

NHS CONSTITUTION CONSULTATION OUTCOME

Given the short timescale for this consultation, we had only 9 responses overall, although these were very detailed and reflected the views of some of our Neighbourhood Forums, BME groups and the Birmingham Council of Faiths as well as individuals/members of the Citizens Panel, so provided good quality feedback. The other Birmingham PCTs and Trusts also had a very low response rate, but they did not get such detailed feedback.

Our feedback report (attached) was sent to the SHA who then collated all the reports across the West Midlands. Overall the West Midlands was commended for the effort put into consulting local people and the quality and breadth of feedback.

The Department of Health is now analysing all the feedback received and aims to report on the outcome of the national consultation on the 5th December. The deadline for publication of the final Constitution document is the end of January. This will go to staff first, so they are familiar with the commitments it contains, before being made publicly available.

Annette Hearnden
Patient and Public Involvement Manager Localities
4th December 2008

Birmingham East and North Primary Care Trust

NHS Constitution Consultation Feedback Report October 2008

Background

BEN PCT took a proactive approach to this consultation, providing information and briefings to a wide range of people internally and in our local community to raise awareness of the Constitution and encourage them to be involved. People also had the choice of responding in a variety of ways to the PCT, or to the SHA or the Department of Health, so the volume of responses is variable.

This report also encompasses the feedback from Heart of England Foundation Trust and Birmingham and Solihull Mental Health Trust as BEN PCT is the Co-ordinating Commissioner for these Trusts

Consultation activity with the BEN community

Our Neighbourhood Health Development Officers identified key local contacts and groups in our community and sent over 670 letters from our Chief Executive inviting specific feedback on the Constitution. We also took information to local meetings in our community and sent the Constitution out to our Citizens Panel comprising 1,000 local people. The Local Health Overview and Scrutiny Committee has had the opportunity to respond to the Constitution and it was submitted to our LINK Transition Group. An online survey using the questions from the Constitution document was uploaded on to the PCT's website

Consultation activity with staff and partners

This consisted of an online survey on the PCT staff intranet where it was also featured as a 'Hot Topic'; inclusion in our weekly staff brief both face to face and by email and in our staff magazine 'Cascade'. The staff leaflets were also distributed in reception and kitchen areas in PCT offices. Letters and copies of the Constitution were also sent to all GP practices to encourage them to respond and to display information about the Constitution consultation in their practices to raise awareness of patients and carers. A briefing was provided to the Patient Focus Group, the PPI Committee and the PCT Board. An online survey was also available on the HofEFT and BSMHFT staff intranets and the Constitution consultation featured in their internal staff briefings and newsletters. The Trusts also included the Constitution in briefings and meetings with users and carers, voluntary agencies and housing associations.

The Consultation Grid

The grid attached shows the range of consultation activity and the numbers of people targeted by BEN PCT. As respondents could go directly to the SHA or the Department of Health, we do not have exact numbers of respondents for the PCT and our associated Health Trusts

Analysis of consultation responses

Feedback from the whole range of consultation activities was analysed in relation to the categories of questions in the Consultation document. Key comments and quotations from respondents highlight common themes and key issues raised. The feedback below reflects the perspectives of those who responded directly to the PCT or the Trusts.

Source and status of the Constitution

Comments were made about the meaning of 'take account'. If it means they don't need to follow it, then it may not be credible. Conversely, if the constitution is backed by law and legal penalties for failure to comply with it, then some contractors may be put off providing innovative or unique services to the NHS.

There was support for renewing the Constitution every 10 years. However, some respondents felt that discretion should be left to the Secretary of State to decide if the Constitution is still appropriate in an evolving NHS, but there should be ongoing review for relevance and workability every 2 years. If legislation is required to regulate review of the Constitution, this could imply it has legal force, creating potential for judicial review from those with concerns if NHS funding does not allow pledges to be fulfilled at any given time.

3 year renewal of the Handbook in an NHS facing continuous change and restructuring may be optimistic, as it may take longer to embed into day to day operations.

The purpose and principles of the NHS

There was a shared view that the statement of purpose and set of principles are right, but strong support for the NHS doing more than 'strive' to make transparent decisions, deliver quality services in a clean and safe environment etc. If the public has a right to receive high quality health care, free of charge, then the NHS must make an unequivocal commitment to its delivery. Therefore, all expressions of 'strive to' should be removed from the document and be replaced with definite actions on what the NHS **will** do to provide a world class health service

If there are circumstances where services are not free, ie 'exceptions', these must be specified so the public can understand why, what their rights are and be involved in decisions about charges.

Another view is that the NHS cannot provide a full and comprehensive health service for both physical and mental well being and health regardless of cost, unless it provides services like alternative therapies, plastic surgery for people not satisfied with their body image or laser treatment for people not wishing to wear glasses, for example.

