is necessary to consider proposals that compel health professionals and the organisations they work in to be honest and open. This should be a basic principle of care, not an optional extra. However, since it is clear that this fundamental standard of behaviour is not always met, we need to look carefully at levers that can be used to reinforce and safeguard the basic rights of individuals, including new laws.

Consumers have an absolute right to expect that their concerns will be acted on and complaints dealt with sensitively and appropriately. The right to redress is a basic consumer right and that is why this is one of our core areas of work in the coming



year. The health and social care system must learn to embrace concerns and complaints as a source of intelligence, which provide opportunities for learning and crucially a lever to make services better. There must be a fundamental shift in culture, to rid health and social care of practices that unchecked, lead to institutionalised lack of care.

The Francis report is calling for wide ranging change across the health sector. It calls for a shift away from a culture of fear and secrecy to one where honesty, openness and transparency is the norm. We believe we need to move from a culture of fear to a culture of quality, where complaints play a valuable role in alerting services to potential problems where improvements may be required. We do not believe that regulation alone will provide the necessary leverage for the scale of change required, but we agree that a duty of candour is a step in the right direction.

We support a statutory duty of candour rather than a contractual one. The contractual duty of candour goes some way to holding health professionals and organisations to account through the management route but this does not go far enough. A statutory duty of candour would give consumers a legal right of redress and allow them to hold health professionals and organisations to account. A legal duty of candour will also protect staff who want to speak out when mistakes are made but whose voices are stifled by a culture of fear and recrimination.

A statutory duty of candour will be a step forward in helping to protect consumer rights and to give patients and staff the confidence to challenge the system when things go wrong. Nevertheless, we know that the duty in and of itself will not be sufficient to address all the fundamental changes that are required to bring about a cultural change where the patients are placed at the heart of the healthcare system.

Implications for Local Healthwatch

Fundamental structure

The Francis report raises concerns about whether the lack of a consistent and basic structure for local Healthwatch could replicate the weaknesses experienced by Local Involvement Networks (LINKs).

The challenge going forward is the balance between reaping the benefits of a locally commissioned model driven by local needs with the need for consistent standards of service and outcome from local Healthwatch.

In its many meetings across the country with emerging local Healthwatch, the committee has been struck by the benefits of local Healthwatch being encouraged to emerge in local environments that are driven by local needs. For example, effective community engagement will vary from area to area and the structures of local Healthwatch need to vary accordingly.

We believe that while there needs to be consistency in outcomes for consumers, the way in which these are delivered will need to remain flexible to local need. We will therefore follow the lead of the Francis report, and the feedback from local Healthwatch, and will work over the coming year to develop a consistent set of



quality standards that support best practice and define good outcomes. Additionally, we see it as core to our role to promote good practice across the emerging Healthwatch network.

Funding

The current legislation places the budgets for local Healthwatch and the decisions about how they are spent in the hands of local authorities. The Department of Health has identified a suggested budget for local Healthwatch activities, but central Government has left decisions about how much funding will be available in the hands of local authorities. This has raised concerns about inadequate funding being made available.

We are very clear that what matters most will be what local Healthwatch deliver for consumers, but we believe that a relationship will exist between achieving good quality outcomes and appropriate levels of funding. Whilst we understand that local authority funding mechanisms are complex and we respect the right of local authorities to manage their local priorities, we think it essential that sufficient funding is made available for local Healthwatch to operate effectively and add value to the consumer voice within health and social care.

We would like to see a minimum level of funding suggested by the Department of Health for local Healthwatch, being allocated to local Healthwatch. Of course, we also expect the usual transparency to apply to how much funding is being made available.

Intervention by Healthwatch England

Currently, Healthwatch England can advise and make recommendations to a local authority regarding local Healthwatch. The Francis report suggests a more proactive role for Healthwatch England where local Healthwatch groups are not performing their functions adequately. We are already in discussions now with the Local Government Association about how we handle such situations.

Guidance and training

The Francis report raises the issue of the need for local Healthwatch to be able to source good guidance and training to support them in delivering their core functions effectively. We share this view wholeheartedly.

At our five regional events between January and March 2013, we were able to trial and test out our support offer and ensure that it is meeting the needs of local Healthwatch organisations. We have also been working closely with emerging local Healthwatch involved in shadow Health and Wellbeing Boards, to identify what has worked well for them and what, if any, support and guidance they require moving forward. We will deliver a full offer of training and guidance over the next financial year to ensure we play a full part in supporting the development of a vibrant and effective Healthwatch network.

Whilst the Francis recommendations focus specifically on training for the leadership of local Healthwatch, we intend to expand on this and draw on existing good practice to develop training for volunteers and others who might get involved in the work of local Healthwatch.



Scrutiny committees

The Francis report calls for scrutiny committees to be given new powers to carry out provider inspections. Clearly, a key priority for Healthwatch England is to avoid any duplication of work carried out by local Healthwatch in relation to their 'Enter and View' responsibilities. In this context, we are not convinced that adding new powers to scrutiny committees is necessarily the most effective way forward. What is crucial is that we support local Healthwatch to develop strong working relationships with local authorities to ensure that there are effective mechanisms in place to feed the intelligence they gather about the local health economy into the work of the scrutiny committees.

We will be working to support local Healthwatch to ensure they are using their existing statutory powers to best effect and will keep under review any further changes needed in the local landscape to ensure that effective oversight and scrutiny is delivered.

In conclusion

An institutionalised lack of care was central to events at Mid Staffordshire. As the national consumer champion for health and social care we will work with our partners and local Healthwatch to ensure that consumers of health and social care are placed at the heart of the system. The bottom line is those who plan, run and regulate health and social care services need to see this report as a watershed - the point at which the views and experiences of those who use services really become the driver for improvement, and the focus of all we do.