

# Barbara's Submission to Department of Health on NHS Constitution - January 2013

## The Government message on the NHS has begun to be heard.



Barbara Arzymanow

The Government has been consulting on revisions to the NHS Constitution.

The questions posed by the Government are in black below. Barbara's responses are in blue.

Background notes published by the Department of Health are [here](#).

Further comment from Barbara on the NHS Constitution is [here](#).

**BARBARA'S RESPONSE TO CONSULTATION ON NHS CONSTITUTION**

**1 What is your name?**

**Name:**

Barbara Arzymanow

**2 What is your email address?**

**Email:**

barbara@trueresearch.co.uk

**3 What is your organisation?**

**Organisation:**

True Research Limited

**4 Patient involvement: What are your views on the proposed changes to strengthen patient involvement in the NHS Constitution?**

I support them strongly. A good healthcare system should try to align the interests of patients, medical professionals and Government. Patients have been underrepresented in the past because the Government pays and a doctor or other professional usually selects the treatment. The changes will help to redress the balance.

**5 Feedback: What do you think about our proposal to set out in the NHS Constitution the importance of patient and staff feedback towards improving NHS services?**

This proposal can only help. Too many good ideas are wasted because the originators of the ideas do not know who to tell or do not wish to be seen as interfering.

**6 Duty of candour: Do you agree with, or have any concerns about, amending this pledge to make it more specific as suggested?**

I am concerned about patients being given negative information (e.g. that they are terminally ill) or having their morale depressed during treatment (e.g., ahead of surgery). However, I recognise the benefits of being told the truth at all times. Maybe patients should be allowed to express their wishes e.g. (1) being told everything promptly and truthfully (2) being told the full position but with a delay if agreed between the doctor and a nominated relative or friend (3) never being told if certain specific things happen. A patient is not necessarily getting what he wants just because he is told everything candidly.

**7 Making every contact count: What are your views on including in the NHS Constitution a new responsibility for staff to make 'every contact count' with the aim of improving health and wellbeing of patients?**

This proposal is a good idea and will particularly help preventative medicine.

**8 Integrated care: Do the proposed changes to the NHS Constitution make it sufficiently clear to patients, their families and carers how the NHS supports them through care that is coordinated and tailored around their needs and preferences?**

This proposal can only help. Too many good ideas are wasted because the originators of the ideas do not know who to tell or do not wish to be seen as interfering.

**9 Complaints: Do you think it is helpful for the NHS Constitution to set out these additional rights on making a complaint and seeking redress?**

Absolutely. To a patient an effective, impartial complaints procedure is the main reason to believe that the Government really intends the Constitution to be enforced.

**10 Complaints: Do the additional new rights make the complaints process easier to understand and make clear to patients what they should expect when they make a complaint?**

Yes- but a separate complaints form/leaflet with practical, anonymous (or fictional) examples would help. It would be helpful to give guidance on what information should be provided to back up a complaint, whether more detail might be requested later, and what sort of redress or action might follow.

**11 Patient data: Do the proposed changes to the NHS Constitution make clear how the NHS will safeguard and use**

Yes. The greatest concern is that the rules might be inadvertently broken or that illegal hackers might obtain data. I am not qualified to comment on how possible this might be, particularly in the light of changing IT objectives in the NHS. However, the NHS should adopt the highest reasonable level of security.

**12 Staff rights, responsibilities and commitments: Do you agree with the proposed changes to the wording of the staff duties and the aims surrounding the rights and responsibilities of staff? What do you think about the changes to make clear to staff around what they can expect from the NHS to ensure a positive working environment?**

I agree with the proposed changes in wording and those relating to a positive working environment.

**13 Parity of esteem between mental and physical health: Do you agree with the wording used to emphasise the parity of mental and physical health? Are there any further changes that you think should be made that are feasible to include in the NHS Constitution?**

The wording emphasises parity sufficiently and I have no further changes to suggest.

