Department of Health

Refreshing the Mandate to NHS England: 2014 – 2015

Response form

September 2013

Instructions for responding to the consultation

The Government wants your views on the proposals set out in *Refreshing the Mandate to NHS England 2014 – 2015.* The response form below can be used to help you do that.

Alongside the Mandate refresh, the Government is proposing to update the NHS Outcomes Framework to reflect progress made in developing the placeholder outcome indicators. These will be published in the autumn.

You can find out more and respond to this consultation at:
https://www.gov.uk/government/consultations/refreshing-the-nhs-mandate

You can also contact us via: mandate-team@dh.gsi.gov.uk

The closing date for responses is Friday 27th September 2013.

Responses received after this date may not be read. Consultation responses should be returned to: **mandate-team@dh.gsi.gov.uk**

Or if you would prefer to send your response by post:

Mandate Team
Department of Health
Area 229
Richmond House
79 Whitehall
London
SW1A 2NS

What we will do next

We will read and consider all responses and publish a response to the consultation alongside the publication of the refreshed Mandate in the autumn. The Government response will set out how comments and views shaped the final decisions for refreshing the Mandate to NHS England for 2014 – 2015.

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Consultation questions

Refreshing the mandate

Question 1: What views do you have on the proposed approach to refreshing the Mandate?	The proposed approach seems appropriate given the legal obligation to publish a refreshed Mandate every year.
Question 2: What views do you have on assessing NHS England's progress to date against the objectives?	It is vital to be able to evaluate progress with measurable outcomes that are defined and published in advance. In our initial comments on the first mandate (available here) we observed that the document was high level in its approach, and therefore difficult to evaluate, however we welcome the stated intention to measure progress against the objectives, and note that the proposals in the consultation document are more specific and therefore easier to assess.

Helping people live well for longer

Question 3: What views do you have on the proposal to help people live well for longer?	Overall the College welcomes these proposals but suggests a clear definition of premature death and a clear statement of how this will be measured over time, including the concept of value added life years.

Managing ongoing physical and mental health conditions	
Question 4: What views do you have on using the refreshed Mandate to reflect the plans to strengthen A&E services?	The College acknowledges the pressure on A&E services and the inclusion in the refreshed Mandate. However, the pressures in A&E reflect a whole health economy issue and many other services are facing similar pressures, including Acute Medicine. It is therefore essential that the mandate considers the entire issue of urgent and emergency care as A&E acts as a sentinel indicator for problems throughout the system. In recent years the pressures within acute medicine have intensified. In particular, the dual pressures of a reduction in acute beds and ineffective workforce planning have led to a multitude of inter-related problems. The acute workload has increased significantly, there has been less time to engage in medical training and quality of care has been compromised. This is linked to the urgent need to provide more effective 7/7 services. The following issues should be examined in particular: • current and projected consultant workload across the acute care pathway; • proposed extended hours of consultant presence for medical receiving (e.g. twilight and weekend working); • time for enhanced supervision of on call trainees; and • maintaining activity in specialty (if applicable)
Question 5: What views do you have on the proposal to reflect NHS England's ambition to diagnose and support two-thirds of the estimated number of people with dementia in England?	The College recognises the important interaction between mental health and physical health. As such improving the recognition of dementia is important – however this must link to holistic care of the patient and hence effective systems of care – wherever the location of care. For secondary care this means improved and embedded Psychiatric Liaison services in line with National accreditation.

Helping people recover from episodes of ill health or following injury	
Question 6: What views do you have on updating the Mandate to make it a priority for NHS England to focus on mental health crisis intervention as part of putting mental health on a par with physical health?	As above the College welcomes the recognition of the important association of mental health and physical health and the need for both services to operate effectively and collaboratively. Psychiatric liaison services need to operate throughout the hospital including Acute Medicine not just A&E in line with existing Royal College recommendations. The impact of alcohol and drug misuse must be considered within this agenda.
Question 7: What views do you have on the proposals to ask NHS England to take forward action around new access and / or waiting time standards for mental health services and IAPT services?	The College supports new access standards for IAPT services and would suggest these could be encouraged from within secondary care as well as primary care and self-referral.
Making sure people experience better care	
Question 8: What views do you have on the ambitions and expectations for the vulnerable older people's plan?	The College feels that an innovative approach is needed so that health care professionals in the community are empowered to deal with the wide range of issues which often prevent patients staying in or returning to their own home. Social services must be adequately resourced to develop efficient integrated working with acute and primary care and allow effective discharge. Some patients with very complex needs are optimally cared for in a care setting and cannot be adequately cared for at home. Whilst we should do all in our power to make it possible for people to be cared for at home, we must recognise that sometimes this is neither possible nor desirable. Recommendations should be based on the patient's needs and what will work best for them within the reality of financial constraints. The College feels further clarification would be useful of the statement on p.13 of the consultation document relating to a named accountable clinician: ""the most vulnerable elderly would benefit from having someone in primary care taking responsibility for ensuring that their care is coordinated and proactively managed". How does this link to or vary from the role of the patient's GP?

