

A consultation on

The NHS Constitution

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Foreword

from the Secretary of State for Health

The NHS is our proudest achievement.

Its future is too important to be left to chance. That is why the Government is proposing to secure the NHS for the future in a Constitution, which forms part of a broader approach to improving governance in Britain, led by the Ministry of Justice.¹

The NHS was created 60 years ago in a remarkable act of political courage and vision, to remove the fear that haunted many families, of not being able to pay for necessary healthcare.

Since then, the NHS has changed radically and for the better. As set out in Lord Darzi's *Next Stage Review*, published alongside the NHS Constitution, the NHS is already world-class in many aspects, and if it is to provide a world-class health service in the 21st century it will need to keep changing to adapt to advances in medical science, new technology and an ageing population.

But for the NHS some things remain constant: what it is for, and the principles and values that underpin its activities. Staff, patients and the public should know what they are entitled to expect from the NHS, and what they can do if their needs are not met. We must use it well, look after its resources, and take responsibility for our health and well-being. We should know who is responsible for what, and how decisions are made.

This draft Constitution has been developed through a wide process of consultation and research into what matters to staff, patients and the public. The next step in the process is a public consultation, where everyone can have their say about what is in the Constitution and how it will work. This document is intended to help to explain our plans, and tell you how you can get involved.

Rt Hon Alan Johnson MP

Secretary of State for Health

30 June 2008

¹ *The Governance of Britain*, Ministry of Justice, CM 7170, July 2007

Executive summary

The NHS is the world's largest publicly funded health service.

The draft NHS Constitution now records in one place what the NHS does, what it stands for and what it should live up to. It sets out principles to guide how all parts of the NHS should act and make decisions.

The NHS Constitution renews our commitment to the enduring principles of the NHS. It confirms again the commitment to a service that is for everyone, paid for out of taxes, based on clinical need rather than an individual's ability to pay, and without discrimination of any kind. It offers, for the first time, a set of NHS-wide values created with the help of patients, the public and staff.

It collects together important rights for both patients and staff – and it sets out a number of pledges that reflect where the NHS should go further than the legal minimum. Each right or pledge is backed up by an explanation, in the *Handbook to the NHS Constitution*, of how it will be enforced and how to seek redress.

The Constitution also sets out responsibilities – how we can all play our part to make the best use of NHS resources.

The Government will be required by law to renew the NHS Constitution every 10 years, with the full involvement of the patients who use the health service, the public who fund it and the staff who work in it. All NHS organisations will be required to take account of the NHS Constitution in the decisions that they make.

The *Handbook to the NHS Constitution* will be refreshed every three years so that it reflects the latest service standards. As well as setting out the legal basis for all the rights contained within the Constitution, it details how the performance management and regulatory regime of the NHS will ensure that the pledges are delivered.

The NHS belongs to us all. The Constitution is designed to reflect what matters, whether you are a patient or a member of staff. We welcome your views.

In addition to this consultation document, two short guides to the Constitution for patients, the public and staff are also being published and will be available on the Department of Health website (www.dh.gov.uk).

1 The case for the Constitution

- 1.1 The NHS was created 60 years ago this week in a remarkable act of political courage and vision. The NHS Constitution is designed to renew and secure our commitment to the enduring principles of the NHS, making sure that it continues to be relevant to the needs of patients, the public and staff in the 21st century.
- 1.2 We have developed it to:
- a) **secure the NHS for the future.** The NHS Constitution will clearly set out all the enduring principles and values for the NHS, and the rights and responsibilities for patients, the public and staff;
 - b) **empower all patients and the public.** Patients already have considerable legal rights in relation to the NHS, but these are scattered between different legal instruments and policies. This is the first time that they are summarised in one place. The NHS Constitution also sets out a new right on choice and a series of pledges. The *Handbook to the NHS Constitution* sets out in detail how each right and pledge will take effect, and the means for redress;²
 - c) **empower and value staff.** The NHS is a service provided by over 1.3 million staff. For an NHS Constitution to be an enduring settlement, it needs to reflect what we are offering to the workforce: a commitment to provide all staff with quality jobs along with the training and support that they need. The *Handbook to the NHS Constitution* clearly sets out what employment rights each member of staff currently has, ensuring clarity and information for all;
 - d) **create a shared purpose, values and principles.** As the NHS evolves, a wider range of providers, including those from the third and independent sector, are offering NHS-commissioned services. Patients expect that wherever they receive their NHS-funded treatment, the same values and principles should apply. That is why we are setting out the purpose, principles and values for the NHS in the Constitution; and
 - e) **strengthen accountability through national standards for patients and local freedoms to deliver.** In discussions with patients, the public and staff, we have received a strong message that they are committed to the NHS as a national system, paid for out of general taxation, and that they expect certain standards of care and access no matter where they live.
- 1.3 The draft Constitution works from the presumption that decision-making is best

² This can be found on the Department of Health website at www.dh.gov.uk

located as close as possible to patients and communities, unless there are reasons of principle or fairness that require a regional or national oversight. It will always be the responsibility of the Government to set the overall framework and to ensure that the system of devolution and accountability works in the best interests of the public, patients and staff.

- 1.4 Nationally we will ensure that minimum quality and access standards are set and will provide the necessary resources to meet them; and the Government of the day will be held to account for delivery. Alongside the Constitution, we propose that the Government be required to publish a statement of accountability so that it is clear to all who has responsibility for which decisions within the NHS. But we are in no doubt that within a national accountability framework, change and improvement must be driven locally, ensuring that local services directly engage with and respond to front-line clinicians, patients and the public.
- 1.5 The Constitution forms part of a broader approach to improving governance in Britain, led by the Ministry of Justice.³ This approach has informed the development of the rights, responsibilities and pledges that are at the heart of the draft NHS Constitution.

