

Guide to the Healthcare System in England

Including the Statement of NHS Accountability

for England
May 2013

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Introduction: What is the NHS?

“The NHS belongs to the people. It provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief, gender reassignment, pregnancy and maternity, or marital or civil partnership status”.

NHS Constitution

The NHS began in 1948 out of a principle that good healthcare should be available to all, with access based on clinical need, not ability to pay.

That principle, of putting patients first, remains at its core. NHS services are free of charge to patients in England, except where permitted by Parliament. The service’s original focus was the diagnosis and treatment of disease. Now it plays an increasing role in both preventing ill health and improving the physical and mental health of the population.

The rights to which patients, families, carers, the public and staff are entitled, and the pledges that the NHS is committed to achieve, are now set out in the NHS Constitution. Visit <http://www.nhs.uk/Constitution> to view the NHS Constitution. It articulates the shared values of the NHS, and the responsibilities towards the NHS that patients, families, carers, the public and staff have as they experience or work in NHS services.

A number of different organisations make up and support the set of common set of principles and values which are the NHS. Some of these are NHS organisations as set out in law, such as clinical commissioning groups.

Others, such as charities providing NHS funded services, play a key role in making the NHS what it is, yet are not NHS organisations themselves.

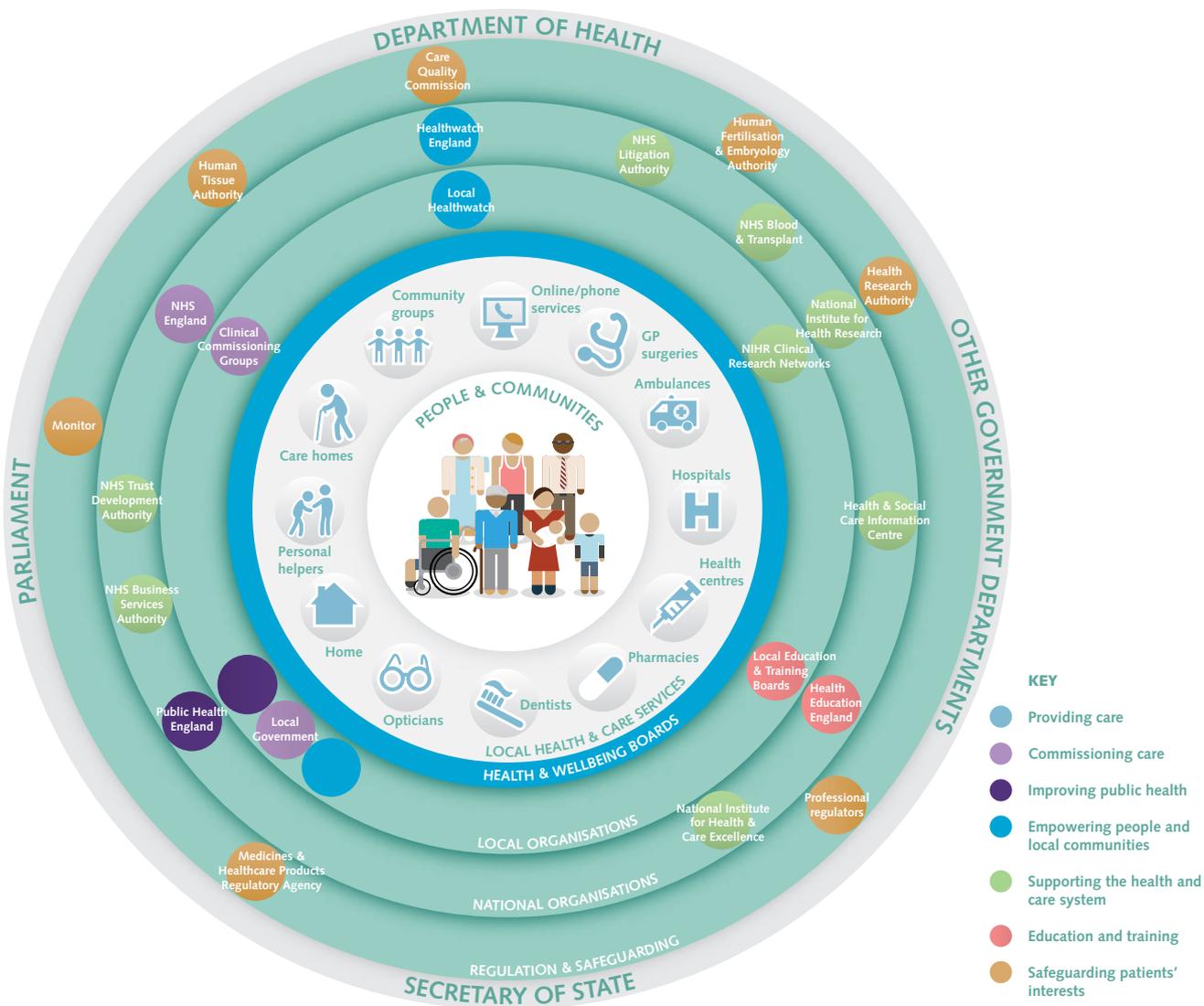
Collectively, all of these organisations make up the healthcare system. This guide seeks to explain that system. The main audience for this document is people who are interested in gaining an understanding of how the whole healthcare system works. The term ‘stakeholder’ is used throughout this document to describe the people who have an interest in the NHS. If you have any comments on or questions about this document, please email nhsconstitution@dh.gsi.gov.uk.

The Department plans to update it annually, or following any significant developments to the health and care system.

The guide concludes with a Statement of NHS Accountability; keeping an up to date version of the Statement is a commitment set out in principle seven of the NHS Constitution.

