

Updating the NHS Constitution

Consultation response

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Question 2: A patient-centred NHS [Recommendation 4]

We would like to change the current wording to: *Patients will be at the heart of everything the NHS does* (Annex 2, Change 2). Do you agree?

Yes, and I have no further comments

Yes, in principle, but I have some comments

No, and I would like to explain why

No, and I have no further comments

Further Comment

Age UK welcomes the change to principle 4, which strengthens the ambition to put patients at the heart of everything the NHS does. However, we are concerned that the

Further Comment

We welcome the inclusion of this staff responsibility, which recognises the link between staff and patient safety, and reflects recommendations made by Sir Robert Francis QC in the wake of the terrible failings in care at Mid-Staffordshire NHS Foundation Trust. However, we think this aim does not go far enough in enabling staff to ensure the provision of safe care through challenging unsafe practice and whistleblowing, and making sure staff are fully trained to deliver safe care.

In line with recommendations from Professor Don Berwick, we believe that there should be a duty on all NHS staff to 'identify and help to reduce risks to the safety of patients, and to acquire the skills necessary to do so in relation to their own job, team and adjacent teams'². As such, all NHS staff should be encouraged to challenge unsafe practice. They should be supported and have their views respected when blowing the whistle on wrongdoing in the workplace.

In addition, they should be appropriately trained, and acquire the skills to protect all patients from avoidable harm. We know, for example, that hospital admissions can be particularly disturbing for people living with dementia, increasing their risks of falling, wandering off, developing challenging behaviours or harming themselves. A better understanding of dementia could e

A promise to learn a commitment to act: improving the safety of patients in England, (2013), National Advisory Group on the Safety of Patients in England.

However, this as

Question 6: Duty of candour [Recommendation 178]

We would like to include the following wording for patients:

an open and transparent relationship with the organisation providing your care. You must be told about any safety incident which has caused, or could still cause, significant harm or death. You should be given the facts, an apology, and any
(Annex B, Change 11).

Do you agree?

Yes, and I have no further comments

Yes, in principle, but I have some comments

No, and I would like to explain why

No, and I have no further comments

Further Comment

We welcome the commitment to promoting a culture of openness and transparency, which is a central part of Sir Robert Francis QC's Inquiry Report and the work that we have undertaken through the Dignity Commission, jointly with the NHS Confederation and the Local Government Association.

However, we believe it is particularly important that a *proactive* approach to the duty of candour be reflected in the Constitution, being explicit in saying the NHS will not wait for complaints to be lodged. Therefore, to reinforce the proactive side of this commitment, we would suggest amending the second sentence as follows: 'You must be *made aware* of any safety incident which has caused, or could still cause, significant harm or death, *even when this is not in response to a complaint.*'

In addition, we regret that the regard to a person's trauma, and concern around delivering information with sensitivity, have been lost in the updated wording. While ensuring honest and transparent conversations is important, this must be done in a tactful and sensitive way, which takes full account of a person's circumstances, so as not to cause any harm. This is all the more important as we know compassionate care is not currently the norm, as illustrated by the many examples in Sir Robert Francis QC's report. We would therefore suggest amending the third sentence as follows: 'You should be given the facts, an apology, and any reasonable support you need, in relation to the incident, *with*

(Annex B, Change 8)

'You have the right to be involved in planning and making decisions about your health and care with your care provider, including your end of life care, and to be given information to enable you to do this. Where appropriate this right includes your family and carers. This includes being given the chance to manage your
o (Annex B, Change 10). Do you agree?

Yes, and I have no further comments

Yes, in principle, but I have some comments

No, and I would like to explain why

No, and I have no further comments

Further Comment

We strongly support the addition of these patient rights, which mirror some of the new fundamental standards of quality and safety for all registered health and care providers, and are now central to the CQC's inspection regime.

However, the inclusion of these additional rights is only worth it if all patients are made aware of them, and can reference these rights and raise concerns when they feel they have been breached. As part of this, we believe it is essential tha nBT1 m0 g2.91 44.2

Further Comment

Age UK supports the introduction of this right, which aims to support people's access to information about the quality and performance of their local healthcare provider. However, in order to enable people to make effective choices, it is equally important to ensure effective support is in place to provide universal access to information as well as helping people to use that information. These choices must happen in the context of detailed shared decision-making with people fully engaged in their health and care, particularly where choices may span multiple health conditions.

Question 10: Do have any other comments about the NHS Constitution?

Age UK welcomes the update of the NHS Constitution in response to recommendations made by Sir Robert Francis QC and the ambition to give greater prominence to mental health.