³ *The Governance of Britain*, Ministry of Justice, CM 7170, July 2007

2 The source and status of the Constitution

Sources and context

2.1 For an NHS Constitution to be meaningful and enduring it needs to be based on real evidence of what matters to patients, the public and staff. The draft presented for consultation builds on an extensive development process, including a literature review, discussions with patients, the public and staff, advice from lawyers, contributions from a wide range of experts and think-tanks, and a major deliberative event with stakeholders in February 2008. Early drafts of the Constitution have been tested with these stakeholders, with experts and with patients, the public and staff. International comparisons have been considered,⁴ and we have also drawn on parallel work underway at the Ministry of Justice on the governance of Britain, including work on rights and responsibilities.⁵

What we learned from our research and consultation

2.2 Our extensive programme of research and consultation revealed some common, if challenging, themes for the Constitution. Common messages that came back were:

- > To qualify as a Constitution, the document needs to be short and enduring (ie contain high-level rights

and principles that would endure for at least 10 years, and not contain organisational or policy details that could be subject to change).

- > The Constitution should be flexible and not hold back the NHS in terms of its ambitions for patients.
- > For the Constitution to be meaningful it must provide means for enforcement and redress, and not just consist of warm words or aspirations.
- > However, there was no appetite for a 'lawyers' charter', and there was a consensus that we should avoid fuelling litigation.

2.3 The draft Constitution that we publish for consultation today attempts to balance the ambitions and concerns expressed by our patients, the public and staff.

The status of the Constitution

2.4 The Constitution itself will not be passed into law but will be a 'declaratory document', articulating existing legal rights, and one new right, in one place. It does not replace the underlying law. The new right proposed, concerning choice, will be put into law separately. In addition, we propose to use the

4 The most famous health constitution is for the World Health Organization, but this is for an international organisation and does not capture the relationship between patients, providers, delivery partners and the role of the state.

5 See www.justice.gov.uk/whatwedo/governance.htm

forthcoming NHS Reform Bill to place a legal duty on all NHS organisations to take account of the Constitution when performing their functions.

- 2.5 The courts may of course still take account of the Constitution in some instances. So while we summarise existing rights as clearly as possible, we have taken care not to extend the meaning of the underlying legal right.
- 2.6 The intention of the Constitution is to capture the enduring principles and values that underlie the NHS, and to help to guide and shape behaviour across the system. It is not intended as either a legal instrument or a spur to litigation.
- 2.7 In addition to the Constitution itself we are publishing a draft *Handbook to the NHS Constitution*, to be renewed every three years, that sets out in detail how the rights, pledges, duties and responsibilities established by the Constitution will take effect, and, where relevant, what means of redress are available should the NHS fall short.
- 2.8 In the forthcoming NHS Reform Bill, we plan to include a duty on NHS bodies to take account of the Constitution and a duty on the Secretary of State for Health to renew the Constitution every 10 years.

2.9 Independent and third sector providers of NHS services will be required to take account of the Constitution through contracting and commissioning arrangements.

2.10 In addition, the Constitution provides a context for the reviews of the NHS currently carried out by the Healthcare Commission and, from 2009, by the Care Quality Commission. It also provides a context for the new system of registration being introduced from 2010.

Consultation questions

1. Should all NHS bodies and NHS-funded organisations be obliged by law to take account of the NHS constitution?
2. Should legislation require the Secretary of State for Health to renew the Constitution every 10 years?
3. Should the *Handbook to the NHS Constitution* be renewed every three years?

3 The purpose and principles of the NHS

Purpose

3.1 At a deliberative event in February 2008, we asked participants what they saw as the purpose of the NHS. We heard that a helpful statement of purpose for the NHS would:

- > make clear that the NHS achieves better results through working in partnership with patients;
- > emphasise mental as well as physical health;
- > emphasise preventing illness as well as curing it;
- > acknowledge the reality that people cannot always fully recover and many live with long-term conditions;
- > acknowledge that the majority of NHS activities are provided for people in their last two years of life;
- > include the declaration, some suggested, that the NHS purpose should include helping people to have a 'good death', as the NHS provides care from cradle to grave; and

> recognise the breadth of what the NHS does – from caring and compassion through to innovation and the adoption of new types of diagnosis and treatment.

3.2 We believe that the preamble in the Constitution captures these sentiments:

The NHS belongs to the people. It is there to improve our health, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

Principles

3.3 The principles of the NHS are intended to be the enduring high-level 'rules' that govern the way that the NHS operates, and define **how** it seeks to achieve its purpose. The Constitution sets out the following principles:

1. The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, religion or sexual orientation. It has a duty to each and every individual that it serves. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.

2. Access to NHS services is based on clinical need, not an individual's ability to pay. NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

3. The NHS aspires to high standards of excellence and professionalism – in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

4. NHS services must reflect the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.

The NHS is an integrated system of organisations and services bound together by the principles, values and commitments now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being.

6. The NHS is committed to providing best value for taxpayers' money and the most effective and fair use of finite resources.

Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.

7. The NHS is accountable to the public, communities and patients that it serves.

The NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to 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. In addition, all NHS organisations will give patients and the public the opportunity to influence and scrutinise their performance and priorities; and patients, public and staff will be involved in relevant decisions about the NHS which affect them, either directly or through their representatives.

3.4 The purpose and principles for the NHS draw on the National Health Service Act 1946, which delivered a comprehensive health service based on clinical need rather than ability to pay, and also the NHS Plan of 2000.⁶ Annex B shows how all the principles in the NHS Plan filter through, in some form, to the principles, values, rights and pledges proposed for the Constitution.

Consultation question

4. Are the statement of purpose and the set of principles right? Are there any principles that should be added?

⁶ National Health Service Act 1946, c81; *The NHS Plan: a plan for investment, a plan for reform*, Department of Health, July 2000
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4002960

4 Patients and the public

What the public can expect from the NHS

- 4.1 In developing the Constitution's section on patients and the public ('Patients and the Public – Your Rights and NHS Pledges to You'), we have drawn on lessons from other countries, from other government departments and from the past, particularly the 1991 Patients Charter. The Patients Charter laid out what patients were guaranteed and what they could expect, but failed to distinguish between legal rights and aspirational commitments.⁷ We have taken this into account in developing our legal rights.
- 4.2 We have endeavoured to learn from experience by ensuring that the NHS Constitution and *Handbook to the NHS Constitution* clarify what is a legal right and what is an NHS pledge; they also describe how the pledges will be delivered, and what happens if they are not. We have underpinned our work by listening to the views of patients, the public and staff about what they would like to see in the NHS Constitution.