Figure 1 shows the main organisations that make up the healthcare system in England. Visit <https://www.gov.uk/government/organisations#department-of-health> for definitions and web addresses for all the organisations.

Fig. 1 The healthcare system in England from April 2013



Providing care

The NHS is made up of a wide range of organisations specialising in different types of services for patients. Together, these services deal with over 1 million patients every 36 hours.

Providers of 'primary care' are the first point of contact for physical and mental health and wellbeing concerns, in non-urgent cases. These include general practitioners (GPs), but also dentists, opticians, and pharmacists (for medicines and medical advice). There are over 36,000 GPs in England, working in over 8,300 practices¹. For urgent cases, patients can visit a provider of urgent care, such as an accident and emergency department. Healthcare information and advice can also be accessed through NHS Choices (www.nhs.uk).

Health care professionals within GP practices aim to resolve problems locally, including through services provided by the practice. If a condition

requires more specialised treatment, or further investigation, patients may be referred to another healthcare provider. These could be based in a hospital, or in the community. Patients are entitled (where possible) to choose between different types of care and providers of their care. They should be supported to make the choice that is best for them².

Community based care is increasingly the preferred means of providing care for the majority of longer term and mild to moderate conditions. This enables people to keep their normal routine, staying close to family and friends. Hospital services remain a key part of the NHS, such as for specialised, surgical or emergency care.

Organisations that put patients first, by meeting NHS quality and financial standards, are able to provide NHS funded services. Quality is the overriding priority for the healthcare

¹ Source: www.indicators.ic.nhs.uk, GP Practice Data, 2010

² For more detail on choice please see the Handbook to the NHS Constitution or NHS Choices on www.nhs.uk

system; improving quality is the responsibility of everyone working in the NHS. In healthcare, quality is a combination of good medical outcomes (supported by evidence), safe care and good patient experience.

NHS funded services include both NHS provider organisations, and other providers of health services such as charities, private organisations, and social enterprises. This document uses the term 'provider' to refer to all types of organisations that provide NHS funded care. All providers are led by a board of directors (or equivalent³), who have ultimate responsibility for the quality of care and for the ongoing financial stability of their organisation.

The majority of NHS services, such as hospitals, belong to either an NHS trust or NHS foundation trust. It is the Government's ambition that all NHS trusts will ultimately become NHS foundation trusts. Each trust can have multiple sites, meaning one or more

hospitals often belong to a single trust. In NHS foundation trusts, the board of directors is directly accountable to their local population through their membership and council of governors. The public, patients, service users, their families and carers, and staff can join their local foundation trust as members. Members elect governors to represent them. In a foundation trust, the council of governors oversees the organisation's board, holding the board to account for the performance of their organisation.

What is an 'outcome'?

Rather than measure healthcare processes, for example – the number of hip replacements performed – it is better to ask patients whether their hip replacement was effective. This measures how good hip replacements are from a patient perspective. By using this measure, providers of hip replacements should focus on providing a good hip replacement service to patients, as opposed to focusing mainly on the number of operations completed.

³ Not all provider organisations will have a board as such, for example, GP practices are unlikely to have boards. Every organisation will have a person or people who are legally accountable for the service they are providing, and for simplicity, the term board will be used throughout this document.

Commissioning care

Commissioning of NHS services

The NHS is funded by taxation with a fixed budget available to spend on services for the whole population. The challenge faced by the NHS is how to spend that budget in a way that results in the best possible outcomes for individual patients and delivers value for money for the public. This planning and purchasing of NHS services is undertaken by organisations (or individuals) known as commissioners. They are responsible for assessing the reasonable needs of their populations and using their buying power as purchasers to secure services that are affordable and of the highest quality. They can buy services from any provider that meets NHS standards of care and prices.

Commissioning happens on an individual level every day in a GP practice. For example, when a GP refers a patient to a particular hospital for further investigation or treatment, the GP is effectively buying care for that patient from the hospital through

that referral. This 'secondary' provider is paid to treat the patient through the NHS payment system. What care the GP can buy for their patient is determined by the commissioning organisation.

Because of the complexity and scale of the healthcare system, it is more efficient to plan and commission healthcare at a population level, such as a town and its surroundings or a metropolitan borough. All GP practices are required to be a member of a clinical commissioning group (CCG). CCGs provide the organisational infrastructure to enable GPs, working with other health professionals, to commission services for their local communities. CCGs' governing bodies have GP, nurse and secondary care representatives, as well as at least two 'lay' members who are not NHS professionals. The services that CCGs commission include planned hospital care, rehabilitative care, urgent and emergency care (including out-of-hours and accident and emergency services),

most community health services, maternity services, mental health and learning disability services.

In order to plan their commissioning decisions, local authorities and CCGs (coming together through health and wellbeing boards) use Joint Strategic Needs Assessments (JSNAs), and Joint Health and Wellbeing Strategies (JHWSs) to agree local priorities for local health and care commissioning. (see pages 9-10 for more information).

Once a CCG or other commissioning organisation has made a decision to buy a service from a provider of care, a contract must be drawn up which clearly sets out the detailed specification of what the provider must deliver. Commissioners must review the performance of providers through the contract and monitor the outcomes achieved by the service, so they can manage and check the quality of services and make an informed decision when they plan services and make decisions about which providers to choose in the future

Although GPs and other local health professionals commission most NHS services, some services are not appropriate to be commissioned locally. NHS England (known in legislation as the NHS Commissioning Board)⁴ commissions services which are more appropriate to commission at a national level. These include specialised services (such as those for rare diseases), offender healthcare and

some services for members of the armed forces. NHS England is also responsible for commissioning primary care, including GP services. NHS England is a single organisation, with 27 Area Teams across England.