The statement of purpose and set of principles are admirable, but do not address increasing future demands for health services or embody any new or innovative principles.

Some ***new principles*** were suggested:

That the NHS recognises the spiritual and pastoral needs of all people which are often accentuated at critical times of life (eg sickness, injury, birth, death and when life changes are required such as coping with chronic illness) and will provide comprehensive chaplaincy services to meet the needs of all people of all faiths.

That the NHS “***will educate the public in self health improvement and support individuals and groups to improve their health and quality of life and to work relentlessly to end health inequality in the UK***”

That the NHS will develop and support health service provision in other countries, especially regarding diseases such as TB to educate newcomer and asylum seeker populations settling in the UK.

That, throughout the United Kingdom, the premises from which NHS services are delivered and the equipment and facilities provided will be of equal and high standard with appropriate disabled access.

Patients and the public

The balance of rights and responsibilities was generally felt to be right, but it was also noted that patients should have more rights than pledges. It was noted that a pledge is a solemn promise so cannot be compromised by 'striving'. “*The NHS either commits to a promise or it does not*”.

The point was made that rights are legally enforceable, whilst the NHS is not legally obliged to deliver on pledges and this is confusing for people. As many of the rights are pre-existing, they should be made more robust and information given on how people can enforce their rights, especially vulnerable communities.

One view is that “***the pledges should all be rights and enforceable by the service user backed by sanctions if those rights are breached***”

In terms of ACCESS, the **right** not to be unlawfully discriminated against in the provision of NHS services does not include **AGE**

The patients rights to privacy and to be treated with dignity and respect are still compromised in mixed gender wards or units, as the Government has not honoured it’s pledge to stop this “It should be a key commitment of every PCT”

An ***additional right*** was suggested:

“ You have the right to receive spiritual and pastoral support from a chaplain of your own faith in any NHS hospital, residential home or other facility”

In terms of nationally approved drugs and treatments, it was felt that everyone should have a right to a drug that will improve their quality of life. An **additional requirement was suggested:**

“The NHS will end the unfair postal code lottery and ensure equitable access to drugs across the country”

It was thought that bringing together all the rights, principles and responsibilities of the NHS and patients is useful, But only if communities and individuals are aware of them and are empowered to enforce those rights. However, there is a danger that the Constitution only restates existing principles and rights

In considering the balance between the commitments (eg access to services in Europe or a specific drug) and pledges (aspiration to meet national waiting times or strive to deliver disease prevention through immunisation), it was felt that the pledges should be prioritised. It was also suggested that, rather than a right to seek treatment abroad, there should be a right to travel costs for patients and relatives if foreign treatment is acceptable and appropriate.

There was agreement to a new legal right to choice. Views were also expressed that choice is multidimensional and has to be informed. However, the rights of individuals with a mental incapacity often have to be enforced by advocates. ***It was also noted that “Choice is not real choice if the NHS then imposes limited options to choose from”***

There was support for the responsibilities and expectations of patients and the public in recognising that patients have a responsibility for their own health with one community forum noting that ***“the responsibilities are those that any patient or member of the public should acknowledge as important in the efficient running of a health service and being the basis for appropriate behaviour of a service user”***

In considering how to balance health requirements of a local community with individual perceptions of undue delay, some respondents felt there are not always adequate facilities for appointments in primary care which causes unnecessary waiting.

Some respondents felt there should be more emphasis on the responsibilities for patients, rather than “should do”, ***“more onus has to be placed on the individual (through health education)”***

Most helpful pledges highlighted were quality of care and convenient and easy access to services, local delivery.

It was a concern that the NHS does not listen to issues raised by patients and often fails to act on complaints. As many concerns could be dealt with before becoming complaints, more support for service users to get an early response was called for.

Patients need to raise complaints when they are being treated so that they can be dealt with at the time, not just complain later on.

Staff

It was felt generally that the staff pledges are right, especially engaging staff in decisions and ensuring they are involved, represented and respected.

It was noted that the involvement and contribution of staff is vital because if they do not support the Constitution, it will be unworkable.

It is every persons responsibility to make this work, but it needs caring staff who make each patient experience a good one. ***“..a very caring bunch of professionals who are willing to do everything in their power to render caring and compassionate service to one and all”***

There were comments that it should be mandatory to provide all staff with personal development and appropriate training, otherwise ***“the thought that staff may not have received appropriate training is quite horrifying”***

It was suggested that, as staff also use health services, they have a vested interest in providing the best service they can. Any pledges given must be realistic and achievable, but also be delivered by those contracting with the NHS including GPs etc.