Legal rights and pledges

- 4.3 When asked, patients and the public liked the idea of summarising their key rights in one place as, for the most part, they were not aware of their existing rights.

- 4.4 A consensus also emerged around what should be described as 'rights' in the Constitution. People wanted 'rights' to be restricted to legal rights that could be clearly defined, which would be expected to be delivered without fail across the NHS, and for which a form of legal redress was available, if necessary.
- 4.5 A legal right is an entitlement protected by law. The rights described in the Constitution include rights conferred explicitly by the law and rights derived from legal obligations imposed on NHS bodies and healthcare providers. Further details of the legal basis of the rights listed in the Constitution is set out in the *Handbook to the NHS Constitution*.
- 4.6 Legal rights set a minimum standard which must be complied with; failure to comply may result in litigation or other forms of legal enforcement against the NHS. In addition, however, there are various other outcomes or objectives the NHS should aspire to achieve, but which may not be appropriate as legal standards – it may not be possible to achieve compliance, or it may be impracticable or prohibitively expensive to do so. Inappropriate, ambiguous or over-ambitious legal standards may lead to unnecessary additional litigation and costs to the NHS.

⁷ *The new NHS charter – a different approach: report on the new NHS charter by Greg Dyke*, Department of Health, 1998, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005210

- 4.7 In order to respond to what patients and the public told us matters to them and to ensure that the NHS continues to be ambitious, while seeking to ensure that we maintain clarity about what constitutes a legal right, the Constitution includes various 'pledges'. These are commitments that the NHS will strive to achieve a particular outcome or standard even though it cannot be guaranteed for everyone all the time.
- 4.8 An example is the pledge that the NHS will strive to provide convenient, easy to access services within the waiting times set out in the *Handbook to the NHS Constitution*. There are various performance standards operating within the NHS which make services easier to access, such as the 18-week maximum wait from referral to treatment. However, there is not a general obligation in law for the NHS always to achieve such a standard, because there will always be circumstances where it is inappropriate – if, for example, someone chooses to go away rather than attend a hospital appointment, this will delay treatment times. Nonetheless, the NHS should always strive to provide easily accessible and convenient services for every patient.
- 4.9 The *Handbook to the NHS Constitution* contains further details of how the NHS will ensure that the pledges are met through the application of the NHS performance and regulatory regime.
- 4.10 The draft Constitution sets out 37 rights and pledges to patients and the public under seven broad headings, as listed in the boxes on pages 14 to 20.

Access to healthcare services

You have the right to receive NHS services free of charge, apart from certain limited exceptions sanctioned by Parliament.

You have the right to access local NHS services. You will not be refused access on unreasonable grounds.

You have the right to expect your local NHS to assess the health requirements of the local community and to put in place the services to meet those needs as considered necessary.

You have the right to seek treatment elsewhere in Europe if you are entitled to NHS treatment but you face undue delay in receiving that treatment.

You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, religion, sexual orientation, disability (including learning disability or mental illness).

The NHS will strive to provide convenient, easy access to services within the waiting times set out in the *Handbook to the NHS Constitution*. (pledge)

The NHS will strive to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered. (pledge)

The NHS will strive to make the transition as smooth as possible when you are referred between services, and to include you in relevant discussions. (pledge)

4.11 Our research showed that the public greatly value the NHS caring for all on the basis of clinical need, not an individual's ability to pay. This section of the Constitution sets out the five rights and three pledges that underpin this fundamental principle. It clearly sets out the right to receive NHS services without discrimination, and free of charge (except in limited circumstances explicitly sanctioned by Parliament).

4.12 In terms of waiting times we pledge that 'the NHS will strive to provide convenient, easy access to services within the waiting times set out in the *Handbook to the NHS Constitution*.' This document sets out the current NHS waiting time standards so that these are clear to everyone. While the high-level pledge is set out in the Constitution itself and will endure for 10 years, the minimum standards will be reviewed at least every three, with local NHS organisations free to set more challenging ambitions for their populations.

Quality of care and environment

You have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation.

You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they provide, taking account of the applicable standards.

The NHS will strive to ensure services are provided in a clean and safe environment that is fit for purpose, based on national best practice. (pledge)

The NHS will strive for continuous improvement in the quality of services you receive, identifying and sharing best practice in quality of care and treatments. (pledge)

4.13 Patients and staff are clear that quality should be at the heart of all that the NHS does. This section sets out the two rights and two pledges that will ensure all patients receive the highest quality care possible. It sets out the right of all patients to be treated with a professional standard of care, by qualified staff, and in line with national standards.

4.14 Reflecting a key concern from research and reflecting our continued emphasis on tackling healthcare-associated infections, there is a new pledge that 'the NHS will strive to ensure services are provided in a clean and safe environment that is fit for

purpose, based on national best practice.' The *Handbook to the NHS Constitution* sets out in detail how the performance and regulatory regime will ensure that this is delivered, and the means for redress.

Nationally approved treatments, drugs and programmes

You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor says they are clinically appropriate for you.

You have the right to expect local decisions on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.

The NHS will strive always to provide vaccination and screening programmes as recommended by the appropriate national advisory bodies. (pledge)

4.15 In 1999, the National Institute for Health and Clinical Excellence (NICE) was created to ensure there was one authoritative source of advice on clinical and cost effectiveness of significant new drugs and treatments, rather than leaving it up to individual health authorities, which was both costly and unfair. Much progress has been made since then, as NICE has developed highly regarded, transparent processes for assessing new, licensed drugs

and medical technologies to determine clinical and cost effectiveness.

4.16 The number one concern expressed in our research with patients and the public and in other surveys is the perceived 'postcode lottery' for access to drugs. This has arisen in part because the robustness of the NICE process has sometimes led to long delays in the decisions that it makes. In the absence of guidance from NICE, individual primary care trusts (PCTs) have had to make decisions about whether to fund new drugs, often using different sources of advice and decision-making processes. The Constitution gives us an opportunity to address this important issue in three ways.