**14 Dignity, respect and compassion: What are your views on the wording used to highlight the importance of ensuring that the tenets of dignity, respect and compassion are sufficiently represented in the NHS Constitution?**

I fully accept that violent patients may need to be denied access to the NHS and police involvement may be appropriate or essential. However, to my mind verbal abuse is in a different category where there is no threat of violence, no threat to property and no disruption of the hospital's treatment of other patients. Tempers can get very frayed after hours of waiting in A&E departments or where seriously ill patients cannot receive immediate attention or in many other circumstances within hospitals. Whilst I cannot condone any aggressive or rude behaviour, I think that withdrawing NHS facilities from a person for verbal abuse without any clear avenue of appeal is too harsh. We should try to encourage all medical staff to be proud of their work and prouder still if they can successfully brush aside, unreasonable, verbal abuse. Of course, the safety of staff and patients comes first and every case must be assessed on its own merits.

**15 Dignity, respect and compassion: Do you agree with the suggestion of including a new pledge for same sex accommodation?**

Yes.

**16 Local authorities role: Do the proposed changes to the NHS Constitution make it clear what patients, staff and the public can expect from local authorities and that local authorities must take account of the Constitution in their decisions and actions?**

Yes.

**17 Raising awareness and embedding the Constitution: Have you seen further examples of good practice in raising awareness and embedding the NHS Constitution that should be taken into account in these plans?**

See question 18.

**18 Raising awareness and embedding the Constitution: Do you have further recommendations for re-launching, rolling out and embedding the Constitution from next spring?**

Brief one-page summaries of the Constitution could be available in waiting rooms and handed out on discharge from hospital. They could be displayed on notice boards and made available to take away in GPs' surgeries, hospitals, dentists, opticians, retail pharmacies, citizen's advice bureaux, old people's homes, public libraries and the places of work of other healthcare professionals. A major campaign could be mounted to encourage journalists to write about the Constitution. Messages could be played instead of music or silence to people waiting on the telephone. More detailed leaflets on the complaints procedure should also be made available.

**19 Giving the Constitution greater traction: To help shape our future consultation, do you have views on how the NHS Constitution can be given greater traction to help people know what they should do when their expectations of the NHS are not met?**

If the Constitution succeeds in the way that looks possible, it will be highly worthwhile to improve and update it in the future. The emphasis should be on ever stronger enforcement of and accountability.

**20 Equalities: How can we ensure the NHS Constitution is accessible and useable to individuals of different backgrounds and to different sections of society?**

See Question 18. Apart from the obvious (e.g. advertising in publications with the right readership profile; translating leaflets into foreign languages and displaying them in suitable outlets such as food shops or clubs of the appropriate nationality) there are few ways of accessing people with specific minority backgrounds. An idea worth trying might be to compare entries in the electoral roll with lists of people not registered with NHS doctors but this would require the development of special computer software and possibly legislation to permit use of the data.

**21 Equalities: Are there any ways in which the proposed changes set out in this consultation could have an adverse impact, directly or indirectly, on groups with protected characteristics? If so, how?**

Successful research tends to increase inequality because opinion leaders normally employ the new treatments before being ready to train others. This fact results in new procedures often being taken up first in top teaching hospitals. The difference is amplified because leading consultants carrying out research like to work in a hospital with others. They can then compare expertise and share facilities. There is no way of avoiding the fact that areas served by a large teaching hospital will often offer superior medical care.

**22 General: Do you have any further comments about our proposals for strengthening the NHS Constitution?**

The Health and Social Care Act 2012 was opposed by a disappointing number of healthcare professionals, patients and journalists. The Government failed to win the hearts and minds of the electorate. The media must accept some blame for having misrepresented the true aims of the Act. The proposed NHS Constitution represents evidence that the tide may be turning. The document sets out in a readable form the principles of the NHS; the rights and responsibilities of patients, the public and staff; and the pledges that the NHS is committed to achieve. The reception has been encouraging. If the tide is turning, the proposed Constitution will prove to be unusually important.

23. Jan, 2013

[Overview](#)