Memorandum submitted by The Patients Association (HSR 17)

The Patients Association (PA) was founded in 1963. We are an independent national charity operating in the UK, which highlights the concerns and needs of patients. Through our Helpline, correspondence and research we learn from patients the key issues that are of concern and work towards improving the healthcare we all receive. Our work includes:-

- Campaigns to support Patients’ Rights
- Lobbying Government to address healthcare issues affecting patients
- Speaking out for patients and carers
- Providing information and support to help patients

During the pause in the passage of the Health and Social Care Bill, the Patients Association carried out a survey of well over 1,000 patients and held six independent Listening Events throughout the country which were attended by over 200 members of the public, patients and their families and Carers. This enabled us to collect the views of a cross section of the public regarding the Bill. As a result of our research conducted with members of the public, the PA has drawn up several recommendations in regarding the proposed NHS reforms, which are detailed at the end of this letter.

In addition, we would like to make the following general points.

- The PA accepts the intention of the Governments Health and Social Care Bill is to put the patient at the heart of the NHS and we support the overall principles of a NHS that is led by clinicians with patients at the centre.
- We welcome initiatives that result in a truly patient centred system of healthcare. We welcome a reduction in bureaucracy if this frees up funding to be reinvested into frontline services. We welcome a focus on patient involvement in services, if this is truly representative of ALL patients.
- However, our concerns with the current Bill is that it represents a huge restructure of the NHS that needs to be delivered against a backdrop of £20 billion savings - to be achieved by the NHS by 2014. Not only do we believe this is a near impossible ask of the NHS and it is in danger of having a detrimental effect on patient care and frontline services.
- Our research has shown that there are already cuts being made to frontline services. Research conducted by the Patients Association in March this year, showed a drop in the number of elective surgical procedures conducted in 2010, coupled with an increase in waiting times for many patients. Following calls to our Helpline from patients and healthcare professionals who are concerned about access to elective surgery and increases in waiting times, we asked every Trust in England to provide data on the number of surgical procedures conducted in 2009 and 2010 in the following categories-
  - Hip Replacements
  - Knee Replacements
  - Bariatric Surgery
  - Hernia Operations
  - Tonsillectomies
  - Adenoid Operations
  - Gallstone Operations
  - Hysterectomies
  - Cataract Operations

The responses showed that there were 10,757 fewer procedures carried out across these 9 categories in 2010 compared to 2009. This included 11% fewer Tonsillectomies, 6% fewer Knee replacements, 3% fewer Hip replacements and 51% fewer Bariatric procedures.
The research also showed that patients have to wait longer for some procedures, including Hip replacements, Knee replacements, Hysterectomies, Adenoid Operations and Gallstone operations. On average patients are waiting 8 days longer for Hip and Knee replacements, and 6 days longer for Hysterectomies (Report attached).

The increase in the number of phone calls, emails and letters to our Helpline from patients who are concerned about waiting times for operations has risen considerably between 2010 and 2011. In the first six months of 2010 cases of this nature represented 8% of overall cases logged on our Helpline. In the same period in 2011 it represented 18% of cases logged.

The majority of calls are from people that are complaining that they have waited for longer than 18 weeks for operations or treatments, and most involve waits for operations such as hip or knee replacements. Patients are always very concerned and disappointed to hear that the 18 week wait is no longer binding on hospitals.

**Recommendations**

Below is a list of the Patients Association’s recommendations, informed by patients, carers and members of the public. We would like the Coalition Government to consider these recommendations as part of its Listening Exercise and amendments to the Health and Social Care Bill. The NHS Constitution was created to protect the NHS and sets out what patients can expect from NHS services, their rights and responsibilities. The Coalition Government must ensure that any proposed reforms respect and adhere to the Constitution.

1) Many patients do not understand the proposed reforms. The Coalition Government needs to urgently explain them in clear, everyday language that avoids the use of NHS jargon. Case studies and examples of what the changes would mean to patients would aid understanding.

2) The move to GP commissioning is not welcomed by the vast majority of patients who fear it will damage the relationship between doctor and patient. Patients want to know how GPs will manage the conflict between buying the best services for patients and balancing the budget and how patients will be able to action choice if their GP is tied in to a contract with a specific service provider. There needs to be real accountability to patients and GP consortia must publish their patient engagement strategy and account books.

3) “Any willing provider” is not welcomed by patients. Private providers will be focused on cherry picking the most profitable services, rather than providing quality services for patients. It is feared that this policy will result in privatisation of the NHS, depletion of resources from the NHS and instability.

4) The provision of well-run out-of-hours services needs to be addressed by the Coalition Government and these services advertised to patients at a local level.

5) With a number of organisations now involved in local healthcare - Local Authorities, Health and Wellbeing Boards, HealthWatch and GP consortia - patients do not understand who is responsible and who is accountable for their care. Local accountability needs to be based on statutory law and clearly defined and communicated to the public in layman’s terms.

6) A strong patient voice is needed at a local level. HealthWatch needs to be independent, properly resourced, advertised, hold statutory powers and be supported both centrally and at a local level. The Coalition Government should not rely on volunteers alone to provide Local HealthWatch functions - this is perceived as the Coalition Government not taking patient involvement seriously.

7) HealthWatch England’s position within the CQC compromises its independence – this conflict needs to be resolved.
8) The NHS reforms are too extensive and are happening too quickly. They are also poorly timed when the country is facing a period of financial austerity. The pace of the reforms needs to be slowed down and significant changes – such as GP commissioning - properly tested, instead of being rolled out in the guise of a ‘pilot’.

9) There is a place for reducing bureaucracy in the NHS and involving healthcare professionals and frontline staff in the planning of services. However, patients do not believe the Coalition Government’s reforms will achieve this. Rather than overhauling the NHS, the Coalition Government should identify and spread examples of good practice.

10) ‘Shared decision-making’ and ‘Choice’ are welcomed by patients but these initiatives need to be supported with the right information for patients. Patients need accessible, relevant information that enables them to understand their options and discuss these with healthcare providers.

11) For ‘Shared decision-making’ and ‘Choice’ to work, healthcare professionals need to ensure that they communicate effectively with patients, putting them at ease and enabling them to take part in discussions about their healthcare.

12) ‘Shared decision-making’ should extend to families and carers of patients, if appropriate.

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