4.17 **Firstly**, we will make clear that everyone has a right to drugs and treatments approved by NICE for use in the NHS if clinically appropriate. PCTs already have a statutory responsibility to make funding available for drugs and other treatments that are recommended in NICE's technology appraisal guidance, but it is not always obvious to patients what this means for them in practice. The ability to articulate this as an individual right is the result of the nine-year legacy following the creation of NICE. This right reaffirms that access to the most important new drugs and treatments does not depend on where you live and empowers patients to ask their clinicians for NICE-appraised drugs and treatments.

4.18 **Secondly**, we will work with NICE to enable them consistently to produce fast guidance on important new drugs, so that NICE can issue the majority of its appraisal guidance within a few months of a new drug's launch. Significantly reducing the time taken to publish authoritative NICE guidance should help end the postcode lottery for new drugs and treatments, as it is often in the window where NICE has yet to publish guidance that variation in funding decisions occurs.

4.19 **Thirdly**, as well as making the national process fairer and faster, we will take steps to further reduce the postcode lottery at PCT level where NICE has yet to issue guidance, or where NICE will not be appraising a drug. The NHS Constitution will set out your right to 'expect local decisions on funding of other drugs and treatment to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.'

4.20 To underpin this, we will require PCTs to put in place clear and transparent arrangements both for local decision-making on funding of new drugs and for considering exceptional funding requests, and to publish information on those arrangements. To further support this, we will work with the NHS to develop a set of principles that will inform the work PCTs do to make local decisions on the funding

of new drugs. We will also invest in further guidance and support for PCTs, to help them put these principles into action.

Respect, consent and confidentiality

You have the right to be treated with dignity and respect.

You have the right to accept or refuse treatment that is offered to you, and not to be given any physical examination or treatment unless you have given valid consent. If you do not have the capacity to do so, consent must be obtained from a person legally able to act on your behalf, or the treatment must be in your best interests.

You have the right to be given information about your proposed treatment in advance, including any significant risks and any alternative treatments which may be available, and the risks involved in doing nothing.

You have the right to privacy and confidentiality.

You have the right to access your own health records. These will always be used to manage your treatment in your best interests.

The NHS will strive to share with you any letters sent between clinicians about your care. (pledge)

4.21 Anyone who has ever received or provided care knows just how important respect, consent and confidentiality are. When we are sick, we are not just patients, we are

people. But often when we are very sick we are at our most vulnerable. This is why in this section we set out clearly the right to be treated with dignity and respect; and the right to informed consent – and in order for that to be meaningful, to receive information in advance about the proposed treatment, including the risks of doing nothing. These are existing rights, but by pulling them together in one place we hope that they will be a powerful reminder of how we all should be treated when we are sick.

Informed choice

You have the right to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons.

You have the right to express a preference for using a particular doctor within your GP practice, and for the practice to try to comply.

You have the right to make choices about your NHS care. The options available to you will develop over time and depend on your individual needs. Details are set out in the *Handbook to the NHS Constitution*.

The NHS will strive to inform you about what healthcare services are available to you, locally and nationally. (pledge)

The NHS will strive to offer you easily accessible information to enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the quality of clinical services where there is robust and accurate information available. (pledge)

- 4.22 Choice is now a normal and natural feature of people's lives, and there is no reason why health services should be any different. People want to be in control over their care. They should be able to expect the NHS to consistently provide individualised treatment that takes account of their needs and their preferences. Evidence gathered on what matters to patients told us that patients wanted care to fit around their lives, and wanted to be involved in their care where it matters to them. Giving people greater choice over their care is a good way of achieving this, so since April 2008 'free choice' has enabled people to choose which hospital they get treated at when they are referred for elective care.
- 4.23 Two existing rights to choice are set out in the Constitution: to choose your GP practice and your GP.
- 4.24 In addition to these existing rights we propose creating a new right, to make choices about your NHS care.

4.25 The right is intended as a general right to choice and will be underpinned by new statutory directions from the Secretary of State to PCTs, as the policy evolves.

4.26 Setting out this right in the Constitution ensures that the right to choice enshrines choice as a core feature of a responsive NHS in the 21st century.

Involvement in your healthcare and in the NHS

You have the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this.

You have the right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

The NHS will strive to provide you with the information you need to participate effectively to influence the planning and delivery of NHS services. (pledge)

The NHS will strive to work in partnership with you, your family and carers. (pledge)

4.27 The NHS belongs to the people. It is funded through general taxation and is accountable to the public through Parliament. The NHS Constitution makes clear your right to be involved in decisions about your own healthcare as a patient, as well as your right to be involved in decisions about the planning of local healthcare services as a citizen. Since the publication of the *NHS Plan* in 2000 there have been substantial legislative, structural and cultural changes to extend and improve patient and public involvement, and these are set out fully in the *Handbook to the NHS Constitution*. The *Handbook* will ensure that all patients and citizens are fully aware of their rights to be involved. The statement of accountability will make clearer who is responsible for making what decisions on behalf of patients and the public, and provide opportunities for challenge and scrutiny.

Complaint and redress

You have the right to have any complaint you make about NHS services dealt with efficiently and to have it properly investigated.

You have the right to know the outcome of any investigation into your complaint.

You have the right to take your complaint to the Health Service Ombudsman where you have exhausted any other rights of appeal or review.

You have the right to make a claim for judicial review if you think you have been directly affected by an unlawful NHS decision or action.

You have the right to compensation where you have been harmed by negligent treatment.

The NHS will strive to ensure that if you make a complaint, you receive a timely and appropriate response, that any harm you suffered is corrected where possible, and that the organisation learns lessons and puts in place necessary improvements. (pledge)

The NHS will strive to ensure that you receive appropriate support and are treated with respect and courtesy throughout the handling of any complaint you make, but the fact that you have complained will not affect your future treatment. (pledge)

4.28 Throughout the development of the Constitution, patients, the public, staff and stakeholders have all stressed the need to

strike an appropriate balance between ensuring the Constitution has enough teeth to make a difference, while avoiding creating a litigious culture. We are also conscious that a new complaints procedure is about to take effect, so we want to avoid creating another tier or structure relating to the Constitution.

4.29 In the draft consultation we propose to ensure that the Constitution takes effect through:

a) **responsibility.** Giving all NHS organisations a duty to take account of the Constitution and making PCTs the local champion of the Constitution on behalf of patients – with a named board member given responsibility;

b) **clarity.** Setting out clearly for the first time in the Constitution your rights to redress, and (in the *Handbook to the NHS Constitution*) the options for redress specific to each of the 37 rights and pledges; and

c) **local resolution.** From April 2009 the new, reformed complaints system will come into effect, making it easier and clearer for complaints to be resolved at a local level.

