Healthwatch England
Citygate, Gallowgate
Newcastle upon Tyne NE1 4PA
Tel 03000 68 3000
Fax 01132 204 702
enquiries@healthwatch.co.uk
www.healthwatch.co.uk

03 March 2022

Edward Argar MP
Minister of State for Health
Department for Health and Social Care
39 Victoria Street
Westminster
London, SW1H 0EU

cc: Maria Caulfield MP, Minister for Patient Safety and Primary Care

By Email

Dear Minister,

As you will know, every year Healthwatch England issues its advice on the key issues the Department should consider when setting its mandate to NHS England, in our role as a statutory consultee.

As I write this letter, the Health and Care Bill is in the final stages of parliamentary scrutiny. As a result of changes proposed in the Bill, the NHS England Mandate will become a much more flexible document in the coming years, which could comprise a set of longer-running strategic priorities. It will also be easier for the Secretary of State to make changes to the mandate outside of any set timeline.

We therefore recognise that this year's mandate setting process is taking place in a quickly changing legislative and regulatory environment. The NHS is still under severe pandemic-related pressure and the last few years have seen swift and major changes to service delivery across the country. The coming years will require major re-adjustments as we learn to live with the virus, return to pre-pandemic levels of service, and work to deal with a backlog of care from the pandemic.

As in previous years, we have 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 the subsequent annual objectives.

However, subject to Parliament's agreement, as the Health and Social Care Bill is passed and comes into force, you will no doubt also be considering how the mandate will be developed in future, and how you will ensure that this process will remain flexible, transparent, and responsive to patient and public priorities in the years ahead.

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Key issues for 2022/23

Last year, our engagement with around 750,000 patients, as well as our national research and engagement activity, highlighted the following areas where clear direction from the Department would be valuable:

- **Elective care backlog** – ensuring the plan for tackling the backlog in elective care is delivered, including improving communications and support for patients while they are waiting, while maintaining quality of care and levels of service in other areas like emergency care
- **GP Access** – instructing NHS England to conduct a review of access to GPs as part of the pandemic response
- **Accessible information** – emphasising the need to implement the recommendations of the Accessible Information Standard review, prioritising development of a new framework for accountability and improvements in IT systems to ensure compliance
- **Hospital discharge** – continuing to improve implementation of national discharge to assess guidance and ensuring continuity of centralised funding until ICS reforms bed in
- **Dentistry** – setting a clear objective around resolving the long-standing issues of dental system reform, building on the recent £50million funding injection
- **Patient data** – setting expectations for increased transparency and communication with the public surrounding ongoing work to improve and re-launch the GPDPR programme
- **NHS 111** – re-iterating an expectation for NHS England to complete and publish a full evaluation of the NHS 111 First service
- **Complaints** – emphasising the importance for NHS England and ICS leaderships to design a national system for learning from complaints
- **Health & Care Bill** – strengthening representation for public voice at the ICS level and ensuring there is adequate emphasis on tackling health inequalities

The appendix to this letter contains additional detail on the evidence that has fed into identifying these priority issues and how NHS England can act on them.

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Approach to setting the mandate in future

It has been seven years since the last public consultation on the mandate. A new funding settlement for the NHS to support post-covid recovery will draw on an additional £12bn in national insurance contributions from the public.

Moving forward, therefore, if the mandate is produced at less regular intervals and covers longer-term strategic priorities that reflect such substantial new funding commitments, it is even more important that the public can clearly see how the government's priorities for the NHS reflect people's most urgent needs, giving people a chance to be engaged in how the new funding is allocated. The NHS has undergone huge changes in the last two years – and public feedback will be essential to helping decision-makers understand what has worked and what hasn't, ensuring that new funding is allocated equitably and efficiently.

As the Health and Care Bill comes into force, we urge the Department to develop a clear outline of the process it will follow in future to ensure that the mandate is properly informed by the views of patients and the public. Whatever shape the process takes, there should be clarity for the public on how their views have been involved in shaping the mandate's final objectives.