In addition to commissioning services itself, NHS England also has responsibility for ensuring the overall system of commissioning NHS funded services works well. This involves working on plans to improve commissioning for specific conditions (e.g. dementia) or patient groups (e.g. children's services). NHS England provides information and resources for CCGs, and holds them to account for how they carry out their commissioning activities and improve the health care outcomes that matter locally. NHS England also looks at how well CCGs operate within their budgets, engage with their local populations, and deliver the pledges, rights and values in the NHS Constitution. NHS England currently hosts (until they can become fully independent organisations) commissioning support units. These units can support CCGs to fulfil their commissioning duties, for example by helping with service redesign, giving advice when CCGs negotiate contract terms with providers or by assisting with information analysis.

As part of their role, commissioners should work together with providers to determine the services needed for local areas. NHS England is responsible for

4 <http://www.england.nhs.uk>

working with CCGs to encourage them to collaborate, where appropriate, to plan the structure of services. For services commissioned nationally, NHS England takes the lead role in coordinating key bodies in the local areas. This can involve discussions over large changes to how services are organised, often called reconfigurations. NHS England has been set the objective of ensuring that any proposals for major service change meet four tests: (i) strong public and patient engagement; (ii) consistency with current and prospective need for patient choice; (iii) a clear clinical evidence base; and (iv) support for proposals from clinical commissioners. If the relevant local authority does not consider the proposed changes to be in the best interests of the local population, they can refer the matter to the Secretary of State for Health.

NHS England is operationally independent from the Department of Health, with the Secretary of State setting out what the Government expects from NHS England in the Mandate⁵. The Mandate highlights the areas of health and care where the government expects to see improvements in the NHS and contains a number of objectives which NHS England must seek to achieve. The Mandate is intended to provide the NHS with stability to plan ahead; it is set for a number of years at a time,

with the Secretary of State refreshing it every year, yet not during the year without the agreement of NHS England (except in exceptional circumstances or after a general election). It is the main way in which the Secretary of State holds NHS England to account for the NHS commissioning system. Ministers do not have a day-to-day role in the running of the NHS.

At the heart of the Mandate is an objective for NHS England to improve outcomes for people using the NHS, in particular to improve against all indicators (or measures) in the NHS Outcomes Framework⁶. The NHS Outcomes Framework sets out the outcomes and corresponding indicators used to hold NHS England to account for improvements in quality. It was developed in partnership between clinicians and stakeholders. Indicators from the NHS Outcomes Framework are also used in the CCG Outcomes Indicator Set⁷, which measures the success of services commissioned by CCGs. This allows the public, and CCGs themselves, to compare performance of different CCGs.

The Mandate, NHS Outcomes Framework and CCG Outcomes Indicator Set cover the same five areas (called 'domains') that are the overarching priorities for the NHS in England:

5 <http://mandate.dh.gov.uk/>

6 <https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014>

7 <http://www.england.nhs.uk/wp-content/uploads/2012/12/ois-atagance.pdf>

Table 1: The five domains of the NHS Outcomes Framework.

Domain 1	Preventing people from dying prematurely;
Domain 2	Enhancing quality of life for people with long-term conditions;
Domain 3	Helping people to recover from episodes of ill health or following injury;
Domain 4	Ensuring that people have a positive experience of care; and
Domain 5	Treating and caring for people in a safe environment; and protecting them from avoidable harm.

Local authorities

Local authorities (or councils) have a wide range of duties and responsibilities regarding the health of their populations, which extend beyond the NHS into both public health and social care.

Every upper tier or unitary local authority⁸ in England must have a health and wellbeing board. The health and wellbeing board encourages work to improve local health and wellbeing outcomes, including (where appropriate) more joined up working across the NHS, public health, social care, and other services. The core membership of the health and wellbeing board includes commissioners from across the local authority – the director of public health, director of adult social services and director of children’s services –

and representatives of all CCGs in the health and wellbeing board’s area. The local Healthwatch organisation (see page 17 for more information) also has a seat on the health and wellbeing board, as well as at least one elected local authority member. In order to improve their work, CCGs and local authorities have, for example, the freedom to commission services together.

Health and wellbeing boards assess the current and future health and social care needs of the local community through Joint Strategic Needs Assessments (JSNAs). JSNAs are based on a principle of analysing the available evidence on the local community’s health and social care needs. This includes engaging and working with a wide range of local

⁸ Visit <https://www.gov.uk/understand-how-your-council-works> for an explanation of the different tiers of local government. Upper tier local authorities are unitary authorities, county councils, London or metropolitan boroughs

stakeholders such as patient groups, voluntary organisations and the public. Using the JSNA, health and wellbeing boards will then jointly agreed strategic priorities for local health and social care services in Joint Health and Wellbeing Strategies (JHWSs). Taken together, JSNAs and JHWSs are intended to form the basis of commissioning plans, across local health and care services, (including public health and children’s services) for CCGs, NHS England and local authorities.

Upper tier and unitary local authorities in England have, by law, powers to review and scrutinise any matter relating to the planning, provision and operation of the health service (including public health) in its area. This enables scrutiny of the quality of services provided locally, and proposals put forward for significant changes to those services, such as re-organising stroke care in an area.

Those local authorities also have the responsibility for improving the public health of the people in their area. This includes the planning and provision of public health services, such as smoking cessation, and considering the public

health effects through the planning of other linked services, such as education, housing, social care and transport. Each local authority has a Director of Public Health, who is responsible in law for exercising public health functions of the local authority and for publishing an annual report stating what progress has been made towards improving the local population’s public health. The main priorities for public health improvement including stopping smoking, reducing alcohol consumption, eating more fruit and vegetables, and increasing physical activity levels.

