
Expert Advisory Group on the NHS Constitution

**Minute of the meeting held on Thursday 17 January 2013
Richmond House, 79 Whitehall, London, SW1A 2NS**

Members attending

Norman Lamb MP, Minister of State for Care and Support (Chair)
Charles Alessi
Vicki Bailey
Sally Brearley
Howard Catton
Jocelyn Cornwell
Vin Diwaker
Steve Field
Jennifer Harries
Brenda Hennessy
Hamish Meldrum
Julie Mellor
Katherine Rake
Jason Stamp
Jeremy Taylor
Stephen Thornton

Department of Health, NHS Constitution

Peter Howitt
Stephen Robinson
James MacDougall
Meenara Islam
Kylie Stephen
Chris Bostock

I. Welcome and Introductions

1. The Chair welcomed members to the first meeting of the Expert Advisory Group on the NHS Constitution and thanked them for accepting the opportunity to participate.
2. Apologies were received from Mss Christina McAnea, Jo Lenaghan and Paula Vasco-Knight, Dr Vivienne McVeigh, Mr Ciaran Devane, Mr Peter Hay, Mr Shaun Clee, Mr Ash Soni and Sir Keith Pearson.
3. The Chair set out the purpose of the meeting, which was to develop feasible proposals on giving the NHS Constitution greater impact among patients, public and staff as well as overseeing the current consultation on proposals to strengthen the Constitution.

II. Update on the Constitution & responses

4. The Secretariat provided an overview of consultation responses to date with a particular focus on feedback and suggested changes in key areas such as integrated care, complaints, safeguarding of patient data and the role of authorities. The group discussed the responses and in particular concerns that the wording around patient data could be made stronger and clearer. The Secretariat then set out the next steps following the conclusion of the consultation to the group.

III. The NHS Constitution and Traction: The Problem

5. The Secretariat provided a summary of the problem relating to impact of the Constitution before splitting members into two groups to discuss potential solutions. A summary of the group discussions can be found at **Annex A**. Representatives from each of the breakout groups then reported their findings back to the wider group for further consideration.

IV. Final Remarks and AOB

6. The Chair thanked members for their participation in the session and reminded the group that the next meeting would take place on 13 February and focus on developing ideas and tangible solutions regarding increasing the impact of the NHS Constitution.

Expert Group Breakout Discussions of How to Increase Impact of NHS Constitution – 17 January 2013

Group A

(Dr Hamish Meldrum, Dr Charles Alessi, Sally Brearley, Brenda Hennessy, Dame Julie Mellor, Dr Katherine Rake, Jason Stamp, Stephen Thornton)

Complaints and Redress

- There is a need for patients to be able to obtain immediate redress, before reaching the complaints stage.
- How do you capture the feedback from people who would not normally complain?
- We need to empower people to go to local organisations/service providers first, before the NHS – but there also is a need to ensure accountability.
- We need to change perceptions around complaints and feedback – they should be seen as a positive thing, for their potential to improve services for patients.
- Look at the language – should not just focus on redress when things go wrong but also how to make things right.
- Organisations could look at patient experience rather than focusing primarily on complaints.
- People can be supported through local and national Healthwatch. Empower people to provide feedback and make this a continuous and ongoing dialogue.

Raising Awareness

- There is an opportunity to capitalise on the new system start date (1 April 2013) to publicise awareness of the NHS Constitution.
- We could publicise examples of people using the Constitution to achieve positive change.
- We need to find positive ways to reach staff with the Constitution – e.g. events at board level that give consideration to what it means for their service.
- People need to know where they can go for guidance. How can providers give guidance to patients about other sources of advice?
- Should there be an “NHS Constitutional Guardian” in every organisation?
- We need a long phased launch with practical and real examples to draw on.

Structural Issues and Leadership

- There needs to be a concerted effort to increase impact – a long-term plan beyond the launch period. What role will organisations across the spectrum play in this?
- There is a need to be clear about what the consequences for not following the Constitution are.
- DH needs to set the tone.
- How can all organisations in the system be more effective in evidencing that the Constitution has been taken into account in their decision-making? (e.g. by making explicit in appraisals, board papers etc.)

Group B:

Jeremy Taylor, Vicky Bailey, Howard Catton, Dr Jocelyn Cornwell, Dr Vin Diwaker, Professor Steve Field, Dr Jennifer Harries)

Complaints and Redress

- Patients need to be guided through the complaints system by appropriate individuals or organisations
- There is a variation in quality of PALS across the country, needs to be consistent.
- PALS should be implemented across a wider range of health services and not just the NHS.
- Staff grievance procedures should reference the NHS Constitution.

Awareness Raising

- We need to look at ways of informing people about the NHS Constitution directly.
- We need to be able to measure awareness - e.g. who knows about the existence of the Constitution, who is aware of what it contains and how are these numbers changing over time?
- We also need to measure how often the Constitution is actually used.
- Further alternate versions of the NHS Constitution are needed beyond those that already exist (for example, an easy-read version).
- The NHS Commissioning Board, CCGs and Health Education England must be held to account for their legal duty to promote the NHS Constitution.
- We need to make use of social marketing to help raise awareness - expert advice in this area would be of great value.

Structural Issues & Leadership

- How might we be able to change the culture of health organisations, instilling the right behaviours into people from the top down?
- People at the top should lead by example and be held to account.

- We need to be careful that embedding the NHS Constitution does not turn into a 'tick box exercise'
- There is a culture of fear regarding challenge – people who challenge must be protected to help alleviate this.
- Individuals and organisations should be challenged to live by the Constitution.
- Transparency is key – patients and staff must believe they have the right to ask questions about their care.
- Staff could be asked in appraisal discussions about how they have incorporated the NHS Constitution into their work.
- How will Healthwatch work locally – can they be powerful advocates? The relationship between HealthWatch and PALS needs further exploration.