4.30 Our guiding principle has been to work within existing mechanisms, but it is vital that the system of redress is both proportionate and has the trust of patients and the public, so we will consult further on whether we have the balance right.

Patients' and the public's responsibilities

You should recognise that you can make a significant contribution to your own and your family's good health, and take some personal responsibility for it.

You should register with a GP practice – the main point of access to NHS care.

You should treat NHS staff and other patients with respect and recognise that causing a nuisance or disturbance on NHS premises could result in prosecution.

You should provide relevant and accurate information about your health, condition and status

You should keep appointments or cancel in reasonable time. Receiving treatment within the maximum waiting times may be compromised unless you do.

You should follow the course of treatment which you have agreed with your clinician.

You should participate in important public health programmes such as vaccination.

You should ensure that those closest to you are aware of your wishes about organ donation.

You should give feedback – both positive and negative – about the treatment you have received, including any adverse reactions you may have had.

- 4.31 The section on responsibilities explains how patients and the public can play their part in looking after their own and their family's health.
- 4.32 Our discussions with patients and the public have shown support and agreement that we all have a responsibility to look after our own health and to use services appropriately. The concept of 'responsibilities' was thought to be sensible and fair. Discussions with patients, the public and staff also indicated that, while some sanctions may be acceptable, responsibilities should mainly act as a guide for individual behaviour.
- 4.33 We have firmly ruled out linking access to NHS services to any sort of sanction for people not looking after their own health. Separately, though, receiving treatment within the waiting time standards will always be dependent on patients keeping appointments or cancelling within reasonable time when it is not possible to keep them.
- 4.34 There is a legal duty for patients not to cause a nuisance or disturbance to NHS staff on hospital premises. We do not propose listing other legal duties. The remaining responsibilities offer guidance on what patients can do to work as partners with the NHS in their health and to use resources responsibly.
- 4.35 The *Handbook to the NHS Constitution* will show where further information about each responsibility can be found.

Consultation questions

5. Is the list of public and patients' rights clearly explained and accessible to all sections of the population?
6. Is it useful to bring together all of the key public and patients' rights and pledges?
7. Do you agree with a new legal right to choice about your NHS care?
8. Is this list of pledges right? Which are most helpful?
9. Are the responsibilities and expectations of patients and the public appropriate? Which are most helpful?
10. Are the mechanisms for complaint and redress clear and sufficient?

5 Staff

5.1 It is clear from our research and engagement that for a constitution to be enduring, it needs to be based on what matters not just to our patients and the public, but also to the NHS's 1.3 million staff. The commitment, loyalty and hard work of staff commissioning and delivering NHS services makes a real and positive difference to patients' experience and the quality of care they receive. The inclusion of staff rights and pledges, responsibilities and expectations in this document acknowledges the central role staff play.

Staff – what they can expect from the NHS

Staff legal rights

5.2 The NHS has a good record of fair employment and respecting the rights covered by employment law, such as those prohibiting discrimination and respecting human rights. These rights are set out in the *Handbook to the NHS Constitution*, as a reminder. In addition, individual contracts of employment contain terms and conditions giving staff further rights.

5.3 These existing rights are there to help ensure that staff:

- > have a good working environment with flexible working opportunities, consistent with the needs of patients

and with the way that people live their lives;

- > have a fair pay and contract framework;
- > can be involved and represented in the workplace;
- > have safe working conditions free from harassment, bullying or violence;
- > are treated fairly, equally and free from discrimination; and
- > can raise an internal grievance, and if necessary seek redress, where it is felt that a right has not been upheld.

Pledges to NHS staff

5.4 NHS staff survey results confirm that staff have high levels of commitment to the job they do, but they do not always feel supported at work. This makes a difference to how effectively they can deliver care for patients. Therefore, in addition to the legal rights set out above, the pledges for NHS staff⁸ reaffirm the commitment that good workplaces should exist for all NHS staff – they should not just be the preserve of highly performing organisations.

5.5 The pledges are aimed at NHS organisations and their employees but should apply to all staff commissioning or

8 By NHS staff we mean NHS employees

providing NHS services. We will explore how to include a requirement within model contracts for non-NHS contractors to explain how they will deliver the pledges for those staff covered by that contract.

- 5.6 We do not propose to enshrine these pledges in law – this is not consistent with the themes which have emerged from Lord Darzi's *Next Stage Review* around enabling local employers. In addition, this would reduce the need to alter the pledges over time to meet emerging and new needs. Like the patient pledges, they are not legally binding or directly enforceable in the courts – but they will stretch the system to improve performance, going above and beyond minimum legal requirements.
- 5.7 Nevertheless, at local level, employers, commissioners and strategic health authorities (SHAs) will wish to consider how they can deliver the pledges within local health economies and ensure that they are consistent with SHAs' strategic visions for improving health and healthcare over the next decade.⁹ They will also wish to consider how they engage with and inform their staff about the pledges.
- 5.8 National action to support the delivery of the pledges is outlined in the *Handbook to the NHS Constitution*.

The NHS will strive to provide all staff with well-designed and rewarding jobs that make a difference to patients, their families and carers, and communities. (pledge)

The NHS will strive to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed. (pledge)

The NHS will strive to provide support and opportunities for staff to keep themselves healthy and safe. (pledge)

The NHS will strive to engage staff in decisions that affect them and the services they provide, individually and through representatives. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families. (pledge)

NHS staff responsibilities

Staff duties

- 5.9 Existing staff responsibilities relevant to the NHS and defined elsewhere in legislation are set out in the Constitution. We have summarised the key relevant existing responsibilities for all employees, some of which may also apply to other staff such as contractors or agency workers. These provide a balance to the rights of staff – if both sides deliver on their respective obligations, a better, fairer workplace will result. The proposed *Handbook to the*

⁹ SHA strategic visions can be seen at: www.ournhs.nhs.uk/

NHS Constitution sets out for staff a detailed explanation of their responsibilities.