Public health

Public Health England (PHE), an operationally independent executive agency of the Department of Health, supports local authorities in their duty to improve public health and has national responsibility for protecting the public against major health risks. NHS England also commissions some national public health services⁹. PHE makes comparative data available to help drive improvements and reports annually on progress against the public health outcomes set out in the Public Health Outcomes Framework¹⁰.

9 These include the national programmes for immunisation and screening, public health services for offenders in custody, sexual assault referral centres, and public health services for children aged 0-5 years (including health visiting, family nurse partnerships, and much of the healthy child programme). NHS England has responsibility for commissioning about half the public health budget.

10 <https://www.gov.uk/government/news/public-health-outcomes-framework-sets-out-desired-outcomes>

Social care

Local authorities also commission social care for their local populations based on local criteria and national minimum standards. Social care or 'care and support' means the wide range of services and support designed to help people to maintain their independence and wellbeing, enabling them to play a fuller part in society and protecting vulnerable people. It encompasses support, both for people with care needs and people with caring responsibilities. Unlike NHS care, state-funded social care is means tested.

The Department of Health has responsibility for national adult social care policy, and has committed to changing how care is paid for (subject to legislation) with the overall aim of a sustainable and fair partnership between the government and individual for care costs. The Adult Social Care Outcomes Framework¹¹ defines national priorities for the social care sector, and includes indicators that enable the public and other stakeholders to assess the performance of services. The Department for Education has responsibility for national children's social care policy.

11 <https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014>

Safeguarding patients

Regulating services

Organisations providing NHS services are 'regulated' to ensure they meet essential standards. The boards of organisations providing NHS care have the primary responsibility to ensure the care they provide is safe and of high quality. Regulators exist to ensure providers are fulfilling their obligations to patients and the public.

The Care Quality Commission (CQC) is responsible for assessing and making judgments as to the level of safety and quality of care provided by providers of health and social care. To make these assessments, CQC can look at information received from the provider itself, its patients, staff, information other organisations, and also conducts its own inspections. Information is published on the CQC website.

Providers of healthcare (including hospitals, care homes, care delivered in the home, dentists, GPs, mental health and other specialist services – e.g. hospices) must register with CQC in order to be able to carry on regulated activities, which includes the provision of NHS funded health services. At present, this involves meeting a set of essential quality and safety standards known as registration requirements. Following the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*, chaired by Robert Francis QC, and the subsequent Government response¹², registration requirements will be reviewed to include a set of fundamental standards. These will be drawn up by the CQC working with NICE, patients, and the public.

CQC will appoint a Chief Inspector of Hospitals later in 2013. The Chief Inspector of Hospitals will lead the CQC's assessment of quality in

12 www.gov.uk/government/publications/government-initial-response-to-the-mid-staffs-report

hospitals, and make a single assessment about how hospitals are performing. A Chief Inspector for Social Care will also be appointed to play a similar role for providers of social care.

If a provider of NHS funded services is failing to meet required levels of quality, the primary responsibility for resolving these failings sits with the board of the provider, working with their local commissioners. At present, if this action is insufficient, further action can be taken by interventions from the Care Quality Commission, and additionally by Monitor for NHS Foundation trusts, and by the NHS Trust Development Authority (NHS TDA) for NHS trusts. The *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* identified a lack of clarity about the roles of these organisations. In response, the Government announced that, for NHS Foundation trusts and NHS trusts, the Care Quality Commission would focus on assessing the level of quality of care, and Monitor and the NHS TDA would focus on using their powers, where necessary, to intervene to resolve quality failings.

Monitor has a main duty to protect and promote patients' interests by ensuring that health care services are provided effectively, efficiently and economically, while the quality of services is maintained or improved. Monitor has functions which apply to all providers of NHS funded care, and

certain additional functions which apply only to NHS foundation trusts.

From April 2014, all providers of NHS funded care (except those exempt in legislation) will need to hold a provider licence from Monitor in order to operate. This came into effect for NHS foundation trusts from April 2013. The licence specifies standards and behaviours that providers must follow, or face action from Monitor. Potential action could range from requiring a provider to take a certain course of action, fining a provider or revoking their licence altogether – temporarily or permanently stopping the provider from providing NHS funded services.

One part of the licence will help ensure NHS funded services are priced fairly, with providers properly reimbursed for their work. Monitor is working with NHS England to create a list of prices for NHS services, called the National Tariff. NHS England leads on which services should be included, and Monitor leads on what the prices should be.

Monitor also has a responsibility to investigate if commissioners or providers behave in ways that make competition between different providers unfair, where that could act against patients' interests. Other parts of the licence discourage providers from doing things that could prevent healthcare being more joined-up around patients' needs.

If providers of NHS funded services face serious difficulties, ensuring essential services for patients continue is ultimately the responsibility of commissioners. However, Monitor can step in and help ensure that services continue to be delivered if a provider gets into serious financial difficulty.

The provider licence also contains additional extra conditions for NHS foundation trusts only. Monitor regulates foundation trusts to ensure that they focus on good leadership and stay financially strong, and holds their boards to account for the early identification and effective resolution of problems.

The Government intends that services and hospitals that are currently part of NHS trusts will become part of NHS foundation trusts (or another type of organisation). As of May 2013, there are 145 foundation trusts and 102 NHS trusts. It is Monitor's role to 'authorise' new foundation trusts. In order to become a foundation trust, NHS trusts must demonstrate to Monitor that they are well led and able to provide good quality services for patients on a sustainable basis. Monitor takes advice from CQC regarding the trust's compliance with quality and safety standards. Not all NHS trusts will be able to achieve NHS foundation trust status in their current configuration. These trusts may become part of a foundation trust, or a different type of organisation.

