

CONSULTATION TASK AND FINISH REVIEW GROUP

SUMMARY REPORT

Purpose of the Report

1. To advise Members of the recent consultations that the Consultation Task and Finish Review Group have responded to on behalf of the Committee.

Summary

2. At the Monitoring and Co-Ordination Group meeting held on 31st October 2011, agreement was given to the establishment of a Task and Finish Review Group to respond to health consultations on behalf of this Scrutiny Committee, with all Members of the Scrutiny Committee being invited to attend meetings.
3. This report outlines the recent consultation which has been considered by the Review Group, together with the responses thereon (**Appendix 1**) which has been submitted on behalf of this Committee.

Recommendations

4. That this Scrutiny Committee retrospectively approves the response submitted by the Task and Finish Review Group, as detailed in **Appendix 1** of this report.

Paul Wildsmith
Director of Resources

Background Papers

NHS Constitution Consultation

Abbie Metcalfe : Extension 2365

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has implications to the address Health and Well Being of residents of Darlington, through scrutinising the services provided by the NHS Trusts.
Carbon Impact	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the Community Strategy in a number of ways through the involvement of local elected members contributing to the Healthy Darlington Theme Group.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.

MAIN REPORT

Consultation Task and Finish Review Group

5. Following the establishment of the Task and Finish Review Group, that Group have met once to respond to the Department for Health's proposals for NHS Constitution consultation which is the subject of this report.
6. Details of the proposals are contained in this report and the response submitted on behalf of this Scrutiny Committee is attached (**Appendix 1**).

NHS Constitution Consultation

7. The Department of Health published intentions to strengthen the NHS Constitution and also seeks views on how awareness of the NHS Constitution can be increased and its application and effect improved.
8. It was proposed to amend the Constitution in ten key areas together with some minor technical changes which were necessary to ensure it reflected legislative changes introduced since its launch in January 2009.
9. This consultation period will run for ten weeks from 5th November 2012 until 28th January 2013 and Members of this Committee attended one meeting to formulate the response (attached as **Appendix 1**) and respond to the consultation ahead of the deadline.

NHS Constitution Consultation Response

Members of Darlington Borough Councils' Health and Partnerships Scrutiny Committee have devised the following response to the questions on the NHS Constitution Consultation.

Patient involvement

Q1. What are your views on the proposed changes to strengthen patient involvement in the NHS Constitution?

Members of Darlington Health and Partnerships Scrutiny Committee agreed that the proposed changes to patient involvement are commendable.

The pledges to support individuals to manage their own health is welcomed however Members feel that this should be a qualified right as the system would fail if for example a patient is sent home and is given a prescription but does not take their medication. Members suggested wording such as 'where professionals are satisfied that it is appropriate for patients' to manage their own care and treatment.

There are concerns that certain services may be diminished through lack of use.

Feedback

Q2. What do you think about our proposal to set out in the NHS Constitution the importance of patient and staff feedback towards improving NHS services?

Members believe that taking feedback from patients and staff is vital to help develop services the NHS provides. Patients and staff should be able to express their own views and comments rather than just filling out questionnaires.

Furthermore feedback needs to be monitored and should be reflected in any resulting change.

Duty of Candour

Q3. Do you agree with, or have any concerns about, amending this pledge to make it more specific as suggested?

Members welcome the Duty of Candour but appreciate that enquiries into mistakes can take a long time. By emphasising this duty; investigations will be speedy, open and transparent.

The Duty of Candour presents an opportunity to effectively deal with mistakes and to avoid anxiety for patients. Where the NHS is liable for mistakes, there should be open admission of such mistakes and a process of learning in order to avoid further similar mistakes.

Making every contact count

Q 4. What are your views on including in the NHS Constitution a new responsibility for staff to make 'every contact count' with the aim of improving health and wellbeing of patients?

Members feel that effective communication with patients is essential to prevent missed opportunities for improving patient health and wellbeing. By adopting a move towards making every contact count, a new culture of 'joined up working' would arise and there would be a greater awareness of the variety of services available.

Integrated care

Q5. Do the proposed changes to the NHS Constitution make it sufficiently clear to patients, their families and carers how the NHS supports them through care that is coordinated and tailored around their needs and preferences?

Members feel that the NHS can best meet the needs of its patients by following a person centred approach by tailoring the services specifically to the individual. Where agencies work together this would avoid duplication and save on costs.

Comments were made that there needs to be a common understanding within the NHS and communication has to flow throughout the NHS service.

Complaints

Q6. Do you think it is helpful for the NHS Constitution to set out these additional rights on making a complaint and seeking redress?

Members feel that where complaints are being made there needs to be a thorough investigation to avoid malicious accusations and to respect the fact that professionals' careers are at risk.

Patients and staff both have rights to be protected; it is about balancing conflicting interests. Staff should feel safe to do their job and fulfil their duties. Patients must be made aware of all procedures and practices available to them so they can exercise their rights to make a complaint.

