

Putting Patient Safety First

The Conservative's five-point plan to avoid a repeat of the tragic events at Mid Staffordshire NHS Foundation Trust

1. Tougher inspection to root out failure

- **Mid Staffordshire failure.** The Healthcare Commission's report raises concerns about weak patient and public involvement in the activities of the trust. It said that: 'One of the former members of the forum, however, considered that the [patient and public involvement] forum had not been sufficiently robust in scrutinising standards' (p.35). There were also concerns about the trust not being sufficiently open with the forum. The Healthcare Commission said that the trust 'did not welcome concerns being raised by individual members of the forum' (p.109) and that: 'A former member of the patient and public involvement forum (PPIF) commented that it was difficult to obtain information from the trust on C. difficile. He felt this should be in the public domain. He obtained a copy of the infection control minutes for the meeting on 21 September 2006, which recorded that there had been 341 cases in total, of which 285 were inpatients, averaging 36 per month between January and September 2006. The minutes were not marked as confidential. When this information was released by him to a newspaper, he was expelled from the forum for breaching the code of conduct of the PPIF. He told us that the chair of the trust met with the chair of the PPIF and said that confidential documents would not go to the PPIF any more' (p.89).
- **Conservative plan.** Under Labour there has been constant upheaval in public and patient involvement in the NHS, with three different mechanisms for patients and members of the public to engage and involve themselves in the development of NHS services in just five years. Labour are currently establishing Local Involvement Networks (LINKs) in place of Patients' Forums. In keeping with our commitment to avoid organisational upheaval, we will not abolish LINKs. However, LINKs – as currently planned – are too weak and will have too few powers to command the confidence of patients and members of the public. For example, they cannot summon documents in their own right, only access them through the Freedom of Information Act which has a number of exemptions built in.
- Conservatives will make sure that LINKs are made independent of local authorities so they are not swayed by local politics, as Labour are proposing. And they will be given tough powers of inspection to hold the NHS accountable and the ability to act as advocates for patients who complain about NHS services. We also want serious NHS complaints (second-stage) complaints to be dealt with by the health regulator (the Care Quality Commission) not the Health Service Ombudsman, as the Government has said. The regulator is the body best placed to take action if complaints raise concern about systemic failings, as was the case in Mid Staffordshire.

2. A strong voice for patients

- **Mid Staffordshire failure.** Overall, the Healthcare Commission report shows that patients did not have enough say over services at their local hospital and although, they were suffering from its failings, it took too long for the patient voice to be heard.

- **Conservative plan.** Conservatives will establish a strong, independent, national consumer voice for patients: HealthWatch. HealthWatch will provide support to patients at a national level. Crucially, it will work closely with LINKs so that concerns raised at a local level can be escalated nationally, where necessary. It will also provide help for patients in dealing with complaints. HealthWatch will have a clear statutory right to be consulted over guidelines issued nationally concerning the care NHS patients should receive ('commissioning guidelines'); and over decisions which affect how NHS care is provided in an area.

3. Power for patients to hold failing hospitals accountable

- **Mid Staffordshire failure.** The Healthcare Commission's report makes clear that local GPs were aware of problems at the hospital. It says that: 'Just prior to the Healthcare Commission's investigation... the PCT then contacted its two local commissioning groups to ascertain the views of GPs on standards of care. The responses were highly critical and further raised the concerns of the PCT' (p.119). However local GPs and their patients had little power to do anything about the problems because it was the local Primary Care Trust that was responsible for purchasing services from the hospital and therefore setting standards for patients. It failed in its duties, with the Healthcare Commission reporting that: 'it was initially distracted by the organisational change following the merger that created the PCT in 2006, and then focused on the number of patients treated and the cost. They had few measures of the quality of care or outcomes at the trust' (p.11).
- **Conservative plan.** Conservatives would put real power in the hands of patients, together with their GPs. Instead of Primary Care Trusts, GPs will control the funding that hospitals receive when they treat their patients and the contracts that go alongside this funding. They are best placed to do this because, unlike Primary Care Trusts, they have a personal relationship with their patients so they know their needs, can keep an eye out for problems and are in a better position to withhold payment if things go wrong.

Together with their GP, patients will be given the right to go to any hospital they choose for treatment. That means that they will be able to go elsewhere if a hospital is failing.

4. An end to box-ticking and targets

- **Mid Staffordshire failure.** The Healthcare Commission's report found that: 'Many staff that we interviewed volunteered their view that the approach of the trust meant that the care of patients had become secondary to achieving targets and minimising breaches' (p.49).
- **Conservative plan.** Conservatives will scrap Labour's costly, bureaucratic targets, such as the four hour waiting time target in Accident and Emergency and instead focus on what really matters to patients, which is the results of their treatment. This does not mean there will not be any standards, but instead of these always being determined centrally we would give local GPs the power to agree standards with the hospitals where they send their patients. These standards would have to be kept as part of the contracts for their treatment. Doctors and nurses should never be put in a position where they have to choose between meeting a target and doing what is best for their patients.

5. Exposing hospitals to public scrutiny

- **Mid Staffordshire failure.** The Healthcare Commission's report shows that the awful treatment of patients in Mid Staffordshire only came to light as a result of concerns about mortality rates at the hospital. Mortality rates are not routinely published and were only available as a result of 'internal' analysis by the Healthcare Commission and independent analysis by the Doctor Foster group (p.4).
- **Conservative plan.** Conservatives will make sure information on the outcomes of patients' treatment at individual hospitals is freely available to the public, so that it is clear which hospitals are not doing well. We want to put power back in the hands of patients by ensuring that all the information necessary to them to assess the performance of their local hospital is made available. This will include more information on mortality and survival rates at each NHS trust. We are calling on the Government to include information on outcomes in the new quality accounts they are planning to introduce for hospitals in their current Health Bill. At the moment these are to be focussed on targets like the four-hour waiting time target for Accident and Emergency.

More detail on the above proposals can be found in our paper on Primary Care, '*The patient will see you now, doctor*', published in September 2007; our Health Green Paper, '*Outcomes not targets*', published in June 2008; and '*Renewal – Our plan for NHS improvement*', published in September 2008. These documents can be found at:

http://www.conservatives.com/Policy/Where_we_stand/Health.aspx