Whilst organisations remain as NHS trusts, it is the role of the NHS Trust Development Authority (NHS TDA) to support them to improve the quality and sustainability of their services for patients. In some cases, securing these improvements will mean helping Trusts to achieve foundation trust status in their current form.

In other cases, this will mean helping Trusts move to whatever other organisational form is most likely to deliver the necessary improvements in clinical and financial performance. The NHS TDA has the power to direct NHS trusts over any aspect of their function of providing NHS services, and has a range of intervention powers including appointing and removing chairs and non-executive directors.

Professional regulation

Professional regulators are responsible for ensuring that health and social care professionals are providing safe care. They are focused on the individuals who give care, rather than organisations that provide care.

In England, there are regulators for different healthcare professions:

- doctors (the General Medical Council)
- nurses and midwives (Nursing and Midwifery Council)
- dental teams (General Dental Council)
- optical professionals (General Optical Council)

- pharmacists (General Pharmaceutical Council)
- chiropractors (General Chiropractic Council)
- osteopaths (General Osteopathic Council)
- health, psychological and social work professionals (Health and Care Professions Council).

How many registered professionals are there?

- General Dental Council – 101,901
- General Medical Council – 252,431
- Health and Care Professions Council – 310,942
- Nursing and Midwifery Council – 675,148

(Source: PSA, March 2013)

These roles are collectively referred to as 'professions' because there are specific rules, standards and ethics that people must abide by in order to work. In order to practise legally, health professionals must be registered with the relevant professional regulator. If a registered professional breaches any of the rules of their profession by harming or failing to treat a patient properly, patients may complain directly to the relevant professional regulator. The regulator takes a decision whether to investigate and if necessary, require that additional training is undertaken, restrict or ban that professional from practising.

As well as assuring the quality of training, professional regulators are responsible for safeguarding the interests of patients by ensuring that registered health professionals meet the standards of competence, practice, conduct and ethics.

All regulated health and social care professionals must meet the standards set by their professional regulator and are required to ensure that they stay up to date in terms of their professional skills. For doctors, there is a system of 'revalidation', whereby they are subject to an ongoing evaluation of their fitness to practise through an annual appraisal.

The professional regulators are overseen by the Professional Standards Authority for Health and Social Care, which evaluates the regulators' performance.

Specialist safeguarding bodies

The interests of the patient and the public are further safeguarded through the role of four other bodies covering specific areas of healthcare.

The Medicines and Healthcare Products Regulatory Agency (MHRA) is the government agency responsible for ensuring that medicines, medical devices and blood components for transfusion meet applicable standards of safety, quality, efficacy and effectiveness. They work to ensure that the supply chain for medicines, medical devices and blood components is safer and more secure.

The Human Tissue Authority is an independent watchdog that protects the public's interest by licensing and inspecting organisations that store and use human tissues and organs for purposes such as research, patient treatment, transplantation, post-mortem examination, teaching and public exhibitions. They also give approval for organ and bone marrow donations from living people through an independent assessment process.

The Human Fertilisation and Embryology Authority is the UK's independent regulator of treatment using eggs and sperm and of treatment and research involving human embryos. They set standards and issue licences to fertility clinics.

NHS Blood and Transplant collects, tests, processes and supplies blood, stem cells, tissues and related

diagnostic services to the NHS in England. It matches, allocates and commissions the retrieval of organs for transplant outcomes. It is also responsible for raising awareness and encouraging the public to donate blood, stem cells, tissues and organs as the supply of these critical products and services depends entirely on the altruism and loyalty of donors. As part of its national coordinating role it helps raise the quality of blood and transplant services in hospitals through research. Its primary role is to provide services to hospitals, however it does provide some specific specialist therapeutic services directly to patients.

The Health Research Authority also plays a key role. Its functions are considered alongside the research bodies in the 'Supporting the healthcare system' section.

Empowering patients and local communities

NHS organisations have a legal duty to make arrangements for the involvement of patients in decisions about the running of services. The NHS Constitution sets out the responsibility the NHS has to individual patients – that everybody has the right to be informed about their healthcare and options, and to be involved in discussions and decisions. This means that health care professionals should listen and respond to patients' views and any concerns they may have during their care and treatment. Providers of healthcare such as GP practices and hospitals organise their own groups to engage with patients and their local communities. For example, some GPs run patient advisory or participation groups which allow GP practices and their patients to work together to improve services.

Every upper tier and unitary local authority area in England has arrangements with a Local

Healthwatch¹³ organisation to support patient and public involvement activities in its area. The activities include promoting and supporting the involvement of local people in the commissioning, provision and scrutiny of local health and care services. Local Healthwatch organisations are able to enter and view certain health and social care premises and produce reports and make recommendations that influence the way services are designed and delivered. Local Healthwatch organisations provide information and advice to the public about local services, and pass on views to Healthwatch England. They can also make recommendations to Healthwatch England and the Care Quality Commission. If a local Healthwatch organisation sends a report or recommendation to a specified provider or commissioner of a local health or social care service, the provider or commissioner is legally

¹³ Visit <http://www.healthwatch.co.uk/> to find your local Healthwatch organisation.

obliged to respond to the local Healthwatch organisation in writing.

Healthwatch England is a committee of the Care Quality Commission (CQC) that acts with operational independence in the interests of patients, social care service users and the public. Healthwatch England provides national leadership, support and advice to local Healthwatch organisations. It is a committee of the CQC in order to ensure that the collective voice of patients has a direct route into the CQC's decision-making processes. However, it operates independently from the CQC and it can escalate concerns about health and social care services raised by local Healthwatch, users of services and members of the public to the CQC. Healthwatch England is able to provide advice and information (which could include making recommendations and reports) to the Secretary of State, NHS England, Monitor and English local authorities. The recipients of Healthwatch England's advice are required in law to respond to Healthwatch England in writing.

