



The Association of
UK University Hospitals



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Association of UK University Hospitals
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**Medical Schools Council and the Association of UK University Hospitals
Joint response to the DH Consultation on the draft NHS Constitution
October 2008**

The Medical Schools Council (MSC) and the Association of UK University Hospitals (AUKUH) represent the interests of the 32 UK Medical Schools and 41 University Hospitals, who are at the forefront of patient-centred care, teaching the medical workforce of the future, and research across the UK. We welcome the NHS Constitution as formal recognition of the values and principles upheld by patients and by NHS staff across the UK, and as a means of clarifying their roles, rights and responsibilities. We would however welcome more clarity around the clinician's role to judge appropriate use of finite resources, as outlined by our consultation joint response below.

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?*

We firmly believe that all NHS bodies and NHS-funded organisations should be legally required to take account of the NHS Constitution. In so doing, patients and staff will be able to identify what is expected of themselves, of NHS bodies and NHS-funded organisations, as well as clear statements of accountability.

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?*

We welcome the assertion that the Constitution be renewed regularly; however we feel it important that both the Constitution and the Handbook be renewed as and when the volume of changes so requires. It is important that amendments be available online, and stakeholders (including patients) alerted to changes, but whether a full review of either would be required should depend on the significance and volume of changes made.

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?*

MSC and AUKUH welcome the values and principles that underlie the draft NHS constitution. However, a prime concern is that it should be made clearer that as resources are finite, clinicians must consider the greater good of the whole population and not simply the patient in front of them. In this context, in the section on Patients and the Public (p14) under Access to healthcare services, the first right should read 'You have the right to receive NHS services, judged appropriate, free of charge, apart from certain limited exceptions sanctioned by Parliament'. Additionally, in the section on Patients' and the public's responsibilities (p14) there should be an additional statement, 'You should recognise that NHS resources are finite and must be used optimally'.

Patients and the public

5. *Is the list of public and patients' rights clearly explained and accessible to all sections of the population?*

The list of public and patients' rights, and related NHS pledges, are clearly explained in the NHS Constitution, although the addition of the wording 'judged appropriate' (as explained in question 4) is critical. It is useful to have the detail in the Handbook in the separate documentation.

Presumably the NHS Constitution and its accompanying handbook will be made available in different formats and in different languages, such that it will be more accessible to all sections of the population.

Chair of the Medical Schools Council
Professor Sir John Tooke

Executive Director
Dr Katie Petty-Saphon

Chair of the Association of UK
University Hospitals - **Ron Kerr**

6. *Is it useful to bring together all of the key public and patients' rights and pledges?*

Yes, it is useful to have the rights and pledges brought together by the Constitution – however, the distinction between rights and pledges is much clearer with the Staff rights and pledges. It would thus be useful to make a clear distinction between patient rights and pledges by the NHS, particularly given the different legal interpretations of both.

7. *Do you agree with a new legal right to choice about your NHS care?*

This right underpins the choice agenda, and we believe will incentivise NHS organisations and NHS-funded organisations to improve quality of care. We would welcome recognition of the need for financial support to reflect complex case-mixes.

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?*

We believe that the list of pledges and responsibilities is both comprehensive and helpful. However, we have concerns that some of the pledges – for example 'The NHS will strive to ensure that services are provided in a clean and safe environment' should be a right not a pledge.

10. *Are the mechanisms for complaint and redress clear and sufficient?*

The mechanisms for complaint and redress are clearly outlined in the appropriate sections in the Handbook – however, it is essential that this is in combination with the provision of local contact details for relevant services, such as PALS and NHS complaints processes.

Staff

11. *Is the list of staff pledges right? Which are most helpful?*

MSC and AUKUH welcome, in particular, the pledges around accredited training packages and the commitment to talent and leadership (p33). It should be clear that these pledges are to all staff in the NHS and at all levels of seniority. We welcome the commitment to improved transparency of funding for education arrangements.

The Medical Schools Council and the Association of UK University Hospitals is made up of the Heads and Deans of Medical Schools and Chief Executives of the main teaching and research University Hospitals in the four UK administrations. We hope you will see us as your first port of call for consultation when developing the detail of these pledges.

12. *Is it useful for the Constitution to set out staff responsibilities? Is the description right?*

It is useful for the Constitution to set out staff responsibilities and this will help patients to understand how patient and staff roles and responsibilities interact.

Whilst we recognise that all staff have a duty to protect confidentiality of personal information, within the 1998 Data Protection Act, it is also essential that staff have a duty to share this information for the protection of vulnerable adults and children. This should be covered by the Handbook and the Constitution.

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?*

As the values underpin the functionality and practice of staff throughout the NHS, it is imperative that the values are included in the Constitution. Under *Commitment to quality of care*, 'achieving an accurate diagnosis' should be added to the beginning of the list of commitments.

The Handbook to the NHS Constitution

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

The level of detail is appropriate, but as detailed in Question 10, it would also be useful to include local contact information.

Further questions

16. How can we best ensure that there is widespread awareness of the Constitution among the public, patients and staff?

Information should be provided, and available in a variety of formats, and NHS organisations throughout the country, including Trusts, GP surgeries and outreach services.

17. How do you think implementation of the Constitution should be monitored?

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