Question 9: What views do you have on how we should achieve our ambitions on the vulnerable older people's plan, particularly on how to strengthen primary care?	As discussed in Question 8, until health care professionals in the community are empowered to deal with the wide range of issues which require a hospital admission, the vulnerable older people's plan will be challenging to implement. While the continual pressure to deliver care closer to home may have laudable aims in terms of patient experience, the College is concerned that quality of care, cost effectiveness and patient safety may suffer as a result and could also lead to significant inefficiencies of practice from the point of view of the health care professionals delivering the care. All programmes of this nature must be evaluated for benefits, including improved quality of care and continuity of care, and proven to be successful before services are moved from secondary to primary care.
Question 10: How should the ambitions for vulnerable older people be reflected in the refreshed Mandate?	It is important to recognise it is not only the elderly who are vulnerable in our society but that this can occur at all ages. However it is reasonable to have a particular focus on the elderly. The important aspect is that the mandate upholds the dignity of the patient while ensuring high quality of care. Preserving care at home or near to home is essential but the College would like to see fragmentation of care reduced in the community with the ability to support extended day and weekend care in the community. The mandate should consider including care standards for GPs in relation to older people including a QOF standard or equivalent to ensure minimum standards are met.
Question 11: What views do you have on updating the Mandate to reflect the Francis inquiry and the review of Winterbourne View hospital?	The College agrees that the refreshed Mandate must take into account the Francis Inquiry and review of Winterbourne View. The problems encountered in Mid Staffordshire were not a localised, or isolated, happening. The contributing circumstances have the potential to occur in any hospital under pressure, and leave no room for complacency. It may be helpful to include patient safety targets or mortality rates within the mandate. The College does not believe that increased regulation will resolve these cultural issues but that Leadership and collaborative approaches should be encouraged.

Question 12: What views do you have on updating the objective to reflect NHS England's role in supporting person centred and coordinated care?	The College feels that while there is a needs for re-configuration of the delivery of health care systems due to changing population, disease patterns and means available to deliver health care, it is vital that effort is focused on change through evidence based prevention strategies which are proven and trusted. There is general consensus that the development of intermediate care services, from both the perspective of the user and those involved in delivering care to older people, would be simplified by the unification of health and social care budgets and management. However, it is important to recognise that there should be a structure of decision making which fully involves clinicians. Failure to properly engage senior clinicians in decisions about clinical services, which are made too often without clinical input, can mean services and clinical outcomes are adversely affected. The contractual status of GPs should be revisited as this acts as a barrier to reform of the interface between primary and secondary care.
Question 13: What views do you have on updating the existing objective to reflect the pledges in *Better health outcomes for children and young people*?	The College supports listening to patients, carers and service users in all aspects of care and recognises that effective management of early years will improve long term health and productivity.
Question 14: What views do you have on updating the existing objective to reflect the challenge for NHS England to introduce the 'friends and family test' to general practice and community and mental health services by the end of December 2014 and the rest of NHS funded services by the end of March 2015?	The College supports the use of timely feedback. The concept that the friends and family test is the best vehicle requires further assessment and will only work if response rates are high.

Providing safe care	
Question 15: What views do you have on these proposals to improve patient safety?	As stated in our editorial response to the Francis Inquiry, the benefits of early senior review in reducing mortality, and of consultant-delivered care are clear and the requirement to have a named senior clinical lead responsible for individual patients could greatly assist efforts to improve continuity of care and patient safety in increasingly fragmented clinical environments. This will require moving towards a consultant presence seven days per week, over an extended working day, and this will have to be taken into account by workforce planners. The recent *Seven day consultant present care* report from the Academy of Medical Royal Colleges and Faculties provides related standards which require to be implemented in the NHS. Young doctors are increasingly choosing alternative career paths away from the medical specialties, and this must be addressed when planning what level of workforce will be required to provide high-quality, safe patient care. Many trainees perceive that workloads are "unmanageable" for the on-call medical registrar, particularly out of hours and at weekends. This generates a poor work-life balance with consequent low satisfaction/enjoyment rates, leading to gaps in the workforce and putting patient's safety at risk.
Transforming services	
Question 16: What views do you have on the proposal to update the Mandate for NHS England to work with Monitor towards a fair playing field for providers?	No comment
Question 17: What views do you have on the proposal for Government to provide additional leadership on delivery of agreed pre-existing Government commitments?	No comment

Question 18: What views do you have on the proposal to update the objective to challenge NHS England to support the NHS to go digital by 2018?	The College welcomes this proposal, however feels the objective of the NHS going digital by 2018 is very ambitious, requiring significant financial investment; retraining of staff and overhaul of health IT systems. It is important that the measured outcome for this proposal reflects the impact on quality of service provided to patients, rather than just registering an increased use of digital technology.
Question 19: What views do you have on the proposal to be more explicit on the expectation around reporting?	The College welcomes this proposal, on the understanding that the data provided is clear, consistent and not open to misinterpretation. The data could also be used to inform revalidation.
## Supporting economic growth	
Question 20: What views do you have on the proposals to update the objective in asking NHS England to support the recovery of the economy where they can make an important contribution?	The College recognises the fact the NHS is a major employer and that the staff are important and an innovative resource. To allow staff to develop and improve this must be recognised within annual job planning to allow appropriate professional development. Targeted budget cuts at isolated services are counterproductive and whole systems approach across all health and social sectors could make better use of limited resources. Financial constraints introduce conflict between a desire to deliver care close to home and centralised reconfigured units – systems planning is essential.
## Making better use of resources	
Question 21: What views do you have on the proposals to make better use of resources?	The College agrees it is important that public money is spent well. The College notes the overseas issue but also recognises the use of public money to support health consultancy work which is of minimal proven benefit. In addition, there are many examples of duplication of services within health economies and opportunity for improvement. All 'new' funding should be linked to sustainable change linked to agreed measurable outcomes including patient experience.

Confidentiality of information

If you would like any part of the content of your response (as distinct from your identity) to be kept confidential, you may say so in a covering letter. We would ask you to indicate clearly which part(s) of your response are to be kept confidential. We will endeavour to give effect to your request but as a public body subject to the provisions of the Freedom of Information legislation, we cannot guarantee confidentiality.

We manage the information you provide in response to this consultation in accordance with the Department of Health's Information Charter. Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and, in most circumstances this will mean that your personal data will not be disclosed to third parties.