Enshrining whistle blowing into the NHS Constitution has a dual effect, on the one hand it can raise awareness and deal with issues that undermine the constitution, but on the other hand it could be an easy access for malicious claims which would detrimentally damage reputations. Nevertheless Members see that staff and patients should be able to make complaints anonymously.

Where a complaint is made, all follow up actions must be identified in writing. Follow up actions should be recorded and monitored.

Q7. Do the additional new rights make the complaints process easier to understand and make clear to patients what they should expect when they make a complaint?

Please see comments made above.

Patient data

Q8. Do the proposed changes to the NHS Constitution make clear how the NHS will safeguard and use patient data?

Communication is necessary between services and professionals in order to provide the right care for the patient. However information should be available on a need to know basis.

With a move to integrated care, data may go outside of services. It is important to make sure that such data is safeguarded and delivered safely but maintaining confidentiality.

Best decisions on patient care can only be made by comprehensive details and notes. Where notes lack this the wrong assumptions can be made and this could be detrimental to the patient.

With the new powers and involvement of local authority information will need to be more communicable, but the duty is to make sure the information is kept safe and respectful of confidentiality.

The pledge 'to ensure those involved in your care and treatment have access to your health data so that they can care for you safely and effectively' does strive for a balance. Members welcome this pledge.

Staff rights, responsibilities and commitments

Q9. Do you agree with the proposed changes to the wording of the staff duties and the aims surrounding the rights and responsibilities of staff? What do you think about the changes to make clear to staff around what they can expect from the NHS to ensure a positive working environment?

Members firmly believe that respect should run through the entire NHS system. There should be appropriate staff recognition and effective team work. Staff need to be valued and feel that their input is greatly appreciated.

In the staff team all Members regardless of role should be equally respected.

Parity of esteem between mental and physical health

Q 10. Do you agree with the wording used to emphasise the parity of mental and physical health? Are there any further changes that you think should be made that are feasible to include in the NHS Constitution?

Members believe that there should be a holistic approach at all times. By promoting Mental Health this would reduce the stigma attached to it. The right approach can reduce patient anxiety.

Dignity, respect and compassion

Q 11. What are your views on the wording used to highlight the importance of ensuring that the tenets of dignity, respect and compassion are sufficiently represented in the NHS Constitution?

Members recognise that dignity, respect and compassion are essential and welcome pledges that can reinforce and highlight these aspects of care. These qualities are basic human rights and should be embedded and felt throughout NHS services.

Q 12. Do you agree with the suggestion of including a new pledge for same sex accommodation?

Members welcome this pledge to uphold patients' rights to same sex accommodations but raise concerns as to whether this is always going to be feasible.

Local authority's role

Q 13. Do the proposed changes to the NHS Constitution make it clear what patients, staff and the public can expect from local authorities and that local authorities must take account of the Constitution in their decisions and actions?

Local Authority will play a big role in the future. The proposed changes encourage a move towards shared decision making and further developments towards integrated care pathways. Patients should be able to expect to receive a consistent standard of care with the services provided by Local Authority as they do with the services provided by the NHS.

Raising awareness and embedding the Constitution

Q 14. Have you seen further examples of good practice in raising awareness and embedding the NHS Constitution that should be taken into account in these plans?

Members welcome the commitment by the Department of Health to work with other bodies in developing plans to strengthen communication.

Encouraging patients and staff to provide feedback should be well publicised.

Members are concerned whether the public will be familiar with the NHS Constitution. The constitution should be readily available in concise forms throughout the health economy.

Q15. Do you have further recommendations for re-launching, rolling out and embedding the Constitution from next spring?

Refer to question 14.

Giving the Constitution greater traction

Q 16. To help shape our future consultation, do you have views on how the NHS Constitution can be given greater traction to help people know what they should do when their expectations of the NHS are not met?

Members feel the word traction is confusing. The constitution should be written in plain English.

Assessment of proposals and pledges can only be undertaken after a period of implementation when they should be reviewed.

Equalities

Q17. How can we ensure the NHS Constitution is accessible and useable to individuals of different backgrounds and to different sections of society?

The constitution needs to be available in a variety of formats, languages, and be available in various locations including public offices. Staff need to be fully aware and understand the constitution. The most effective way of doing this would be through training.

Different forms of media and social sites should be used to further promote the constitution.

Q 18. Are there any ways in which the proposed changes set out in this consultation could have an adverse impact, directly or indirectly, on groups with protected characteristics? If so, how?

It is vital that the Constitution is compiled in line with legislation regarding groups with protected characteristics.

Q19. Do you have any further comments about our proposals for strengthening the NHS Constitution?

Members feel that their views have been sufficiently expressed in the above question responses and that no further comments need to be made. Thankyou for the opportunity to respond to this consultation.