Patients can feed in good or bad experiences of health services in a range of other ways. Every provider of NHS services must have clear procedures for receiving, and dealing with, patient feedback and complaints. Contacting the service provider, as the first port of call for patients, allows staff in that organisation to put things right promptly when things have gone wrong. Writing to a provider

organisation's Chief Executive, or equivalent, is an effective way to ensure any concerns reach senior management. Alternatively, patients can complain to the organisation that arranged and paid for their care, and should expect a response from them. This is likely to be a local clinical commissioning group, local authority or NHS England.

Many NHS providers have a Patient Advice and Liaison Service (PALS) that seeks to resolve patient concerns and help patients and carers in making a complaint. Local Authorities also arrange advocacy services to support people who wish to complain about the NHS. Local Healthwatch can provide information on how to make a complaint, although, like the CQC, it does not handle individual complaints. The CQC also provides information on the quality and safety of local health and care providers, which is available on their website.

If a patient is unhappy with the way their complaint has been handled, they may contact the Parliamentary and Health Service Ombudsman. The Ombudsman conducts independent investigations into complaints that the NHS in England has not acted on properly or fairly, or has provided a poor service (the Ombudsman also covers other government departments and a range of other public bodies in the UK). The Ombudsman can look at complaints about the actions of providers of NHS care, as well as those of NHS England and CCGs. The

Ombudsman can also look at complaints about the Department of Health, the Care Quality Commission and Monitor. The Ombudsman is accountable to Parliament and is independent of government and the NHS. For local authority services and for services paid for by local authorities, patients can take their cases to the Local Government Ombudsman. The Department of Health has established an independent review to consider the handling of concerns and complaints that will report in summer 2013.

Education and training

The relationship between patients and staff is at the heart of the NHS and the people who work across NHS services are in contact with more than 1.5 million patients and their families every day. The NHS Constitution and Handbook set out the rights and NHS pledges to staff so that they are treated with respect, have the training, support and development they need to deliver high quality NHS services. In return, all staff have responsibilities relating to how they work with the public, patients and colleagues to ensure the NHS Constitution's values of respect, dignity, care and compassion are upheld.

One of the NHS Constitution pledges to staff commits the NHS to "provide all staff with personal development access to appropriate education and training for their jobs and line management support to fulfil their potential".

Higher education institutions in the UK provide rigorous undergraduate and postgraduate training for those who become qualified healthcare professionals such as dentists, doctors, nurses, midwives and paramedics. Training to become a healthcare professional does not stop after qualification but continues throughout their career. Organisations that provide healthcare are responsible for delivering the majority of training for all their staff, including those who are not a qualified healthcare professional. The demands placed on the NHS are changing and medical technology is constantly improving. In order to sustain improvements in health services, the knowledge and skills of the health and public health workforce needs to be kept up to date and developed.

A national, independent body called Health Education England (HEE) is responsible for promoting high quality training and education, undertaking national planning and leadership, allocating financial resources, monitoring outcomes and securing the required supply of qualified staff. Long term, national planning is needed, for example, because a medical student graduating today will still be providing care in 2050.

At a local level, education and training is co-ordinated by local education and training boards (LETBs). The LETBs are statutory committees of HEE and act as the bodies for all providers and professionals to work collectively to improve the quality of education and training outcomes within their local area – in order to meet the needs of patients, the public and service providers. Each LETB covers a geographical area and develops comprehensive plans, considering existing workforce data, what healthcare services will be needed in the future and the demographic of the local population. HEE allocates funding for LETBs to spend on the education and training required in their local area and provides support to LETBs as they establish themselves.

The Department of Health sets the direction and its expectations for the whole education and training system through a document called the Education Outcomes Framework¹⁴ (EOF). Fulfilling the EOF requires a range of different national and local bodies that provide and plan care to work together effectively, including HEE. The Department holds the operationally independent HEE board of directors to account for HEE's performance through a document specific to HEE called the 'HEE Mandate'.

14 <http://www.hee.nhs.uk/work-programmes/education-outcomes/>

Supporting providers of care

Information, evidence and research

Billions of pieces of information are generated in the NHS every day. The effective collection and use of information is critical to improving services for patients – from improving the speed at which patients can access test results to improving the effectiveness of a surgical team’s performance. Safeguards – such as laws around the sharing of data – ensure information are used appropriately, and the NHS Constitution describes patients’ rights regarding their own information.

Given the large number of organisations involved in providing health and care and support there needs to be a focal point for the collection, linking, storage and publication of information to better understand issues such as how treatments lead to healthcare outcomes. The Health and Social Care Information Centre (HSCIC) collects, analyses and publishes national data and statistical information and works to

deliver national IT systems and services to support health and care providers. HSCIC is responsible for assessing the quality of information it collects and making it readily available to those who need it in safe, de-identified formats, with safeguards in place to protect confidential information.

Research is vital in providing the knowledge needed to improve health outcomes and reduce inequalities. Every part of the health and care system has a role to play in research and the NHS Constitution confirms the commitment of the NHS to “the promotion, conduct and use of research to improve the current and future health and care of the population”. There is a legal duty to promote research and the use of research evidence, and powers to support research, on the Secretary of State for Health, NHS England and clinical commissioning groups. There is a legal duty on Monitor to have regard to the need to promote research by providers of NHS health research by

providers of NHS services. All parts of the system will require decisions about policy and practice to be based on research evidence.