Healthwatch stands ready to support this process by feeding in views from hundreds of thousands of people around the country on their priorities for the NHS.

I am grateful for the opportunity to feed into this year's Mandate refresh process and look forward to working together to make the most of upcoming NHS reforms for patients.

Yours sincerely,

Sir Robert Francis
Chair, Healthwatch England

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Appendix - Key issues for 2022/23

Elective care backlog

We recognise that backlogs for treatment will be a fact of life in the coming years and welcome allocation of additional funding and resource to tackle the backlog. Given that many people will still be waiting a long time for treatment, it is vital that they don't feel forgotten by the NHS. We are therefore delighted that the NHS plan for tackling the backlog in elective care doesn't exclusively focus on the total numbers of patients waiting, and that our key recommendations on improving patient communications across different channels, on better interim support, and on transport support have been taken on board in the plan.

The mandate should therefore set a clear expectation for NHS England around improving communications with patients and providing more support services while people are waiting for treatment. It is also vital that the department makes clear in the mandate that the elective recovery is managed in a way that seeks to address health inequalities rather than risk exacerbating them. For example, creating treatment hubs to perform operations as efficiently as possible could help reduce waits, but it will only do so equitably if the recommendation on supporting people on low incomes or without family support networks is implemented.

It is also essential to ensure that efforts to reduce elective care waiting lists do not lead to any compromises on quality and safety of care, and that elective care recovery does not take place at the expense of other parts of the NHS like emergency care, which are also under severe pressure and scrutiny.

GP Access

The COVID-19 pandemic has fundamentally shifted the way we use GP practices, and our evidence shows that many are struggling to access primary care. The Department should use the Mandate to instruct NHS England to undertake a formal review of the ways people access General Practice services to make sure they work for everyone.

The Mandate should also set a clear expectation for NHSE to take immediate steps to support more equitable access to primary care services, including ensuring that communications are accessible and provided in different formats, that websites are kept up to date, and that better demographic data is collected to monitor the equalities impact of changes to GP services.

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Accessible information

By law, all publicly funded health and social care providers must fully comply with the Accessible Information Standard (AIS). The standard requires services to meet the information and communication needs of people who have a learning disability, a sensory impairment or loss. A growing body of evidence, including new research from Healthwatch England drawing on Freedom of Information requests submitted to 200 NHS provider trusts and over 6,000 people's experiences shared with Healthwatch, shows that this is not happening in many cases.

With NHS England currently reviewing the Accessible Information Standard, the Department should use the mandate to highlight the importance of full implementation of the standard across all services, and the improvements to staff awareness and IT infrastructure needed to ensure this. It is vital that resources are dedicated to implementing the recommendations put forward by the official review of the Standard.

There is currently little accountability in the system importance of more robust mechanisms for holding services accountable fully delivering the standard; NHS England can help to address this by setting out clear guidance for ICS leaderships on how accessible information should be included in system-level oversight mechanisms and contract monitoring arrangements. The review should also consider whether the standard goes far enough in covering all groups which may have communication needs, and address barriers to sharing information on patients' communication needs between services. Healthwatch England has produced a detailed set of policy recommendations feeding into the review. which we hope will help the Department set expectations on the improvements necessary.

Hospital discharge

We welcome the funding the government has provided to support dedicated focus on hospital discharge, and that hospital discharge policy has been updated, reflecting improvements we identified as necessary.

We are also grateful to the Department's hospital discharge policy team for involving us in the development of statutory guidance on hospital discharge to support the Health and Care Bill. We look forward to working with the department to ensure this guidance sets clear expectations and sits on statutory footing alongside the H&SC Bill.

To support implementation of this guidance, we recommend that the Department use the mandate to stress to NHS England the importance of delivering core elements of the guidance such as:

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- welfare check-ups for all patients discharged from hospital regardless of their particular pathway,
- always providing patients and carers with a point of contact to speak with if they have problems and
- ensuring that any patients discharged between 8am and 8pm are actively support to get home safely.

To maintain close working between NHS and social care teams, centralised funding for hospital discharge should continue at least until the ICS reforms bed in and ensure integration becomes business as usual.