You have a duty to accept professional accountability and maintain the standards of professional practice as set by the appropriate regulatory body, applicable to your profession or role.

You have a duty to take reasonable care of health and safety at work for you and others, and to co-operate with employers to ensure compliance with health and safety requirements.

You have a duty to act in accordance with the express and implied terms of your contract of employment.

You have a duty not to discriminate against patients or staff and to adhere to equal opportunities and diversity legislation.

You have a duty to protect the confidentiality of personal information that you hold.

You have a duty to be honest and truthful in applying for a job.

NHS expectations of staff

- 5.10 In the same way as the Constitution includes expectations of people who use the NHS, it also includes expectations of staff who provide NHS services. These expectations have been drafted to correspond to the staff pledges to indicate how staff should also play a part in their own well-being, development and involvement.
- 5.11 As with the pledges these are not legally enforceable expectations, but rather describe what employers can legitimately expect from employees when pledges are actively promoted.
- 5.12 The expectations are also intended to chime with and support the values on which we are consulting.

You should strive to maintain the highest standards of care and service, taking responsibility not only for the care you personally provide, but also for your wider contribution to the aims of your team and the NHS as a whole.

You should strive to take up training and development opportunities provided.

You should strive to play your part in improving services for patients, the public and communities.

You should strive to contribute to a climate where the truth can be heard and the reporting of, and learning from, errors is encouraged.

You should strive to involve patients, their families and carers in the services you provide.

Consultation questions

11. Is the list of staff pledges right? Which are most helpful?
12. Is it useful for the Constitution to set out staff responsibilities? Is the description right?

6 Accountability

Accountability arrangements in the NHS

- 6.1 The NHS is a national service, funded by general taxation, and as with other public services, accountability is of key importance. Debates about how to improve the accountability of the NHS have been a constant feature since its creation in 1948.
- 6.2 The NHS is responsible for spending over £100 billion of taxpayers' money every year, and policy and spending decisions are taken by democratically elected Ministers who are accountable to Parliament. This enables Members of Parliament from all parties to debate issues that matter to patients and the public – to whom they are in turn accountable – and to scrutinise the decisions Ministers take in relation to health policy.
- 6.3 There must be a continuous thread of accountability to the Government running throughout the NHS. This is why the Government believes that calls for an 'independent' NHS board, which would remove the NHS from meaningful democratic control, are misplaced. Our research with patients and the public has shown strong support for retaining accountability to Parliament.
- 6.4 In addition, the NHS has just been through a period of reorganisation. We do not

believe this is the right time to impose further top-down structural change. What matters more is that there should always be clarity and transparency about who takes what decisions on our behalf.

- 6.5 The Constitution will:
 - a) **make clear for the first time what individuals have a right to expect from the NHS.** This radical change in how we do business in the NHS will make accountability real;
 - b) **make clear the principles by which decisions will be made.** Accountability is at the heart of good public services, and the draft Constitution makes accountability one of its core principles; and
 - c) **make clear who is responsible for what decisions.** The Constitution commits the Government of the day to publishing a statement of accountability, which, alongside the *Handbook to the NHS Constitution*, will make it clear who takes decisions and on whose behalf. We propose to publish the statement of accountability alongside the final version of the Constitution, after the consultation process.

Freeing up local ambition to meet local needs

6.6 At a local level, it is vital that primary care trusts (PCTs) engage with their populations and partners, such as local authorities and the third sector, to promote health and well-being.

6.7 This Government has already introduced a comprehensive framework of policies to strengthen the local accountability of the NHS. This has included:

- > empowering people to take part in the running of their local NHS services as members of their NHS foundation trust;
- > giving councils the power to review and scrutinise local health services;
- > putting a legal duty on NHS organisations to involve local people and their representatives in decisions about services; and
- > introducing Local Involvement Networks (LINKs) to gather the views of local people and communities.

These reforms are backed up by the World Class Commissioning programme, which holds PCTs to account for their performance, including on how well they engage with their local population.

6.8 We are also exploring with the Appointments Commission ways of strengthening democratic engagement in key local NHS appointments, for example PCT chairs.

6.9 We do not intend to make any further changes to the formal accountability structures at a national level. We do, however, want actively to encourage PCTs to experiment in how they take account of local views in the decisions they make. Many PCTs are already doing this, working with local communities and partner organisations to come up with governance arrangements that increase their responsiveness in a way that best fits their local needs.

6.10 The current legislative framework allows PCTs to experiment with ambitious options for taking into account local views. PCTs have many options, including:

a) creating a local membership system.

Although a PCT membership system would not have the formal status of foundation trust membership, PCTs have great flexibility to design ways of recruiting local members from the public, patients and staff, and to involve them in innovative ways in considering local issues and priorities;

b) inviting local councillors (or mayors) onto PCT boards. PCTs already have the ability to invite a councillor or

their mayor to sit on the board as a non-voting member, and many PCTs do this already. This can be mirrored with a reciprocal arrangement, where the PCT chair (or another board member) attends the council cabinet for health-related matters. In addition, PCTs can encourage local councillors to apply to be non-executive directors;

- c) **joint planning arrangements.** The Local Government Association Health Commission recommends that local authorities and PCTs should test approaches to increasing integration of commissioned services. This builds on the existing requirement for local authorities and PCTs to work together to produce a joint strategic needs assessment. For example, local authorities and PCTs may develop a reciprocal process for discussing and agreeing each other's strategic plans; and
- d) **other forms of joint working.** There are many other ways in which PCTs can improve their links with local government, including through joint appointments of senior executives, formal partnership arrangements and pooled budgets.

Consultation question

13. Do you support the proposal to publish a separate statement of accountability? How can we make this most helpful?

Hull PCT's membership system

Hull PCT is drawing up a membership system similar to foundation trusts, with different 'constituencies' for patients and the public, staff and the voluntary sector. There will then be three tiers of membership: core members; 'NHS Hull Champions'; and a shadow board of governors. Core members will play a largely reactive role (completing questionnaires, attending focus groups and public meetings, etc). The 'champions' will work proactively with the PCT as partners, generate health information relevant to the PCT, and support Locality Boards in identifying local health priorities. Members of the shadow board of governors will be elected from the 'NHS Hull Champions'. The shadow board of governors will establish a programme of work as defined by the membership and in line with the corporate objectives of the PCT. Hull PCT is also trying to co-ordinate its membership with the local acute and mental health trusts, which are both applying for foundation trust status.