The National Institute for Health Research (NIHR) provides a key means through which the Secretary of State discharges his or her duty in respect of research. The NIHR commissions and funds research, provides the facilities and people needed for a thriving research environment and supports the individuals carrying out and participating in research. It also promotes faster, easier clinical research through unified, streamlined and simple systems for managing ethical research and its outputs. Through a secure data service, the NIHR and the Medicines and Healthcare Products Regulatory Agency will support health research by providing life sciences research data, with the support of the HSCIC.

In terms of individuals, the NHS commits (in the NHS Constitution) to inform patients of potential opportunities to participate in research studies. Patients should be informed and supported to make choices about how they participate in research, recognising that research can be undertaken by bodies outside the NHS, such as medical research charities or the pharmaceutical industry. The Health Research Authority's core purpose is to protect and promote the interests of patients and the public in

health research by protecting them from unethical research, while enabling them to benefit by simplifying processes for ethical research, working closely with other bodies.

The National Institute for Health and Care Excellence (NICE) is the main source of evidence-based guidance and advice for health and social care practitioners, patients, service users and the public on the most effective way to prevent, diagnose and treat disease and ill health. NICE produces quality standards¹⁵ – concise sets of statements that describe what high quality care looks like for a particular condition or patient group – which are used to drive up the quality of health and care services. They are mainly based on NICE guidance that is developed in partnership with professionals and patients, independently of government. NICE also helps the NHS by assessing whether drugs and other treatments represent value for money and the NHS is required to fund treatments that NICE recommends. NICE guidance also supports the adoption of efficient and cost effective medical devices, procedures and diagnostic tools more rapidly, safely and consistently.

Specialist NHS support

The NHS is further supported through a number of bodies established to provide critical advice and specialist expertise to the NHS in a variety of different fields.

¹⁵ <http://www.nice.org.uk/guidance/qualitystandards/qualitystandards.jsp>

Organisations that are part of the NHS may face legal claims due to clinical negligence, employers' and public liability, or property damage or loss. In order to fairly resolve disputes and protect public investments in the NHS, the NHS Litigation Authority runs membership schemes that supports the NHS in these areas. It also has a role in improving the professional practice of clinicians, helping the NHS and providers of NHS care to learn lessons from claims, and to better manage risks and improve patient and staff safety. Other responsibilities include adjudicating in a range of primary care disputes and advising NHS colleagues on human rights, age discrimination and equal pay issues.

The NHS, through paper and electronic forms, generates hundreds of millions of transactions a year, between patients, providers and commissioners of care. The range of transactional

services includes those provided directly to the public, for example, through the administration and issuing of the European health insurance card or the administration of the NHS Low Income Scheme¹⁶, which provides financial assistance for health related costs to those on low incomes. By centralising these types of functions, economies of scale can be realised in terms of calculation, payments, issuing certificates and scanning paper forms. The NHS Business Services Authority delivers these large-scale transactional services on behalf of the Department of Health and NHS England to NHS bodies, NHS contractors, patients, staff and the public. The NHS Business Services Authority ensures that the delivery of these services is efficient, effective and offers value for money to the public.

NHS Property Services Ltd develops and manages more than 3,500 NHS buildings, estate and facilities, helping to improve the delivery of clinical services by providing safe, efficient and well-maintained estates buildings and facilities, including GP practices and community hospitals.

¹⁶ <http://www.nhsbsa.nhs.uk/1125.aspx>

The Secretary of State for Health

The Secretary of State for Health has responsibility to Parliament for the provision of the health service. The Secretary of State works through the Department of Health to provide strategic direction for the NHS and wider health and care system and holds all of the national bodies to account for their operational and financial performance, thereby ensuring that the different parts of the system work properly together. He or she takes decisions on national health, public health and social care policy, advised by the civil servants who make up the Department of Health. A team of junior ministers, who each have responsibilities over specific policy areas, also support the Secretary of State.

The Secretary of State has to fulfill a number of duties that are set out in law, including: the promotion of a comprehensive health service; to have regard to the need to reduce health inequalities between the people of England; and to have regard to the NHS Constitution. These duties, and

others, are fulfilled through relationships with other bodies and the Secretary of State's performance with regard to his or her duties is covered in his or her annual report. The Secretary of State, and all public bodies in the healthcare system, must also comply with the public sector equality duty in the Equality Act 2010.

The Department of Health's purpose is to help people live better for longer. It leads, shapes and funds health and care in England, making sure people have the support, care and treatment they need, with the compassion and dignity they deserve. The Department, on behalf of the Secretary of State, acts as 'system steward' – it is the only body with oversight over the whole health and care system, and it works to ensure the health and care system operates effectively to meet the needs of people and their communities. The Department's stewardship role has the following main aspects:

- Setting national priorities which reflect what patients, service users and the public value. The Department sets ambitions and priorities for the NHS and health care system, through the outcomes frameworks and the Mandate. The Department also supports the delivery of ministerial ambitions, priorities and policies; and does this through obtaining information and intelligence, and appropriate monitoring.
- Securing and allocating resources to meet priorities and deliver services. The Department secures and distributes resources for the NHS and health and care system by securing public funding for the NHS, public health and social care from HM Treasury through the Spending Review process. The Department is an important stakeholder and shareholder in NHS provider organisations, and is a key source of funding for capital investment. The Department can also secure additional sources of funding, for example through existing prescription and dental charges, and directly allocates resources to local authorities for public health.
- Sponsoring national health and care system bodies, by supporting them and holding them to account for the delivery of their role. 'Sponsorship' means the Department ensuring organisations are delivering their functions, meeting their statutory duties, and using public money efficiently and effectively. The specifics of the relationships between the Department and its sponsored bodies are set down in 'framework agreements'.
- Fostering relationships, collaborating with patient organisations, and ensuring the system works well together. This involves ensuring all of the health and care and other bodies work effectively together and with common purpose, whilst recognising their own unique roles and autonomy in deciding how to carry out their defined functions. The Department also works with other government departments on health matters.
- Creating and updating the policy and legislative frameworks within which the health and care system operates. It oversees an effective regulatory framework that ensures all organisations and professionals meet essential standards of quality and safety.
- Accounting to Parliament, and the public, for the effectiveness of the health and care system. This includes supporting ministerial accountability to Parliament and the public for the effectiveness of the health and care systems, the effective use of resources voted by Parliament, and the discharge of Secretary of State's legal duties. Ultimately, the Secretary of State has powers to remove the chairs of the major national health bodies from office and (in the case of significant failure to exercise their functions properly) powers of

