LONDON PATIENTS' PARLIAMENT – RESPONSE TO THE DH PUBLIC CONSULTATION ON DRAFT NHS CONSTITUION.

1. **The Parliament** was established in 2004, as a group of Londoners who focus on the capital's health services, working to bring a patient perspective to the way the services are designed and run. The Parliament was originally instituted by the NW London Strategic Health Authority, who commissioned Health Link, a not for profit social enterprise working on patient and public involvement to set it up. It is an independent body and Health Link continues to run the secretariat. More information about the Parliament and about Health Link is attached.

The Parliament welcomes the opportunity to comment on the draft constitution. Members considered the document in great detail. A minority of members (4/9) felt that the constitution was a waste of time and that the focus should be on really improving services, rather than deal with yet another aspirational document. Detailed comments are as follows:

2. Parliament's Response

2.1 General:

1. What are the incentives to make staff abide by the Constitution?
2. Who will drive delivery of the rights and pledges?
3. What actual difference, if any, will the Constitution make to the daily lives of patients using the NHS?
4. It is not clear why both principles and values are needed.
5. If the Constitution only covers the NHS, what covers social care and why not cover both?

2.2 Principles

1. The Parliament suggests an additional principle as follows:
   "*Service planning should be clinically-led and involve patients*"
2. Fifth right "*Works together across organisations*" is a very vague expression. What would compliance and non-compliance look like for this? We suggest it be strengthened and made specific to for example local authorities, private health and social care providers, NHS organisations, NHS Foundation Trusts and community groups.
3. Sixth right. A number of points on this principle:
   - Should add the words "*all parts of*" before "*the NHS*" for clarity, so there is no buck passing
   - Add the words "*without political bias*" to reflect the fact that is a national state funded service accountable to the tax payer which should not be used as a political football.
   - As drafted, this excludes scrutiny of what is done at regional, as opposed to local, level. This does not reflect the statutory position and is also unsatisfactory as many decisions are made at SHA level which will inhibit what can be done locally. There needs to be scrutiny at regional level.
   - Accountability of private and voluntary sector providers of health and social are under contract is also not covered: we suggest "*when health and social care is provided under contract to NHS and local authorities by private and*

voluntary sector providers these must be legally bound by the NHS Constitution."

4. There should also be some explicit principle which covers health inequalities and the six statutory equality areas.
6. The use of the word 'strive' is meaningless and really makes the subject matter valueless. For example, to 'strive' to provide services in a 'clean and safe environment' is unacceptable given that under existing provisions a hospital can be closed down under Health and Safety law if it is dirty and that that poor infection control is costing patients' lives. We suggest 'take all reasonable steps' instead. Similarly for the NHS to 'strive' to copy patients in on letters is actually a weaker obligation on this than applies currently. It would be ironic if the Constitution actually weakened patients' rights. The word strive needs to be removed throughout.

2.3 Access to health services

1. Services are not currently free at the point of delivery: NHS Direct and all NHS organisations charge for phone calls. The basic comfort of telephone and TV for hospital patients is charged for. Some GPs even have premium rate numbers so they make a profit from their patients' illness, especially when they make them phone up repeatedly as phones are engaged constantly. This 'right' must be seen in this context – will changes be made to ensure rhetoric matches reality?
2. Third right – "*a right to expect*" is not a new right – we already have the right to expect and don not need government to give it to us. Delete "*expect*" and substitute "*that..will*".
3. Fourth right – the same applies to the *"right to seek"*. Delete seek and substitute *"have"*.
4. A right to top-up payments may need to be included depending on the outcome of consultation on this issue.

2.4 Quality of care and environment

1. The second right is meaningless and should be deleted.
2. See above on cleanliness.
3. Add a specific right to high quality communication between NHS staff and patients so patients are given the right information at the right stages of their pathway, more than once.

2.5 Nationally approved drugs and treatment programmes

1. This should include procedures such as hip replacements, which are sometimes denied through ageism.
2. A right to access to redress needs to be included, so people do not have to take legal action when they are ill.

2.6 Respect and Confidentiality

1. "Dignity and respect" from whom?
2. "Compassion" should be added as it is a value and it is different to these two.
3. Privacy and confidentiality is important but there is no point in having this right if it is not reflected in practice. For example patients in primary care have sometimes

have to trade their personal medical information to the receptionist to secure an appointment.
4. An additional right should be included, to a due and timely consent process, often undertaken poorly at the moment.
5. Patients should have the right to opt out of the copied letters system.

2.7 Informed Choice

1. First right – what does "*unreasonable*" mean? The words "*in a location of your choice"* should be added so a practice cannot apply its own arbitrary boundaries.
2. Second right – does this only apply to GPs or all doctors – it is not clear. There should be a right to choose a hospital or mental health doctor as well.
3. Fourth right – what does this actually mean – providers? Types of treatment.

2.8 Involvement in your health and care

1. First right – add options at each stage of the pathway of care, rather than just individual decisions. Also add "timely and accessible" to "information".
2. Second right – add "*as patients and the public*" (to include individual and collective). Also need to add "monitoring".
3. Third right - What does work in partnership actually mean? Carers rights are stronger than this as are those of patients (e.g. legal requirements on consent) so why only "strive"?
4. Fourth right – striving to give information is quite inadequate and does not reflect FOI requirements or LINKs' legal rights to information.

2.9 Complaints and Redress

1. There must also be a right to information about the process and support to pursue it. This is statutory through ICAS.
2. Do you need your MP's support to go to the Ombudsman – if so, how is this a right?
3. The last pledge needs to be a right.
4. There should be an additional right to be treated without bias and to be protected from retribution from NHS staff.

3. Answers to Questions

1. Yes
2. Yes
3. See above
4. See above
5. They need to be strengthened – some actually weaken the current position
6. Yes
7. Should be much stronger
8. These should be enforceable duties
9. Should be placed in schools and care homes as well as publicised more widely
10. By including the Constitution in staff job descriptions, objective setting and performance related pay systems – if none exist introduce them! NHS employees are not sufficiently accountable at present. Of itself the Constitution will not make them more so.

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