MyNHS Walsall Parliament

Walsall PCT has launched a scheme called MyNHS Walsall, which allows local residents to sign up as members of the PCT. Members are able to discuss and vote on a variety of local health issues on a members-only website. Members can also stand for election to, and vote for, members of the 'MyNHS Walsall Parliament'. This will have up to 60 members, meet up to four times a year, and will be able to put proposals onto the agenda for the main PCT board.

7 NHS values

- 7.1 People often talk about ‘NHS values’ as if they were self-evident. But there are two reasons why we feel it is helpful to set them out in the Constitution. Firstly, by being explicit about our values we can be clearer about the behaviours we expect from all patients, the public and staff. Secondly, as more organisations become involved in providing NHS care to patients, it becomes more important that we are clear about the behaviours and values we expect across the wider NHS system.
- 7.2 The draft NHS Constitution sets out clearly the purpose of the NHS, and the rights and responsibilities of patients, the public and staff in terms of what they can expect and what they can offer.
- 7.3 As the NHS evolves, a wider range of providers, including those from the third and independent sector, are offering NHS commissioned services. All organisations are part of an integrated system working for the benefit of patients. Successful large organisations and systems are those that have a clear and shared purpose, and a clear set of values to guide their behaviours.
- 7.4 Any organisation working to ensure NHS services in England – be it a commissioner, a private provider, a third sector provider, a foundation trust or an NHS trust – is likely to have a set of locally determined values. The local values inspire behaviour within an organisation and the NHS values are there to inspire behaviour across organisations.
- 7.5 The NHS-wide values can be used by organisations and teams who have not previously adopted statements of values, and encourage them to develop their own values with the full participation of their staff.

Values as a guide to behaviours

Values based on what matters to patients, the public and staff

- 7.6 If values are to reflect the beliefs and inform the behaviours of the NHS, then they cannot by their very nature be developed in a top-down way. We have therefore conducted extensive research to establish a set of NHS-wide values, involving over 9,000 staff and over 5,500 patients and the public, as well as reviewing existing surveys of over 1 million patients.
- 7.7 From our research, we concluded that the following statements accurately reflect what matters to patients, staff and the public.

Patients



Get the basics right – don't leave it to chance

Fit in with my life – don't force me to fit into yours

Treat me as a person – not a symptom

Work with me as a partner in my health – not just a recipient of care

Staff



The resources to deliver quality care for patients

The support I need to do a good job

A worthwhile job with the chance to develop

The opportunity to improve the way we work

Public



Financial support for the NHS and care for its staff

Users treated fairly – based on need, not ability to pay

NHS money not wasted

The NHS there when we need it

7.8 The emergent values were tested and refined through a range of workshops and interviews with several hundred patients, carers, staff and the public, as well as other stakeholders.¹⁰

7.9 As a result of this research and engagement, we developed six values for the NHS that appear in the draft Constitution. These are set out in more detail below.

How will these values make a difference?

7.10 Where values are 'lived' in organisations and put into action they can lead to improved outcomes and quality. If they are to make a difference, they need to be lived by staff, patients and communities. Locally determined values are what matters within an organisation – teams who have not already adopted statements of values can now do so with access to best practice.

¹⁰ See Annex A for the organisations consulted during the process to identify and test the values

NHS values

The NHS values have been derived from extensive discussions with staff, patients and the public.

Respect and dignity. We value each person as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest about our point of view and what we can and cannot do.

Commitment to quality of care. We earn the trust placed in us by insisting on quality and striving to get the basics right every time: safety, confidentiality, professional and managerial integrity, accountability, dependable service and good communication. We welcome feedback, learn from our mistakes and build on our successes.

Compassion. We find the time to listen and talk when it is needed, make the effort to understand, and get on and do the small things that mean so much – not because we are asked to but because we care.

Improving lives. We strive to improve health and well-being and people's experiences of the NHS. We value excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation.

Working together for patients. We put patients first in everything we do, by reaching out to staff, patients, carers, families, communities and professionals outside the NHS. We put the needs of patients and communities before organisational boundaries.

Everyone counts. We use our resources for the benefit of the whole community, and make sure nobody is excluded or left behind. We accept that some people need more help, that difficult decisions have to be taken, and that when we waste resources we waste others' opportunities. We recognise that we all have a part to play in making ourselves and our communities healthier.

Consultation question

- 14 Should values be included in the Constitution?

8 The consultation process

The consultation process: next steps

8.1 The NHS belongs to the people and the NHS Constitution needs to belong to the people as well. This means consulting widely and deeply with patients, staff and the public on our proposals for the Constitution. Constitutional arrangements are strong and enduring only where they enjoy popular democratic support. The Government wishes to engage everyone in the debate.

8.2 The *Handbook to the NHS Constitution* and other supporting documents can be found on the Department of Health website (www.dh.gov.uk/consultations).

8.3 The process will be led by David Nicholson, the NHS Chief Executive and Ivan Lewis MP, the Parliamentary Under Secretary of State for Care Services, supported by a 'Constitutional Advisory Forum', made up of a range of stakeholders from patient and professional bodies. They will offer advice on the consultation process and report back to the Secretary of State for Health.

8.4 There will be a strong local focus to the consultation, with SHA chairs expected to play a leadership role by mobilising the non-executive community of the NHS to ensure genuine local discussion. The Department of Health will bring together

what people tell us nationally and locally to produce a formal government response to the consultation process.

8.5 You can comment:

> by email to:
nhsconstitution@dh.gsi.gov.uk; or

> by post to:
NHS Constitution
Room 611a
Richmond House
79 Whitehall
London SW1A 2NS

8.6 Responses should be submitted by 17 October 2008.

Criteria for consultation

8.7 This consultation follows the Cabinet Office *Code of Practice on Consultation*. In particular, we aim to:

> consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the policy;

> be clear about what our proposals are, who may be affected, what questions we want to ask and the timescale for responses;

- > ensure that our consultation is clear, concise and widely accessible;
- > ensure that we provide feedback regarding the responses received and how the consultation process influenced the development of the policy;
- > monitor our effectiveness at consultation including through the use of a designated consultation co-ordinator; and
- > ensure our consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if appropriate.

