for patient safety and justice

26.09.2012

Dear Department of Health

Response to DH Consultation on a Mandate for the NHS Commissioning Board

Thank you for the opportunity to comment on the draft mandate for the NHS Commissioning Board (NHSCB). Action against Medical Accidents (AvMA) is the specialist patients charity focussing on patient safety and supporting people affected by failures in patient safety. Our response is brief as we will only concentrate on issues directly relevant to our charitable mission and within our specialist knowledge and experience.

We would like to make some important points which are not covered in your consultation document or consultation questions:

1. The NHSCB's role in investigating complaints

We understand that the NHSCB will have a role in investigating complaints about primary care practitioners and also about Clinical Commissioning Groups. This does not seem to be reflected in the statutory framework or the mandate and needs to be. This is a fundamentally important function, crucial to the aim of improving quality, listening to patients, and learning in order to improve patient safety. There needs to be clear responsibilities and expectations set out for the NHSCB by through which its performance in these areas can be monitored and it can be held to account.

2. Patient Safety

With the abolition of the National Patient Safety Agency, the NHS CB becomes the main body with responsibility for promoting patient safety at the national level. This responsibility should be more explicitly set out in the mandate, rather than referring to general terms such as 'improvement' and 'quality'. Otherwise there is a grave danger that the role with regard to patient safety will become watered down or subsumed into the NHSCB's many responsibilities.

We are also concerned that reliance on the Outcomes Framework as the only means of monitoring standards and progress is not sufficient when it comes to patient safety. Whilst it is correct that ultimately a reduction in avoidable harm is the outcome that should be sought , measured and monitored, patient safety systems are not sufficiently developed to be able to measure such an outcome. For example, it is widely acknowledged that patient safety incidents are massively under reported. We are still in the position where an increase in reported incidents involving serious avoidable harm to patients can be perceived as a positive thing. We therefore need to remain focussed on monitoring NHS performance on process to a large degree. For example, whether an NHS body is doing what it should be doing to improve patient safety, such as implementing patient safety alerts by the given deadline.

Ensuring better Patient Safety or protecting it should be seen as the overarching priority of the NHSCB, which should 'trump' any other consideration. For example, whilst extending and ensuring 'choice' is

3. "Putting Patients First" – Patient & Public Involvement

Whilst the measures in Objective 12 may be laudable, we think that there is much more that needs to be included to come anywhere near justifying the claim that enough is being done to 'put patients first'. In particular, we think the mandate objectives should set out clear expectations about what the NHSCB needs to do about patient and public involvement in its own work. We believe this has to include much more than just having a close relationship with Healthwatch. We think there should be a national forum for patient & public stakeholders to engage with the NHSCB. Furthermore the NHSCB should create other forums or partnerships with patients groups in particular specialist areas of work. For example in the area of patient safety, AvMA has its own expertise and also a national network of some 3,000 individual patients and members of the public who can contribute to NHSCB's work in this area.

We hope you find these comments helpful. We would be more than happy to discuss these and other issues in more detail and be involved in developing the NHSCB, and the mandate further.

Yours sincerely

Peter Walsh

Peter Walsh
Chief Executive