One view was that the Constitution should not be concerned with staff responsibilities, but focus on service provision and undertakings to service users. ***“ The responsibilities of staff are for the employer to deal with”***

Accountability

It was felt that there should be a separate statement of accountability detailing the systems and mechanisms by which the different parts of the NHS are accountable. Local accountability involving Health Overview and Scrutiny Committees and LINKs was supported, but there were concerns about how we can check that service providers and patients are following the Constitution.

There was also concern that the public will not be able to hold the NHS accountable for the implementation of the constitution.

NHS values

There was general support for having values in the Constitution, but also a view that values should not be included because of the different values that people hold that could conflict with NHS values. One example given was the value the NHS places on preservation of life and its conflict with the availability of abortion and contraception.

The Handbook to the NHS Constitution

No specific comments were received.

Further questions

It was widely felt that the Constitution should be available to all service users, but this requires an effective communications strategy and a national

awareness campaign via the media and all PCTs and Foundation Trusts needs to be run to increase profile and awareness. Suggestions for activities included:

- presentations in large supermarkets, shopping centres, football and other sporting venues
- advertising on the back of cigarette packets!
- creation of an NHS Blog or Face Book on the internet for young people
- leaflets to active patients
- notices in surgeries, health centres & clinics, outpatients & A&E departments

It was suggested that implementation of the Constitution could be monitored in a variety of ways:

- by measuring, along an agreed timescale, awareness by the public of the Constitution and what it means.
- Surveying those patients and carers as they access a service.
- The PCTs should monitor and evaluate the quality of delivery as an ongoing responsibility.
- Holding managers accountable at all levels
- Systematic review with patient, public and staff

General comments

Various comments reflected that the balance of the Constitution is right, though lack of resources is always going to affect certain ideals.

It was felt that the NHS is always under pressure to deliver to the expectations of the public and within the constraints of the treasury. It's size, structure and complexity make it a business that the majority of the population use, but do not understand. Consequently, many do not challenge it's decisions and enforce their rights.

Like the Patients Charter, therefore, the Constitution will not add anything unless it has legally enforceable rights and there is support/process for people wishing to challenge it. Service providers and patients need to work in partnership to implement the Constitution.

The Constitution needs to be reviewed and adapted to an ever changing NHS more frequently than every 10 years, possibly every 5 years.

With PCTs and Foundation Trusts having more independence, they need to sign up to the Constitution alongside third sector organisations who do/will provide services to the NHS. If not, it will be diluted by the complexity of the NHS and different perceptions of what is required.

There was general support for the principle and operationalisation of an NHS Constitution if the issues raised above are addressed.

It was felt that by making patients and the public aware of their rights and responsibilities, it will help them get the service they need and help staff focus on what patients and carers need.

BEN PCT Perspective

The Board approved the planned communications and engagement activities for the consultation and suggested that the Constitution document was weak in terms of the responsibility of the public compared with the rights outlined. In light of world class commissioning, there is limited reference to the commissioning function in the Constitution.

Annette Hearnden
Patient and Public Involvement Manager
23rd October 2008

AGENDA ITEM 4.2

CONSULTATION ACTIVITY PLANNED FOR NHS CONSTITUTION – AUGUST TO OCTOBER 2008

SHA: West Midlands

SHA Communications Lead for Constitution Consultation: Julia Holding

Name of PCT/Provider organisation	Description of consultation event	Timescale of events	Location	Target audience (i.e. public or staff)	Approximate numbers involved
Birmingham East & North PCT	Information/news release on the PCT website, signposting people to the resources.	September, early October	Website	Public	
	Briefing to PCT Patient Focus Group	August		Patients and public	12
	Discussed at Health OSC meeting	12 th Sept	Birmingham Council House	OSC members /public	
	Briefing to PCT PPI Committee	23 rd Sept	Fellowship Hall, Sutton Coldfield	Patients, public & staff	12
	Briefing to LINK transition Group	September		Patients, public & partners	8
	Information sent to BEN PCT Citizen Panel to invite participation	September/October		Patients, carers and the public	1000
	Information sent to local community contacts across BEN including MPs, Councillors constituency links, health panels and community champions	Through Sept, early October		As above	670
	Information sent to PCT facilities to raise public awareness & encourage feedback	As above	PCT facilities	As above	
	Link to national diabetes event put on webpage	24 th September	BEN PCT Website	Patients, carers,public	
	Briefing to PCT Board	As above	Waterlinks House	Public and Staff	13 + public attending
	Article in staff newsletter 'Cascade'	July	PCT staff magazine	Staff & partners	Up to 1,800
Information on the PCT intranet signposting staff to resources Survey monkey added	July to early Oct	Intranet	Staff	Up to 1.700	
Inclusion in staff briefs and information provided in PCT building reception areas	As above		Staff	As above	