The full text of the code of practice is available at:
www.berr.gov.uk/files/file44364.pdf

Confidentiality of information

- 8.8 Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).
- 8.9 If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory code of practice with which public authorities must comply and

which deals, among other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

- 8.10 The Department will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

Comments on the consultation process itself

- 8.11 If you have concerns or comments which you would like to make relating specifically to the consultation process itself, please contact:

Consultations Co-ordinator
Department of Health
3E58, Quarry House
Leeds LS2 7UE

e-mail:
consultations.co-ordinator@dh.gsi.gov.uk

Please do not send consultation responses to this address.

9 Consultation questions for the NHS Constitution

The source and status of the Constitution

1. Should all NHS bodies and NHS-funded organisations be obliged by law to take account of the NHS Constitution?
2. Should legislation require the Secretary of State for Health to renew the Constitution every 10 years?
3. Should the *Handbook to the NHS Constitution* be renewed every three years?

The purpose and principles of the NHS

4. Are the statement of purpose and the set of principles right? Are there any principles that should be added?

Patients and the public

5. Is the list of public and patients' rights clearly explained and accessible to all sections of the population?
6. Is it useful to bring together all of the key public and patients' rights and pledges?
7. Do you agree with a new legal right to choice about your NHS care?
8. Is this list of pledges right? Which are most helpful?
9. Are the responsibilities and expectations of patients and the public appropriate? Which are most helpful?
10. Are the mechanisms for complaint and redress clear and sufficient?

Staff

11. Is the list of staff pledges right? Which are most helpful?
12. Is it useful for the Constitution to set out staff responsibilities? Is the description right?

Accountability

13. Do you support the proposal to publish a separate statement of accountability? How can we make this most helpful?

NHS values

14. Should values be included in the Constitution?

The *Handbook to the NHS Constitution*

15. Is the level of detail in the *Handbook to the NHS Constitution* right?

Further questions

16. How can we best ensure that there is widespread awareness of the Constitution among the public, patients and staff?
17. How do you think implementation of the Constitution should be monitored?

A Organisations consulted during the process to identify and test the values

Academy of Royal Colleges; Airedale NHS Trust; Appointments Commission; Asthma UK; Basingstoke and North Hampshire NHS Foundation Trust; Birmingham East and North PCT; Bolton PCT; Breakthrough Breast Cancer; British Medical Association; Cambridge University Hospitals NHS Foundation Trust; Central Manchester and Manchester Children's University Hospitals NHS Trust; Clatterbridge Centre for Oncology NHS Foundation Trust; County Durham and Darlington NHS Foundation Trust; Coventry PCT; Croydon PCT; Derby PCT; Doncaster and Bassetlaw Hospitals NHS Foundation Trust; Doncaster PCT; East Lancashire PCT; Great Ormond Street Hospital for Children NHS Trust; King's College Hospital NHS Foundation Trust; Lancashire Care NHS Foundation Trust; Leeds PCT; Local Government Association; Luton and Dunstable Hospital NHS Foundation Trust; Managers in Partnership; Mayday Healthcare NHS Trust; Medway NHS Foundation Trust; Mental Health Foundation; Monitor; NHS Confederation; NHS Employers; NHS Institute for Innovation and Improvement; NHS North East; NHS Partners Network; NHS South Central; NHS South East Coast; Northampton General Hospital NHS Trust; Nottingham Service Improvement Academy; Oldham PCT; Oxford University; Patient Information Forum; Red Cross; Rotherham PCT; Royal College of General Practitioners; Royal College of Midwives; Royal College of Nursing; Royal College of Physicians; Salford Royal NHS Foundation Trust; Sandwell and West Birmingham Hospitals NHS Trust; Socio-technical Strategy Group; South Devon Healthcare NHS Foundation Trust; South of Tyne and Wear PCT; Southampton University Hospitals NHS Trust; Tower Hamlets PCT; TUC; Turning Point; University Hospitals Bristol NHS Foundation Trust; UNISON; Walsall Hospitals NHS Trust; Warwickshire PCT; West Sussex PCT.

B Principles in the NHS Plan and how they are dealt with in the Constitution

NHS Plan 2000	How they are dealt with in the Constitution
1. The NHS will provide a comprehensive range of services.	Principle: The NHS provides a comprehensive service, available to all.
2. The NHS will provide a universal service for all based on clinical need, not ability to pay.	Principle: Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS will shape its services around the needs and preferences of individual patients, their families and their carers.	Principle: NHS services must reflect the needs and preferences of patients, their families and their carers.
4. The NHS will respond to the different needs of different populations.	Right: You have the right to expect your local NHS to assess the health requirements of local communities and put in place the services considered necessary to meet those needs.
5. The NHS will work continuously to improve quality services and to minimise errors.	<p>Principle: The NHS aspires to high standards of excellence and professionalism.</p> <p>Right: You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they provide, taking account of the applicable standards.</p> <p>Value: We earn the trust placed in us by insisting on quality and striving to get the basics right every time... We welcome feedback, learn from our mistakes and build on our successes.</p>
6. The NHS will support and value its staff.	Covered by staff pledges.

NHS Plan 2000	How they are dealt with in the Constitution
7. Public funds for healthcare will be devoted solely to NHS patients.	Principle: Public funds for healthcare will be devoted solely to the benefit of people that the NHS serves.
8. The NHS will work together with others to ensure a seamless service for patients.	Principle: The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.
9. The NHS will help to keep people healthy and work to reduce health inequalities.	<p>Preamble: The NHS is there to improve our health, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can.</p> <p>Principle: The NHS has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.</p>
10. The NHS will respect the confidentiality of individual patients and provide open access to information about services, treatment and performance.	<p>Right: You have the right to privacy and confidentiality.</p> <p>Right: You have the right to be given information about your proposed treatment in advance, including any significant risks, any alternative treatments that may be available, and the risks involved in doing nothing.</p> <p>Pledge: The NHS will strive to offer you the information you need to participate effectively to influence the planning and delivery of NHS services.</p>



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