direction which could force an organisation to undertake or cease a particular course of action. Failure to comply with such a direction could result in the function being carried out by another body.

Statement of NHS Accountability

Principle seven of the NHS Constitution states: *“The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.”* This statement fulfils this commitment. It is designed to complement the broader Guide to the Healthcare System, focusing on the key accountability relationships within the NHS.

As set out in the NHS Constitution, the NHS belongs to the people. Organisations which make up the NHS are accountable to the people they serve through a number of different mechanisms.

Providing care

NHS funded care is provided by both NHS organisations (such as NHS foundation trusts) and non-NHS organisations (such as private and voluntary sector providers). NHS

funded care must be provided within NHS quality and financial standards. Providers of NHS services are accountable to their local populations in three main ways:

Boards of directors (or equivalent) have responsibility for the quality of care and for the ongoing financial stability of their organisation. In NHS foundation trusts, the board of directors is held to account by the council of governors – which is elected by the foundation trust’s membership of the local public, patients, families, carers and staff. NHS trusts are accountable to the Secretary of State for Health, assisted by the NHS Trust Development Authority.

Providers must support accountability to patients by having clear procedures for dealing with patient feedback and complaints. Patients may escalate their complaint to the Parliamentary and Health Service Ombudsman. In addition, all NHS organisations have a duty to make arrangements for the

involvement of patients in decisions about the running of services.

Performance information on providers is made readily available to all, and providers are held to account by commissioners, regulators and democratically elected local authorities.

Commissioning care

Accountability for the way that the majority of local NHS services are planned and paid for rests with clinical commissioning groups, supported by NHS England. The NHS is required to fund the drugs and treatments that the National Institute for Health and Care Excellence recommends. Clinical commissioning groups (CCGs) hold providers of NHS services to account through contracts, and CCGs are accountable to NHS England for how well they meet their population's needs.

NHS England funds, oversees and supports the commissioning system at a national level. It is accountable to the Secretary of State for Health for the performance of its functions and the delivery of the delivery of the Mandate, which sets out the government's objectives for the NHS. Each year, NHS England must present a report to the Secretary of State for Health which includes information about how well it has delivered on the objectives in the Mandate.

To enable local services to be planned in a coherent manner, health and wellbeing boards bring together the people who are responsible for

commissioning services which impact on health and wellbeing (the NHS, adult social services, children's services and public health), with elected local authority members and a representative from the local Healthwatch organisation. Health and wellbeing boards must prepare an assessment of the health and social care needs of their local population (the JSNA), and a strategy for local services to meet those needs (the JHWS).

Improving public health

Accountability for the planning and delivery of public health is different to that for NHS services. At a local level, local authorities are responsible for promoting healthy lifestyles and improving the health of the population in their area; and are accountable through local elections to their population. Each local authority has a director of public health who is responsible in law for exercising public health functions of the local authority, and publishes an annual report stating what progress has been made towards improving the local population's public health.

Local authorities are supported in this work by Public Health England, an operationally independent national agency which is directly answerable to the Secretary of State for Health. The main remit of Public Health England is to promote improvement in the health of the general population and to carry national responsibility for protecting the public against major health risks.

Empowering people and local communities

Local Healthwatch organisations support accountability by collecting and feeding back the experiences of patients, and making the information available to the relevant organisations in the system. Healthwatch England (an operationally independent committee of the CQC) provides national leadership, support and advice to local Healthwatch organisations. Specified recipients of local Healthwatch's reports and recommendations (certain providers and commissioners of health and social care services) and Healthwatch England's advice (including the Secretary of State, NHS England, Monitor and local authorities) are required in law to respond.

Safeguarding patients

All organisations that provide NHS funded services (as well as privately funded health services, and social care) are regulated for quality by the Care Quality Commission. Monitor, the health sector regulator, has a main duty to protect and promote patients' interests by ensuring that services are provided effectively, efficiently and economically, while quality is maintained or improved. The NHS Trust Development Authority oversees the performance of NHS trusts. The Care Quality Commission, Monitor and the NHS Trust Development Authority are all accountable to the Secretary of State for Health for the performance of their functions.

Healthcare professionals are accountable as individuals to the independent regulatory organisations (such as the General Medical Council) for the standard of care they provide. These professionals are also accountable to the organisations in which they work. A national body, Health Education England, is accountable to the Secretary of State for Health for promoting high quality training and education of healthcare staff.

Secretary of State for Health

The Secretary of State for Health has a duty to promote a comprehensive health service in England. He or she also has ministerial responsibility to Parliament for the provision of the health service. The Secretary of State has a number of further legal duties, particularly in relation to improving the quality of services and reducing health inequalities. The Secretary of State must also keep the performance of the health service under review and lay before Parliament annually a published report on this performance. It is the role of Parliament to hold the Secretary of State to account for the delivery of his or her duties, and the role of the Department of Health to support the Secretary of State in discharging them.

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