Dentistry

Throughout the pandemic we have repeatedly reported on the growing crisis around access to and affordability of NHS dental services in England. You can see our latest briefing here.

In October we joined with the British Dental Association in calling on the Chancellor to use the Spending Review to provide vital investment in NHS dentistry, and despite significant funding being earmarked for health and care services there was no specific reference to dental care. It was encouraging to see NHS England announce in January an additional £50 million of funding to support dental services in tackling the backlog, but this only covers the service until the end of March.

We now urge the Department to use the mandate to set a clear objective around resolving the long-standing issues of dental system reform. Current negotiations have been ongoing for more than a decade and it now needs a clear instruction from Ministers to set direction and get the nation's oral health back on track.

Patient data

We welcomed the pause to the GPDPR data collection following significant public concerns raised about transparency, privacy, and people's awareness of the programme.

As well as contributing to the GPDPR patient advisory panel, we have been working with an informal coalition of other patient organisations, including National Voices, The Richmond Group, Patients' Association and others who have fed into our work in this area.

Whilst GPDPR is being managed by NHS Digital, the proposed merger of NHSD and NHSX with NHSE will move data policy firmly into the scope of

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the mandate. In the meantime, NHSE will need to work closely with them and the Department should therefore use the mandate as an opportunity to set expectations on how they will work to increase transparency and communication with the public surrounding ongoing work to improve and re-launch the GPDPR programme. It is important that clear promises are made to patients surrounding the levels of public awareness and transparency that will be achieved before the programme is relaunched, and that these principles should also underpin the final NHSX Data strategy.

NHS 111

Rapid research we conducted following the launch of the NHS 111 First service found that people were aware of NHS 111 and the service worked well for many, but too few were aware of the new offer of pre-booked appointments through 111, and people still lack confidence in the advice given by call handlers.

We have shared detailed results of our polling and patient feedback from local Healthwatch with NHS England to support their evaluation of the service. To make sure the service is working for patients, the Department should use the Mandate to encourage NHS England to complete and publish a full evaluation of the NHS 111 First service, in line with the recommendation of the Health and Social Care Committee.

Complaints

During the pandemic many complaints processes were paused, and many services are still dealing with longer than usual response times to complaints.

The ICS transition will also bring significant changes to the complaints management landscape. For example, with responsibility for commissioning primary care services moving from NHS England to ICSs, there is a need for clarity on responsibility for complaints management in primary care.

The Department should work with the NHS England primary care complaints team to ensure arrangements are in place to ensure continuity for learning from complaints through the ICS transition. This should include preserving and generalising the processes for national learning from regional complaints which the NHS England complaints team has developed over the last year.

The Department should also use the Mandate to instruct NHS England and ICS leaderships to design a national system for learning from complaints. This would also build on ambitions from previous NHS mandates which have set an aim to make the NHS the world's largest learning organisation.

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Health & Social Care Bill

We welcome the Bill as it stands but believe that the legislation and subsequent guidance could be further strengthened by an enhanced representation for public voice at the ICS level.

The white paper preceding the Bill made clear that a joined-up, population-focused approach to health and care would not come through structures alone and should involve the patient voice, "not just as a commentary on services but as a source of genuine co-production". While the Bill is highly likely to maintain a permissive approach to the creation of ICSs, the Department should look to use the mandate to reiterate the messages outlined in the white paper.

This should set out a clear expectation for the inclusion of patient voice representatives in ICS governance, but without compromising the freedom of individual systems to define how they do this. The Mandate should also stress the importance of NHSE and ICSs ensuring there are resources in place to allow for patient views to be gathered and heard at a system level.

A similar approach should be taken to ensure the task of tackling health inequalities is adequately represented at Integrated Care Board level. In 2020 NHS England committed in their action plan on health inequalities to ensuring that health inequalities would be represented on the ICS boards. However, early analysis of the ICB constitutions suggests this is yet to materialise. The DHSC should use the mandate to reiterate the importance of this issue.