Department of Health

October - November 2015

Consultation response form

Setting the mandate to NHS England for 2016 to 2017

Consultation Questions

1) Do you agree with our aims for the mandate to NHS England?

The aims of the mandate are laudable and there is little that would be open to disagreement, although there is a lack of detail at this stage.

The challenge lies in realistic delivery of a broadly stated ideal set of values in a pressurised healthcare system which is experiencing depleted resource, workforce deficits and increasing demands. The mandate should acknowledge the need for debate about services and treatments which may or may not be provided in the future. The mandate should make clear the services which are core and should be delivered equally across all regions - for example there is currently evidence of a postcode lottery in treatments such as IVF.

2) Is there anything else we should be considering in producing the mandate to NHS England?

There is no explicit recognition that the provision of healthcare free to all which meets an ever-expanding range of expectations and demands, is unsustainable. Real term spending increases will be insufficient to meet the rising requirements of an ageing population with long-term conditions.

Consideration should be given to a more transparent system which involves the public, patients, patient groups and carers in determining the services and activities which should be core and essential, and which areas of healthcare are to take a lower priority, potentially losing national funding. Public involvement in defining and setting these priorities in an informed manner may become a pre-requisite to the sustainability of NHS values.

The mandate also needs to acknowledge the challenge of maintaining and increasing nurse and medical staff numbers.

Finally, as the NHS is a major producer of waste and CO2, we suggest that the mandate aim to reduce this.

3) What views do you have on our overarching objective of improving outcomes and reducing health inequalities, including by using new measures of comparative quality for local CCG populations to complement the national outcomes measures in the NHS Outcomes Framework?

We are supportive of the principle of reducing healthcare inequalities, but metrics chosen should be realistic and relevant.

Comparisons require comprehensive understanding of the factors that contribute to differences, including social demographics, variability in social care funding and support, in addition to variability in clinical standards.

4) What views do you have on our priorities for the health and care system?

Preventing ill health and supporting people to live healthier lives

We agree with the priority; however we have some concerns as to how this can be met when local authority public health budgets are being reduced. To achieve these outcomes improved coordination, cooperation and consultation between other Government departments is critical. For example, supporting healthier lifestyles and reducing obesity and diabetes could potentially be acheieved by unified policies that not only encourage increased physical activity, improved diets and reduced alcohol intake, but provide financial support for improved pedestrian and cyclist infrastructure, consider curbs and sanctions or taxes on unhealthy foods, and increase taxation on alcohol.

Creating the safest, highest quality health and care service

This section needs to contain clearer definitions as to what a seven day service means in practice. Hospitals already have seven day emergency services but may not have similar access to social care, physiotherapy, pharmacy, radiology services etc. This also requires resource to make all healthcare and social care support services meet a seven-day agenda. It is disingenuous to consider that it is feasible to redistribute resources in a cost neutral manner.

Provision of equitable and consistent acute and urgent care for seven days would be a more realistic aim than routine, non-emergency and elective services. In order to achieve this, there needs to be recognition that any redistribution of existing weekday resource to balance weekend provision will inevitably deplete the weekday resource, unless additional funding is made available to expand weekend provision to match other times.

We have some concerns about the syntax (3.13) used regarding the NHS being incentivised to seek feedback. Incentives can create an artificial and distorted perspective of the real experience of patients.

Transforming out-of-hospital care

The right to a specific named general practitioner (3.18) does not recognise that healthcare providers may have variable availability and work patterns. This right could create unrealistic expectations in a primary care system that is already overstretched, and has huge recruitment and retention difficulties. An ambition to robustly support the reinvigoration of primary care with improved resources, a better quality of working life and improved working conditions for general practitioners would lead to secondary positive benefits for service provision. Provision of 7-day services should be focused on essential urgent care.

5) What views do you have on how we set objectives for NHS England to reflect their contribution to achieving our priorities?

Objective setting for NHS England requires the involvement of all those who use the NHS and contribute to its services. However, given the extensive public health agenda and the major contribution to health outcomes that arise from appropriately resourced social care services, other government department's priorities are intrinsic to NHS England meeting objectives. A stronger connection could be made between the contribution of NHS England and that of public health, the legislative framework, and relationship to food and drinks industries. For example, there is a strong body of opinion that believes that supporting individuals alone will not solve the problems of obesity and alcohol misuse; and that there needs to be a stronger public health focus including the use of legislation/tax.

Objectives which are set should be realistic and determined through more open consultation which recognises that there are a finite range of services that can be provided for the population within the available budget. To provide more, will require either additional financial resource, or a coherent plan to involve the public in defining what is, and crucially, is not funded.